

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.	MAADUL YADAV 9625367575
2	Vehicle No. / वाहन संख्या	UP74PM3839
3	Policy No. / पालिसी संख्या	252400/31/2025/27062
4	Period of Insurance / बीमा अवधि	19/02/2025 To 17/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/01/2026 6: P.M
6	Place of Accident / दुर्घटना का स्थान	SARYAC RIYAG
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MAADUL YADAV - 9625367575 UP74201700003565
8	Estimated Loss / अनुमानित हानि	6000/-

09. Cause of Accident / दुर्घटना का कारण : सड़क पड़ा। स. अपने घर जा रहे थे तभी मोड़ पे अचानक वाहन निकल पड़ी जिस से सड़क से टकरा गई और घुस गई।

10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल फ़ोन नं.	A.K. MOTORS HERO AGENCY TALGRAM KANNAUJ - 209231 9173020786

हस्ताक्षर 6/01/2026  
Mradulyadav

Mradulyadav



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 MIRBAT

Certificate/Policy No. 252410/31/2025/87062

Tel. No.

Period of Insurance 18/2/25 To 17/02/2026

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 : MRA DUL YADAV  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : MTMMATPUR KAMHAUJ

2. THE INSURED VEHICLE

Make & Year <u>2025</u> <u>HERO</u>	Engine No. <u>MA11E7RHKD9983</u> Chassis No. <u>MBCMAW229RHKL6727</u>	Registration No. <u>UP74AM</u> <u>3839</u>
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- (a) Was the vehicle in proper working condition? MIA  
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL  
 (c) Was trailer attached? MIA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached MIA  
 2. Was a pillion rider carried MIA

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 : MIA  
 (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 : MRADUL YADAV  
(b) Age : 27  
(c) Address : ROMAET KAMHAUT  
(d) Is the Driver  
1. Owner : OWNER  
2. paid driver?  
3. Owner's relative or friend?  
(e) If paid driver, how long has he been in your employment : N/A  
(f) Was he under the influence of intoxication Liquor or drugs? : N/A  
(g) Driving Licence Number : UP7420170003565  
(h) Issuing Authority : KAMHAUT  
(i) Date of Expiry : 14-5-2037  
(j) Was the licence temporary/permanent : PERMANENT  
(k) Details of endorsement/suspension, if any : N/A  
(l) Has he been involved in any accident before?: N/A  
(m) Has he been charged by the policy?If so, Why?: N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 5/11/2026 6: P.M.  
(b) Place : SARAY PIRYAG  
(c) Speed of vehicle at the time of accident : 20  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address : सहाय सवाजरी अपने हात से जारहेय तभी मोड पर अचानक  
A.K. MOTORS MERO AGENCY  
TALGRAM KAMHAUT

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : A.S. PER ESTIMATED  
(b) Estimated cost of repairs : 6000/-  
(c) When and where can the damaged vehicle be inspected : A.K. MOTORS MERO AGENCY,  
TALGRAM KAMHAUT

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 : N/A  
(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 : \_\_\_\_\_ N/A

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? : \_\_\_\_\_ N/A  
(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? : \_\_\_\_\_ N/A  
(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 6/11/2026 200

Signature of the insured *Murali Krishna*