

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.	VIJAY PRATAP SINGH M= 8052271493
2	Vehicle No. / वाहन संख्या	UP52BV0705
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/454329
4	Period of Insurance / बीमा अवधि	11/7/25 To 10/7/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/25 4:00PM
6	Place of Accident / दुर्घटना का स्थान	पिपल चौराहे के आगे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MANOJ SINGH
8	Estimated Loss / अनुमानित हानि	5042/-
09.	Cause of Accident / दुर्घटना का कारण :	मैंने भाई गाड़ी लेकर महुलाडीह से घर आ रहा था रास्ते में पिपल चौराहे के आगे अज्ञानक सामने से मोटर साइकिल ने टक्कर मार दिया जिससे गाड़ी अनियंत्रित हो कर रोड पर गिर गई जिससे गाड़ी क्षति गलत हो गया ठव समय Manoj Singh गाड़ी चला रहा था
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शर्मा सेजि Motors 9910504509

Date / दिनांक :
हस्ताक्षर

25/12/2025

विजय प्रताप सिंह
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 _____

MS/2025/7001/0/46575/454329
 Certificate/Policy No. _____

Tel. No. _____

Period of Insurance 11/7/2025 To 10/7/2026
 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 : VIJAY PRATAP SINGH
 (b) Address for correspondence :
 (c) Telephone : Vill-470 - Pipra Madan Gopal DEORIA

2. THE INSURED VEHICLE

Make & Year HERO 2023	Engine No. HA11E1P9C03036 Chassis No. MBLHAW13XP9C01059	Registration No. UP52BV 8785
-----------------------------	--	------------------------------------

- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident? ^S pasahnd
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried _{No}
_{No}
_{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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



4 DRIVER AT THE TIME OF ACCIDENT

MANOJ SINGH
13-09-1989
MR - PIPRA MANDRAM COPAL Darya

- (a) Name _____
- (b) Age _____
- (c) Address _____
- (d) Is the Driver
 - 1 Owner _____
 - 2 paid driver? _____
 - 3 Owner's relative or friend?

(e) If paid driver, how long has he been in year employment _____

(f) Was he under the influence of intoxication liquor or drugs? NO

- (g) Driving Licence Number UP52 20220003924
- (h) Issuing Authority DEWARA
- (i) Date of Expiry 22-02-2032
- (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 police? If so, Why? NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time 30/12/2025 11:00 AM
- (b) Place पिपरा चौराहा का मोड़
- (c) Speed of vehicle at the time of accident 50 km/hr
- (d) Give a short description of the accident श्री अरवि गाड़ी रोकने में असमर्थता के कारण अचानक ब्रेक लगाया गया जिससे गाड़ी अचानक रुक गई और पीछे से आने वाली गाड़ी को रोकने में असमर्थता के कारण टक्कर मारी गई जिससे गाड़ी को क्षति हुई।
- (e) If any third party was responsible for this accident give the name and address श्री राजेश मोहन सिंह, पिपरा चौराहा का मोड़, डेरा
- (f) Full details of damage 5000/-
- (g) Estimated cost of repairs 5000/-
- (h) When and where can the damaged vehicle be inspected श्री Sai Motors

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 NO
- (f) Has notice of any claim been given to you? _____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details _____ *No*

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? : _____ *No*
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

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? _____
- (g) When? _____
- (h) Which Policy Station? _____
- (i) C.R. diary Number _____ *ak*

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]
Signature of the insured