

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.	PARVEJ SIDDIQUE M: 9918900542
2	Vehicle No. / वाहन संख्या	UP52 CH 6545
3	Policy No. / पालिसी संख्या	252400/31/2026/34024
4	Period of Insurance / बीमा अवधि	29/01/25 To 28/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/12/2025 7:00 बजे शत
6	Place of Accident / दुर्घटना का स्थान	हि. रामपुर हिरामन चौरहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PARVEJ SIDDIQUE
8	Estimated Loss / अनुमानित हानि	5032/-
09.	Cause of Accident / दुर्घटना का कारण : मैं देखा कि घट आ रहा था रास्ते में रामपुर हिरामन चौरहा पर अचानक सामने से कुत्ता आ गया और उत्करा कर गिर गये जिससे गाड़ी क्षति गस्त ले गयी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/s
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 21/1/2026

Signature of Insured / बीमाधारक के

Parvej Siddique





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 / 34024

Certificate/Policy No.

Tel. No. \_\_\_\_\_

29/8/2025 To 28/8/2026

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 : I. INSURED : PARVEJ SIDDIQUE  
 (b) Address for correspondence :  
 (c) Telephone : MU-BHARTHA PATTI Po-DIRRA MADAN GOPAL DEORIA

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2015</u>	Engine No. <u>HA11E7SHC62123</u> Chassis No. <u>MBLHAW222SHC70629</u>	Registration No. <u>UP52CH</u> <u>6545</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? Passenger  
 (c) Was trailer attached? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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 : PARVEJ SIDDIQUE  
 (b) Age : 01-01-2007  
 (c) Address : VIL-BHARTHA RAJTI R-PIPPA MADAN  
GIPAL DEORIA  
 (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 your employment : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NA  
 (g) Driving Licence Number : UP52 20250006201  
 (h) Issuing Authority : DEORIA  
 (i) Date of Expiry : 31-12-2046  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NA  
 (l) Has he been involved in any accident before? : NA  
 (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 29/12/2025 7:00PM-10  
 (b) Place : राष्ट्रिय विमान-घर  
 (c) Speed of vehicle at the time of accident : 50 km/hr  
 (d) Give a short description of the accident : मैं दोषी न हूँ एअरलाइन का रास्ते में शायद किसी ने चोरी  
 (e) If any third party was responsible for this accident give the name and address : एअरलाइन का रास्ते में शायद किसी ने चोरी  
 6. DAMAGE TO INSURED VEHICLE  
कार में किसी भी प्रकार का नुकसान नहीं हुआ

(a) Full details of damage : 50322  
 (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 : NA  
 (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? : /

8. INJURY TO DRIVER/OCCUPANT

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

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 Police 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 21/12/2020

Signature of the insured

Pavraj Siddiqui