

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.	HIRALAL YADAV 7379332939
2	Vehicle No. / वाहन संख्या	UP52 AY0705
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/349202
4	Period of Insurance / बीमा अवधि	27/1/2025 To 26/1/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/12/2025 6:00 AM
6	Place of Accident / दुर्घटना का स्थान	लंगड़ी चौरहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Deepak Yadav
8	Estimated Loss / अनुमानित हानि	12303/-
9	Cause of Accident / दुर्घटना का कारण :	मेरा लड़का गाड़ी लेकर गैरीवाजार ले घर आ रहा था रास्ते में लंगड़ी चौरहा पर अचानक सामने से दावा आई हु-दिलशा वल्ले ने एक्का आट दिया जिससे गाड़ी अनियंत्रित हो जाए राड पर गिर गई जिससे गाड़ी क्षतिग्रस्त हो गया उस समय Deepak 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 Saimotoc 9910504509

Date / दिनांक :

हस्ताक्षर 2/1/2026

Signature of Insured / बीमाधारक के

हीरा लाल यादव





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. _____

MS/2025/7001/0/46575/349202
 Certificate/Policy No. _____

27/11/2025 To 26/11/2026
 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

I. INSURED

(a) Name : Hiralal Yadav
 (b) Address for correspondence : Vill- Chheriha po- Sirjam Deoria
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2018</u>	Engine No. <u>HA10AGJHLG4660</u> Chassis No. <u>MBLHAR070JHL09963</u>	Registration No. <u>UP52AY</u> <u>0705</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? poshan
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? No
 2. Was a pillion rider carried? N.

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? N/A
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Deepak Yadav
 (b) Age : 19/09/1997
 (c) Address : Chhenka Sirajam Gauri Bazar
 (d) Is the Driver Driver
 1. Owner : No
 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 20170012118
 (h) Issuing Authority : Deoria
 (i) Date of Expiry : 10-10-2037
 (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 : 30/12/2025 6:00 AM शाम
 (b) Place : लोगरी चोक
 (c) Speed of vehicle at the time of accident : 50 km/h
 (d) Give a short description of the accident : मेरी बड़का गाड़ी लेकर गाड़ी चलाकर देर कर रही थी
 (e) If any third party was responsible for this accident give the name and address : वार्डन लोगरी चोक पर अचानक सामने से टक्का लगाई
 दु-दिशा वल ने टक्का कर दिया जिसे गाड़ी आगे चल कर रुक गयी और जिससे गाड़ी बल्लि गलत

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : गाड़ी पर बल्लि लगा
 (b) Estimated cost of repairs : 12300/-
 (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 : /
 (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 : _____

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. : _____

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 : _____

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 2/1/2026 200

Signature of the insured _____

हरि साठ यादव