

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SHAN TRISH DEVI Mn: 6390661743
2	Vehicle No. / वाहन संख्या	UP52CF0529
3	Policy No. / पालिसी संख्या	852400/31/2026/5723
4	Period of Insurance / बीमा अवधि	31/4/2025 To 30/4/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025 रा. 08:00 बजे रोड पर
6	Place of Accident / दुर्घटना का स्थान	हालदिकरा चतुर्थी चमके पास
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ARUN KUMAR
8	Estimated Loss / अनुमानित हानि	9601/-
09.	Cause of Accident / दुर्घटना का कारण:	बुरा खरीबा ग्राही चोकर देखलिये सवार आ देहाया खात्ते में बलदिकरा चतुर्थी चमके पास अनजानक स्थान में ही मोटर सवारिके चमके एक आर रिधा बलदिके ग्राही अनजाने में चोकर उस चो किनारे परस से चोकर गरे बलदिके ग्राही चोकर गतले से आका अलु स्थान अरुण कुमार चला रहलक
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 Sew Motor 9918505059

Date / दिनांक :
हस्ताक्षर 29/12/2025

Signature of Insured / बीमाधारक के

श्री सेव मोटर का मिशन



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 _____ Certificate/Policy No. 952400/31/2026/5723
Tel. No. _____ Period of Insurance 21/4/2025 To 30/4/2026
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 : Santoo Devi
(b) Address for correspondence : _____
(c) Telephone : Sawreji Mani Belgaon Puzur Dima

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA1167SHA32698</u> Chassis No. <u>MBCHAW211SHA16689</u>	Registration No. <u>UP52CF</u> <u>0529</u>
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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? Pushcart
(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 ARUN KUMAR
 (b) Age 07-05-1994
 (c) Address Bodwa Baruar Rampur Kerkhanga Deora
 (d) Is the Driver
 1. Owner Yes
 2. paid driver? No
 3. Owner's relative or friend? Yes
 (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 UPS2 20140020289
 (h) Issuing Authority Deora
 (i) Date of Expiry 15-12-2024
 (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 24/12/2025 2:00pm के पीछे
 (b) Place बलरिका प्रबुल पम्प के सामने
 (c) Speed of vehicle at the time of accident 50 km
 (d) Give a short description of the accident मेरा गाड़ी गाड़ी ले जा रहे थे वहाँ से वहाँ जा रहे थे
 (e) If any third party was responsible for the accident give the name and address बलरिका प्रबुल पम्प के सामने गाड़ी से टकराए
साइकिल ने टकराए गाड़ी में घुस गई और घुसने के कारण से गाड़ी के किनारे पोल से टकराई गई
किसे गाड़ी चला रहे थे वहाँ से लामपे विरुध कुमार गाड़ी चला रहे थे
 (a) Full details of damage
 (b) Estimated cost of repairs 9600/-
 (c) When and where can the damaged vehicle be inspected Shri Sai Motor

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?

8. INJURY TO DRIVER/OCCUPANT

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

NA

- (a) Give names and addresses of passengers/other Witness, if any

9. WITNESS

- (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? Date and Diary No.
- (e)

NA

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)
- (h) Which Policy Station?
- (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 20/12/2025

Signature of the insured

