

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.	KANCHAN m= 9628130289
2	Vehicle No. / वाहन संख्या	UPS2BJ 7956
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/446519
4	Period of Insurance / बीमा अवधि	0/6/2025 to 7/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/1/2026 5:00 बजे शाम
6	Place of Accident / दुर्घटना का स्थान	पुरवाँ चौरख
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SANDEEP YADAV
8	Estimated Loss / अनुमानित हानि	5679/-
9	Cause of Accident / दुर्घटना का कारण: मेरा लड़का गाड़ी लेकर देवाला से घर आ रहा था रास्ते में पुरवाँ चौरख पर अचानक सामने से कुत्ता आ गया और कुत्ता से टक्कर कर गिर गये जिससे गाड़ी क्षति गल्ल हो गया उस समय Sandeep Yadav गाड़ी चला रहा था।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/kta
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 9918504509

Date / दिनांक :
हस्ताक्षर
5/1/2026

Signature of Insured / बीमाधारक के
कंचन 2/1



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/2025/7001/0/46575/446519
 Certificate/Policy No.

0/6/2025 To 7/6/2026
 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

1. INSURED
 (a) Name KANCHAN
 (b) Address for correspondence VILL- PARSA BARWA DEORIA
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>22 Jan 2021</u>	Engine No. <u>JA07ABL9K25109</u> Chassis No. <u>M1BLJAW170L9K15335</u>	Registration No. <u>UP52BJ</u> <u>7956</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident? S
 (c) Was trailer attached? Passenger
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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 No
 (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 SANDEEP YADAV
- (b) Age 1-1-2003
- (c) Address Borbor Baripada Bhanuwar Rai
Dalen
- (d) Is the 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 20240022460
- (h) Issuing Authority DEODIA
- (i) Date of Expiry 31-12-2042
- (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 21/1/2026 Sivapat RMT
- (b) Place gudh mikel
- (c) Speed of vehicle at the time of accident so sh
- (d) Give a short description of the accident मेरा रिसीत गाडी ब्रोक ड्रिविंग सेवा कर रहा था राईट में
गुदो मिकेल पर अचानक सामने से क्लश आया मैं
accident give the name and address गुदो मिकेल पर अचानक सामने से क्लश आया मैं
गुदो मिकेल पर अचानक सामने से क्लश आया मैं Sandeep Yadav
- (e) If any third party was responsible for this accident give the name and address DAMAGE TO INSURED VEHICLE

- (a) Full details of damage 5769/-
- (b) Estimated cost of repairs 5769/-
- (c) When and where can the damaged vehicle be inspected Shri Sai Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name A
- (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 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 5/1/2026 ~~200~~

Signature of the insured _____
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