

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.	SIDHAVAT M = 0302027945
2	Vehicle No. / वाहन संख्या	UP52 CH 8455
3	Policy No. / पालिसी संख्या	252400/312826/37164
4	Period of Insurance / बीमा अवधि	23/9/25 To 22/9/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/12/25 6:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	विरजम रोड
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHUBHAM PASWAN 135251
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : मेरा लड़का गाड़ी लेकर कॉलेज के लिए आया था। शुभम शिरजम रोड पर अचानक सामने से जानवर (वाघा) का गला कोट गाड़ी जानवर से टक्कर खा रहा था जिसे गाड़ी ब्रिज गल्ल हो गया उस समय Shubham Paswan 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 Motors 99185204509

Date / दिनांक : 11/09/26
हस्ताक्षर : [Signature]

Signature of Insured / बीमाधारक के
[Signature]



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

252400121/2026/37164

Div. Br. Office Address _____

Certificate/Policy No. _____

Tel. No. _____

23/9/25 To 22/9/2026

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 : _____ 1. INSURED Sidhant
- (b) Address for correspondence : _____
- (c) Telephone : Vill- Bagaia P- Sirjam khas Doria
2. THE INSURED VEHICLE

Make & Year <u>HERA</u> <u>2025</u>	Engine No. Chassis No. <u>MBLHAW336SHE29523</u>	Registration No. <u>UP52 CH</u> <u>Q455</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? personal
- (c) Was trailer attached? Mr
- (d) If a Motor Cycle/scooter
1. Was a side-car attached Mo
 2. Was a pillion rider carried Mo

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 Ala
- (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 Shubham Paswan
- (b) Age 11-11-2006
- (c) Address Bhagwa Sryam klas Daria
- (d) Is the Driver
 1. Owner Me
 2. paid driver? Me
 3. Owner's relative or friend? Me

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

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

- (g) Driving Licence Number VP52 20250011772
- (h) Issuing Authority Deoria
- (i) Date of Expiry 10-04-2046
- (j) Was the licence temporary/permanent Permanent
- (k) Details of endorsement/suspension, if any Me
- (l) Has he been involved in any accident before? Me
- (m) Has he been charged by the policy? If so, Why? Me

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 G:06:00 PM
- (b) Place खारवाड़ा रोड
- (c) Speed of vehicle at the time of accident 50 Km
- (d) Give a short description of the accident विकसना गाडी के बल्लि से गाडी खारवाड़ा रोड के किनारे चल रहा था तब एक बस (बिसे गाडी) का बल्लि गाडी के बाएँ तरफ से आया और गाडी के बाएँ तरफ से आया और गाडी के बाएँ तरफ से आया और गाडी के बाएँ तरफ से आया
- (e) If any third party was responsible for this accident give the name and address विकसना गाडी के बल्लि से गाडी खारवाड़ा रोड के किनारे चल रहा था तब एक बस (बिसे गाडी) का बल्लि गाडी के बाएँ तरफ से आया और गाडी के बाएँ तरफ से आया और गाडी के बाएँ तरफ से आया और गाडी के बाएँ तरफ से आया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage 13525/-
- (b) Estimated cost of repairs 13525/-
- (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 Alq
- (e) Full details of property damaged /
- (f) Has notice of any claim been given to you? /

