

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्श्योरेंस 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.	SANVAR ANSARI M2 9830202068
2	Vehicle No. / वाहन संख्या	UP52CH0528
3	Policy No. / पालिसी संख्या	252400/31/2026/23788
4	Period of Insurance / बीमा अवधि	19/6/2025 To 18/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 4:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	महुकरीह चौक
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AKHILESH YADAV
8	Estimated Loss / अनुमानित हानि	10,023/-
9	Cause of Accident / दुर्घटना का कारण : मेरा दोस्त गाड़ी लेकर घाट से देरलिया जा रहा था रास्ते में महुकरीह चौक पर पिछे से अचानक ब्लॉवी ने टक्कर मार दिया जिससे गाड़ी अचानक क्षति गलत हो गई उस समय AKHILESH YADAV 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.	Shri Sai Motors 9910504509

Date / दिनांक :
हस्ताक्षर 20/12/2025

Signature of Insured / बीमाधारक के

Sanwar





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 252400/31/2026/237001
 Certificate/Policy No. _____
 Tel. No. _____
 Period of Insurance 19/6/25 To 10/6/26 db
 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 SANVAR ANSARI
 (c) Telephone NILUDA - DIDRA MADAN Gopal DEORIA

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HA11E7R9K0581</u>	Registration No. <u>UP52CH 0520</u>
	Chassis No. <u>MBLHAW21XR9K53666</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
 (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
- (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 : AKHILESH YADAV
 (b) Age : 19/04/1999
 (c) Address : W-14/16 - DIPRA MADAN GOPAL DEORIA
 (d) Is the Driver
 1. Owner :
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (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 : UP52 20210014555
 (h) Issuing Authority : DEORIA
 (i) Date of Expiry : 9/08/2039
 (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

5. DETAILS OF ACCIDENT

(a) Date and Time : 20/12/2025 11:00 वजे शाम
 (b) Place : महुआडीह - चारखा
 (c) Speed of vehicle at the time of accident : 50 km
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : महादेव गौरीलोक हाट से देवीलाला नाडी या रास्ते में महुआडीह चारखा पर क्रिकेट हो आया तो अचानक बल्ले से टक्कर मार दिवा जिससे गौरी को घात हो गया उस समय अखिलेश Yadav गाड़ी चला रही था।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 10,023/-
 (c) When and where can the damaged vehicle be inspected : Shri 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 : No
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

