To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	TARA DEVI 8052205967
2	Vehicle No. / वाहन संख्या	UP52BZ0961
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/430393
4	Period of Insurance / बीमा अवधि	14/05/2025 To 13/05/2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	29/12/2025 Time- 2:00Pm
6	Place of Accident / दुर्घटना का स्थान	चरीक्षण मोड़ के पास
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	संगम कुमार यादव [UP5220230010205] 8052567153
8	Estimated Loss / अनुमानित हानि	8551/-

09. Cause of Accident / दुर्घटना का कारण : गाड़ी संगम कुमार यादव चला रहे थे जो बिजयीपुर से भोरे जा रहे थे चरीक्षण मोड़ के पास अचानक एक डोपहिया वाहन सामने आ गया जिससे हमारी गाड़ी लड़ाई और क्षतिग्रस्त हो गई/-

10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	HIND AUTOMOBILES BAIKUNTHPUR DEORIA 9453032112

2/01/2026
Date / दिनांक :

हस्ताक्षर
तारा देवी

तारा देवी
Signature of Insured / बीमाधारक के

HIND AUTOMOBILES DEORIA

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 Meerut

Certificate/Policy No. MS/2025/7001/0/465751/438393

Tel. No.

Period of Insurance 14/05/2025 To 13/05/2026

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 : TARA DEVI
(b) Address for correspondence : FATEHPUR POST- SALLAHPUR SALHAPUR DEORIA
(c) Telephone : 8052205967

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO 2024	Engine No. MBLJFLW248HGM03325 Chassis No. JF17EAHGMGM02835	UP52 B2 0961

(a) Was the vehicle in proper working condition? Yes
(b) For what purpose was the vehicle being used at the time of accident? Personal Use
(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 : NA
(g) If Lorry/Jeep/Tractor, was trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

HIND AUTOMOBILES DEORIA

3. DIRVER AT THE TIME OF ACCIDENT

(a) Name : SANGAM KUMAR YADAV
(b) Age : 22 yrs
(c) Address : Fatehpur Sallahpur Salhapur Deoria.
(d) Is the Driver
1. Owner : चचेरा लड़का (भतीजा)
2. paid driver? :
3. Owner's relative or friend? : भतीजा

(e) If paid driver, how long has he been in your employment :

(f) Was he under the influence of intoxication Liquor or drugs? :

(g) Driving Licence Number : UP5220230010205
(h) Issuing Authority : DEORIA
(i) Date of Expiry : 31/12/2043
(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 NA

5. DETAILS OF ACCIDENT

(a) Date and Time : 29/12/2025 2:00 Pm
(b) Place : [illegible] मोड़ के पास
(c) Speed of vehicle at the time of accident : 35 Km
(d) Give a short description of the accident : अचानक सामने गाड़ी आ गया जिससे हमारी गाड़ी टकरा गई और क्षतिग्रस्त हो गई।
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As Per Estimet
(b) Estimated cost of repairs : 8551/-
(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? :

HIND AUTOMOBILES DEORIA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : NA
(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? : NA

(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? : NA
(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 2/01/2026 Signature of the insured जारी देवी

HIND AUTOMOBILES DEORIA

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No._____

Issuing Office

The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received_____Day of _____200_____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs._____
(In words Rupees_____)
in full and final settlement of the loss and/or damage caused through the accident to my/our motor Car/Vehicle No._____ insured under Policy No._____ of the said company and accident which occurred on or about _____I/We give the discharge receipt to the Company in full and final settlement of all my/our claims present of future arising directly/indirectly in respect of the said accident.

Rs._____

One Rupee Revenue Stamp When Amount Exceeds Rs. 5000/-

Witness
Name .....
Signature .....

Address .....

Signature ..... तारा देवी
Occupation .....
Address .....
.....
.....

Bank Account Number .....
Name of the Bank .....