

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.	Atul kumar 6392560795
2	Vehicle No. / वाहन संख्या	UP34 BZ 9194
3	Policy No. / पालिसी संख्या	252400/31/2025/75996.
4	Period of Insurance / बीमा अवधि	04-01-25 to 03-01-26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24-12-2025, 11:40 Am.
6	Place of Accident / दुर्घटना का स्थान	Kasta ke Pass
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jaljit kumar Shukla UP34-20160005087 6392560795
8	Estimated Loss / अनुमानित हानि	21268.
09.	Cause of Accident / दुर्घटना का कारण :	अपने घर से कच्चा जूते समय करवा के पास सामने से गाड़ी आते ने टक्कर मार दी जिससे गाड़ी बायी तरफ गिरकर हादसा हो गया और गाड़ी लालित कुमार शुक्ला चला रहे थे।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RUK AUTO SALES Neemgaon 7838743564

Date / दिनांक 24-12-25
हस्ताक्षर

अतुल कुमार

अतुल कुमार
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 Meesrut Certificate/Policy No. 252400/31/2025/75996
 Tel. No. Period of Insurance 04-01-25 to 03-01-26
 Claim No. _____

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

1. INSURED
 (a) Name ANUL KUMAR
 (b) Address for correspondence Vill- Saraiya Post Sadikapur (Kheri)
 (c) Telephone 6392560795

2. THE INSURED VEHICLE

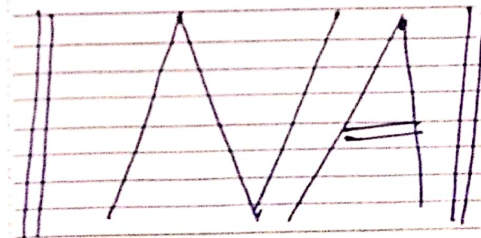
Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HANFORHE 26494</u>	Registration No. <u>UP3EBZ</u>
	Chassis No. <u>MBLHAW232SHE47909</u>	<u>9194</u>

(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? NA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NA
 2. Was a pillion rider carried? NA

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



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Lalit kumar Shukla
 (b) Age : 49
 (c) Address : Vill-karanpur m/Raiya Post Karanpur (Khar.)
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : Yes.
 (e) If paid driver, how long has he been in your employment : FuFa
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP 3190160005007
 (h) Issuing Authority : KHERI
 (i) Date of Expiry : 09-09-2026
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : No
 (l) Has he been involved in any accident before? : No
 (m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident : No

5. DETAILS OF ACCIDENT

- (a) Date and Time : 24-12-25, 11:40 Am.
 (b) Place : Road ke pass
 (c) Speed of vehicle at the time of accident : 20
 (d) Give a short description of the accident : सुपे धर से कुरना जाते समय कुरना के पास सामने
 (e) If any third party was responsible for this accident give the name and address : सेराडी वाले ने कुरना को फिसल गयी वाया
 बरफ गिरकर सेराडी वाले को डकैत

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As Per Estimate
 (b) Estimated cost of repairs : 21260
 (c) When and where can the damaged vehicle be inspected : RUK AUTO SALES-

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? :

