

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्सुरेंस 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.	ALHAM ALLI 9219648818
2	Vehicle No. / वाहन संख्या	UP57BW8134
3	Policy No. / पॉलिसी संख्या	252400/31/2025/92009
4	Period of Insurance / बीमा अवधि	01-03-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31-12-2025 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	हेतीमपुर पुल, जगदीशपुरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	TASLEEM SHAH UP5720250014429 8669010268
8	Estimated Loss / अनुमानित हानि	AS PER ESTIMATE
9	Cause of Accident / दुर्घटना का कारण :	हाल से हेतीमपुर जा रहे थे उसी समय वे अपने साइड से अन्दा आउट से जीन्ते इतरका था उसी समय रोक साइड से एक बाइक लाना साधने से बाका बेरी गाड़ी में टक्का मार दिया जिस से गाड़ी बेस्व गिर गयी, और गाड़ी क्षतिग्रस्त हो गयी।-
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	J.P. AUTOMOBILE, HATA KUSHINAGAR 9838770755

Date / दिनांक : 05-01-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

ALHAM ALLI



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 _____

Certificate/Policy No. 252400/31/2025/92009

Tel. No. _____

Period of Insurance 05-03-2025 to 04-03-2026
 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 : ALHAM ALI
 (b) Address for correspondence : VILL-PIPARA KAPUR, POST-HATA, KUSHINAGAR
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOCORP</u> <u>2025</u>	Engine No. <u>HATEFRAM2032</u> Chassis No. <u>MBLHAW211RHM13584</u>	Registration No. <u>UP57B</u> <u>WB137</u>
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- (a) Was the vehicle in proper working condition? YB
 (b) For what purpose was the vehicle being used at the time of accident? Personal use
 (c) Was trailer attached? _____
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached | NO
 2. Was a pillion rider carried | _____

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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

(1) Name: TASLEEM CHAN
 (2) Age: 21-05-1997
 (3) Address: VILL - WARD No-19, AZAD NAGAR, MUMBAI
 (4) Is the Driver:
 1. Owner _____
 2. paid driver? _____
 3. Driver's relative or friend? Friend
 (5) If paid driver, how long has he been in your employment? NO
 (6) Was he under the influence of intoxicating liquor or drugs? NO
 (7) Driving License Number: UP5170250016429
 (8) Issuing Authority: KUSHI NAGAR
 (9) Date of issue: 20-04-2024
 (10) Is the license category appropriate?
 (11) Details of other licensed categories, if any _____
 (12) Has the driver received any accident history?
 (13) Has he been charged by the police for an offence? NO

4. OTHER INSURANCE

Details of other insurance policies held by the owner in respect of this accident

5. DETAILS OF ACCIDENT

(1) Date and Time: 21-12-2025 02:00 PM
 (2) Place: WILLIAMS ROAD, WEST OF SECTOR 10, NEW DELHI
 (3) Direction of vehicle at the time of accident _____
 (4) Brief description of the accident: DRIVER AT THE TIME OF ACCIDENT WAS DRIVING AT THE TIME OF ACCIDENT AND COLLIDED WITH THE OTHER VEHICLE.
 (5) If any third party was responsible for this accident, give the name and address _____

6. DAMAGE TO VEHICLE

(1) Total cost of damage: AS PER estimate
 (2) Estimated cost of repairs _____
 (3) Name and address of the damaged vehicle owner: DR. ANITA KUMAR, MUMBAI, 9898765432

7. THIRD PARTY INSURANCE CLAIMS

(1) Name _____
 (2) Address _____
 (3) Full description of the accident, date, time and place _____
 (4) Has the third party insurance policy been issued? NO
 (5) Full name of the third party insurer _____
 (6) Address of the third party insurer _____

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? _____ NO _____
(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? _____ NO _____
(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 past or future accident shall be forfeited.

Date 05-01-2026

Signature of the insured _____

Abhinav Ag

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, 23/27, And. Str. Road, New Delhi 110 002

Received _____ Day of _____ 2006
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 _____ [We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present or future arising directly/indirectly in respect of the said accident.

Rs. _____

On Behalf of
The Oriental Insurance Company Limited
New Delhi

Witness
Name _____
Signature _____
Address _____

Signature _____
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____