

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.	RIYA JUDDIN M-7457068923
2	Vehicle No. / वाहन संख्या	UP57BQ6452
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/466054
4	Period of Insurance / बीमा अवधि	9/9/25 To 8/9/26 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025 9:00वर्ष सुबह
6	Place of Accident / दुर्घटना का स्थान	कुसमी चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ALTAF ALI
8	Estimated Loss / अनुमानित हानि	7114/-
9	Cause of Accident / दुर्घटना का कारण : मेरा लड़का गाड़ी लेकर गोरखपुर जा रहा था रास्ते में कुसमी चौराहा पर अचानक सामने से मोटर साइकिल ने टक्कर मार दिया जिससे गाड़ी अनियंत्रित हो का राह पर धिरे गई जिससे गाड़ी क्षतिग्रस्त हो गया उस समय ALTAF ALI 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 Motor 9918504509

Date / दिनांक :
हस्ताक्षर 20/12/2025

Signature of Insured / बीमाधारक के
रियाजुद्दीन



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. _____
 Date: 05/09/2025
 Certificate/Policy No. 7001/0/46575/466054
 Period of Insurance 9/9/2025 To 8/9/2026
 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: Roygjudlein
 (b) Address for correspondence: All-Word No 23 Bazar khas Haba
 (c) Telephone: Kuchingner

2. THE INSURED VEHICLE

Make & Year HERO 2014	Engine No. HFA11ECR9B17203	Registration No. UPS2BR 6452
	Chassis No. MBUHAW14YR9B33059	

(a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Passenger
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 I. Was a side-car attached No
 2. Was a pillion rider carried Yes

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 NA
 (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 ALTAJ ALI
- (b) Age 16-00-2005
- (c) Address Ward No 29, Bazar khas Hada Kushinagar
- (d) Is the Driver
 - 1. Owner Al
 - 2. paid driver? Al
 - 3. Owner's relative or friend?
- (e) If paid driver, how long has he been in your employment Al

- (f) Was he under the influence of intoxication Liquor or drugs? Al
- (g) Driving Licence Number UPST 20240021828
- (h) Issuing Authority Kushinagar
- (i) Date of Expiry 15-0-2025
- (j) Was the licence temporary/permanent permanent
- (k) Details of endorsement/suspension, if any Al
- (l) Has he been involved in any accident before? Al
- (m) Has he been charged by the policy? If so, Why? Al

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 9:00 AM सुबह
- (b) Place कुसाई चौक रोड पर
- (c) Speed of vehicle at the time of accident गैर लाकन गति निकल गे रजामु गां देका शरिये क कुसाई
- (d) Give a short description of the accident चाइए पर अबाक सारा क मार क सवारी के सभार भा
- (e) If any third party was responsible for this accident give the name and address डिफर डेवेलोपिंग अफेयर्स क सवारी क सवारी भा
DAMAGE TO INSURED VEHICLE
अले भाई - मेल रेट ए
- (a) Full details of damage गामु
- (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? Al

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? No
- (b) If yes, give full details _____
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. 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? _____
- (g) When? _____
- (h) Which Policy Station? _____
- (i) C.R. diary Number _____

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 29/12/2024

Signature of the insured राजेश कुमार