

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	SHATRUDHAN PRASAD 7767940727
2	Vehicle No. / वाहन संख्या	UP52CH-6959
3	Policy No. / पालिसी संख्या	252400/31/2026/35338
4	Period of Insurance / बीमा अवधि	21/09/2025 TO 1/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	BAJRAHA PETROL PUMP
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHATRUDHAN PRASAD 7767940727 UK04-20090036232
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : मैं अपनी गाड़ी लेकर देवरिया जा रहा था जहाँ पेट्रोल पंप के पास एक बालक बाला आगे से टक्कर मार दिया और मेरी गाड़ी दाहिने साईड गिर कर टूट गई।-	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	TORA MOTORS BAGHAUCHHAT 8052729372

Date / दिनांक : 25/12/2025
हस्ताक्षर

शत्रुधन प्रसाद
Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited

(Incorporated in India, subsidiary of General Insurance Corporation of India)
Regd. Office: Oriental House, P.B. No. 7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____ Certificate/Policy No. 2524001312026135338

Tel. No. _____ Period of Insurance 2109|2025 To 1109|2026
Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

(a) Name : INSURED
(b) Address for correspondence : SHATELDHAN PRASAD
(c) Telephone : VTIL - BHICKRULT PO - BAGHBUCHGHATT

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HR11FRSHP56814</u>	Registration No. <u>UP52CH-6959</u>
	Chassis No. <u>MTBLHM3348HFD4789</u>	

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? Personal use
- (c) Was trailer attached? N/A
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached N/A
 - 2. Was a pillion rider carried N/A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

(a) Registered laden weight
(b) Unladen Weight
(c) Weight of goods carried/Load Challan No.
(d) Nature of permit
(e) Nature of goods carried
(f) Was the vehicle plying for hire
(g) If Lorry/Jeep/Tractor, was trailer attached?
(h) Number of passengers carried
(i) Number of Passenger permitted

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHANTRUDDHAN PRASAD
 (b) Age : 35
 (c) Address : BRITISH SETH CHARAL NENTIK KHINDI MACHINE GANPATI
 (d) Is the Driver :
 1. Owner : OWNER
 2. paid driver?
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment : NO
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UK04 - 200 900 36932
 (h) Issuing Authority :
 (i) Date of Expiry : 21/12/2029
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, why? : N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 24/12/2025 11:30 PM
 (b) Place :
 (c) Speed of vehicle at the time of accident : मैं अपनी गाड़ी लेकर रेवरिया भा बहा था कारही पेट्रोल पम्प के पास एक बाईक गाजा ओभा से टकरा गए रिया और मेरी
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : गाड़ी बाहिले झाड़ निर फर दुट बाई टा-

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : TORA MOTORS BAGHAUCHGHAT

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name	(b) Address	(c) Full Details of personal injury sustained	(d) Name and address of any person/hospital giving medical attention to injured person	(e) Full details of property damaged	(f) Has notice of any claim been given to you?
				N/A	

8. INQUIRY FOR DRIVER/OCCUPANT

(a) Was driver/any occupant injured?	3	N/A
(b) If yes, give full details	3	
9. WITNESS		
(a) Give names and addresses of passenger's/other witness, if any	3	
(b) Did a Police Constable take particulars of the accident?	3	N/A
(c) Was accident reported to Police? If not, Why?	3	
(d) If yes, to which Police Station?	3	
(e) Date and Diary No.	3	

10. THEFT

(a) Date and Time	3	
(b) Place	3	
(c) What was stolen?	3	
(d) Estimated cost of replacement?	3	
(e) By whom discovered and reported?	3	N/A
(f) Has theft been reported to Police?	3	
(g) When?	3	
(h) Which Police Station?	3	
(i) C.R. diary Number	3	

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 25/12/2025

Signature of the Insured शरद शर्मा

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200 _____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____)
(In words Rupees _____ damage caused through the accident to _____ of
in full and final settlement of the loss and/or _____ insured under Policy No. _____ I/We give
my/our motor Car/Vehicle No. _____ on or about _____
the said company and accident which occurred on or about _____
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

शतधन प्रसाद

Witness
Name
Signature

Signature
Occupation
Address

Bank Account Number
Name of the Bank