

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.	JAY KARAN M= 7571902447
2	Vehicle No. / वाहन संख्या	UP52AV2093
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/457701
4	Period of Insurance / बीमा अवधि	26/7/2025 To 25/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 5:00 वजे शाम
6	Place of Accident / दुर्घटना का स्थान	बलहिकरा चौरहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JAY KARAN
8	Estimated Loss / अनुमानित हानि	15000/-
09.	Cause of Accident / दुर्घटना का कारण :	मे देपरिण स धर आ खि शा शले मे बलहिकरा चौरहा पर अभानक सामने से मोटर साइकिलन के चलकर आर दिना जिसे गाडी अजिफरित हो कर रोड के किनारे गिर गये जिसे गाडी क्षति गस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/Na
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Shri Sai Motor 9910504509

Date / दिनांक :
हस्ताक्षर 25/12/2025

Signature of Insured / बीमाधारक के

जयकारन





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 _____

Tel. No. _____

MS/2025/7001/0/46575/457701
Certificate/Policy No. _____
26/7/2025-725/07/2026
Period of Insurance _____
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 : 1. INSURED Jay Keran
 - (b) Address for correspondence : M/16 - Pipra Madan Gopal Darya
 - (c) Telephone : _____
2. THE INSURED VEHICLE

Make & Year Said Hero	Engine No. Chassis No. M1111111111111111	Registration No. UP52AV 2093
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- (a) Was the vehicle in proper working condition? S
- (b) For what purpose was the vehicle being used at the time of accident? Postcard
- (c) Was trailer attached? No
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached? No
 - 2. Was a pillion rider carried? No

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 : Yes
- (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 STAY KARAN
- (b) Age 01-01-1997
- (c) Address PIPRA MADAN GOPAL DEORAN
- (d) Is the Driver
 - 1. Owner
 - 2. paid driver? N.
 - 3. Owner's relative or friend? N.
- (e) If paid driver, how long has he been in your employment N.
- (f) Was he under the influence of intoxication Liquor or drugs? No
- (g) Driving Licence Number UP52 2020016370
- (h) Issuing Authority Deoria
- (i) Date of Expiry 12-05-2027
- (j) Was the licence temporary/permanent permanent
- (k) Details of endorsement/suspension, if any N.
- (l) Has he been involved in any accident before? N.
- (m) Has he been charged by the policy? If so: Why? N

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time 20/12/2025 5:00pm
- (b) Place बालिआवाडी नजारे
- (c) Speed of vehicle at the time of accident 30km
- (d) Give a short description of the accident श्री शोभा देवी जी का गाड़ी का शरीर की बाएँ हिस्से में चालक के अग्र भाग पर एक तीसरी पार्टी का गाड़ी का शरीर का हिस्सा टकराया जिससे गाड़ी में क्षति हुई और गाड़ी में आग लग गई।
- (e) If any third party was responsible for this accident give the name and address श्री शोभा देवी जी का गाड़ी का शरीर की बाएँ हिस्से में चालक के अग्र भाग पर एक तीसरी पार्टी का गाड़ी का शरीर का हिस्सा टकराया जिससे गाड़ी में क्षति हुई और गाड़ी में आग लग गई।
- (a) Full details of damage 15000/-
- (b) Estimated cost of repairs Shri Sai Motors
- (c) When and where can the damaged vehicle be inspected

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. INJURY TO DRIVER/OCCUPANT

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

Yes

9. WITNESS

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

Yes

10. THEFT

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

Yes

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 past or future accident shall be forfeited.

Date 25/12/2025

Signature of the insured

ASAD RAZA