

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.	Mo Haroon Siddiqui 9839579252
2	Vehicle No. / वाहन संख्या	UP3LCJ 6298
3	Policy No. / पालिसी संख्या	252400/31/2025/75231
4	Period of Insurance / बीमा अवधि	02-01-25 to 01-01-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25-12-25, 12,30 Pm
6	Place of Accident / दुर्घटना का स्थान	Banda ke Pass
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohd Haroon Siddiqui 9839579252 UP3L20010000222
8	Estimated Loss / अनुमानित हानि	23040
09.	Cause of Accident / दुर्घटना का कारण :	अपने घर से बंडा जाते समय बंडा के पास सामने से गाड़ी आ जाने के कारण, चक्र छे गयी और गाड़ी अनियंत्रित होकर दायाँ वर्क गिरकर क्षतिग्रस्त हो गयी और गाड़ी मिनर-चक्र टूट गयी
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 7038743564

Date / दिनांक : 25-12-25
हस्ताक्षर

मो हारून

मो हारून
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 Meerut

Certificate/Policy No. 952400/31/2025/75231

Tel. No.

Period of Insurance 02-01-25 to 01-01-26
 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 : MO HAZOON SIDDIQUI
 (b) Address for correspondence : VILL MUDA BYWAG POST NEEMGON (KHERI)
 (c) Telephone : 9833579252

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JAO7AMR6E04016</u> Chassis No. <u>MBLJAW400RG6E03398</u>	Registration No. <u>UP3LCJ</u> <u>6298</u>
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(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 : Mohd Harun Siddiki
 (b) Age : 56
 (c) Address : Vill-MUDA BUJURGA POST Heemgaon
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (e) If paid driver, how long has he been in your employment : OWNER
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP3190010000222
 (h) Issuing Authority : KHERI
 (i) Date of Expiry : 26-11-2029
 (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 : 25-12-25, 19:30pm
 (b) Place : Banda ke Pass
 (c) Speed of vehicle at the time of accident : 90
 (d) Give a short description of the accident : भूफेद रस्ते ब-सी/नाले समय बंद के पास सामने
 (e) If any third party was responsible for this accident give the name and address : से बाड़ी आ जाने के कारण स्क्रैच हो गया
 आ बाड़ी योगी लक्ष्मण रोड के पास दोल्हात हांगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate
 (b) Estimated cost of repairs : 23048
 (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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
- (b) If yes, give full details : NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : NA
- (b) Did a Police Constable take particulars of The accident? : NA
- (c) Was accident reported to Police? If not, Why? : NA
- (d) If yes, to which Police Station? : NA
- (e) Date and Diary No. : NA

10. THEFT

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

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 25/12/2008

[Signature]
Signature of the insured

