

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.	Sanjay Yadav 7317001044
2	Vehicle No. / वाहन संख्या	UP52BX 7516
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/432759
4	Period of Insurance / बीमा अवधि	30/04/2025 - 29/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/2026 Time 3:20pm
6	Place of Accident / दुर्घटना का स्थान	Patherdewa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shivam Tiwari UP5220210006127
8	Estimated Loss / अनुमानित हानि	10000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा भिन्न मेरा गाड़ी लेकर पथरदेवा बाजार कुछ काम से जा रहा था। पथरदेवा में पश्चिम चौराहे पर मोड़ते वक़्त अचानक सामने से एक बाइक वाले ने आ कर रक्कर मार दिया। जिससे मेरा गाड़ी उससे रक्कर कर गिर गई। और क्षतिग्रस्त हो 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.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 07/01/2026  
हस्ताक्षर

संजय यादव  
Signature of Insured / बीमाधारक के



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. MS/2025/7001/0/46575/432759

Tel. No. \_\_\_\_\_

Period of Insurance 30/04/2025 - 29/04/2026

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 : Sanjay Yadav
- (b) Address for correspondence : vill - Malhot Riraidha, po-Patherdewa
- (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOR CORP</u> <u>2023</u>	Engine No. <u>03736</u> Chassis No. <u>02856</u>	Registration No. <u>UP52BX7516</u>
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- (a) Was the vehicle in proper working condition? Yes
- (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 N/A
1. Was a side-car attached N/A
2. Was a pillion rider carried N/A

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? : \_\_\_\_\_
- (h) Number of passengers carried : \_\_\_\_\_
- (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

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

Shivam Tiwari  
 Friend  
 UP5220210006127  
 18/03/2021 13/03/2040  
 Permanent NIA  
 NIA  
 NIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time  
 (b) Place  
 (c) Speed of vehicle at the time of accident  
 (d) Give a short description of the accident  
 (e) If any third party was responsible for this accident give the name and address

07/01/2026 Time 3:20pm  
 Patherdewa 20-30 KPH  
 मेरा मित्र मेरा गाड़ी लकट पथर देवा बाजार  
 कुछ काम से जा रहा था पथर देवा में पथर गिरा  
 योराटे पर सोपे वक्ता अचानक सामने से एक बड़क वाले ने आ कर टक्कर मार  
 दिया जिससे मेरा गाड़ी उससे टक्कर कर फ्रंट डैज और ड्रिग्रेस हो गई।  
 DAMAGE TO INSURED VEHICLE  
 Front Left 100000

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

B.K Automobiles

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?

NIA

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? : N/A
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

10. THEFT

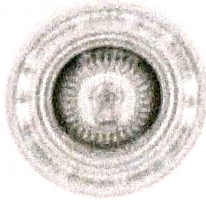
- (a) Date and Time : \_\_\_\_\_
- (b) Place : \_\_\_\_\_
- (c) What was stolen? : \_\_\_\_\_
- (d) Estimated cost of replacement? : \_\_\_\_\_
- (e) By whom discovered and reported? : \_\_\_\_\_
- (f) Has theft been reported to Police? : N/A
- (g) When? : \_\_\_\_\_
- (h) Which Policy Station? : \_\_\_\_\_
- (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 07/01/2026

Signature of the insured संजय राठौर

Receiving Office



The Oriental Insurance Company Limited  
Head Office, A-29/27, Road No. 11, Connaught Place, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 2008  
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. UP-15-B-7516 insured under Policy No. \_\_\_\_\_ of  
the said company and accident which occurred on or about \_\_\_\_\_ We give  
the discharge receipt to the Company as full and final settlement of all my/our claims  
present or future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

Ins. Dept.  
Receiving Stamp  
When released  
Date: 10/10/08

Witness  
Name .....  
Signature .....  
Address .....

Signature संजय भादवा  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....