

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.	Sunita Devi 7800171929
2	Vehicle No. / वाहन संख्या	UP52 CJ 1793
3	Policy No. / पालिसी संख्या	252400/31/2026/42/63
4	Period of Insurance / बीमा अवधि	12/10/2025 - 11/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/01/2026 Time 10:20 AM
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	Sarvesh Yadav UP52 20180009890 Mo-9721128988
8	Estimated Loss / अनुमानित हानि	14000
09.	Cause of Accident / दुर्घटना का कारण : मेरा पड़ोसी मेरी गाड़ी लेकर पथरदेवा कुछ काम से जा रहे थे। पथरदेवा में पेट्रोल पम्प के सामने लेस्क बाइक वाले ने झाकर टक्कर मार दिया। जिससे मेरी गाड़ी उससे टक्करा कर गिर गई। स्पॉट गिट कट 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 : 09/01/2026
हस्ताक्षर

सुनिता देवी
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Saswesh Yadav
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Neighbour
 (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 : UP5220180009890
 (h) Issuing Authority : 12/09/2018
 (i) Date of Expiry : 11/09/2038
 (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 : 09/01/2026 Time 10:20 Am
 (b) Place : Patherdewa
 (c) Speed of vehicle at the time of accident : 20-30 KPH मेरा पटोली मेरी गाडी लेकर
 (d) Give a short description of the accident : पथर देवा कुद काम ल जा रहे ओ पथर स्वा मे
 (e) If any third party was responsible for this accident give the name and address : पटोली मी क पाल सामने ले एक बाइक
 वाले ने आ कर टक्कर मार दिया। जिससे मेरी गाडी उलटने टक्करा फल गिर गई
 और गिर कर क्षतिग्रस्त हो गई।
 DAMAGE TO INSURED VEHICLE
 (a) Full details of damage : Front Left
 (b) Estimated cost of repairs : 14000
 (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 : 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? : 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? : 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 09/01/2026

Signature of the insured मुनिता देवी



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. 252400/31/2026/42163

Tel. No. _____

Period of Insurance 12/10/2025 - 11/10/2026
 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 : Sunita
 (b) Address for correspondence : _____
 (c) Telephone : Vill - Farendaha, Po - Pathesdewa

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTOCORP 2025</u>	Engine No. <u>62168</u> Chassis No. <u>70682</u>	Registration No. <u>UPS2 CJ1793</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 NIA
 1. Was a side-car attached NIA
 2. Was a pillion rider carried NIA

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 : _____
- NIA

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200_____
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. UPS2CT1793 insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. 14000

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature ..शुनिता देवी.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



सामुदायिक स्वास्थ्य केन्द्र, पथरदेवा

जनपद- देवरिया



रजि० सं०..... 1244

दिनांक..... 9/11/26

नाम..... (Handwritten name)

उम्र..... 38..... लिंग..... m

पता.....

(Handwritten signature)

Rx

Swelling in Left Leg

Tab - Acb - Sp

cab - Pantop

Tab Clavam 625



Bed Rest in

3 days

केवल 15 दिन के लिए मान्य

(Handwritten signature)

एड्स का ज्ञान, बचाए जान! केवल इण्डिया मार्का हैण्डपम्प का पानी उपयोग करें।

तेज बुखार, उल्टी, झटके आना तथा बच्चे के व्यवहार में परिवर्तन आने पर अविलम्ब 102/108 से निकट सामु० स्वा० केन्द्र के ई०टी०सी० में लायें, जे.ई./ए.ई.एस. का लक्षण हो सकता है।



सामुदायिक स्वास्थ्य केन्द्र, पथरदेवा

जनपद- देवरिया



रजि० सं०..... 1244 दिनांक..... 9/11/26
 नाम..... (S. K. S.) उम्र 38 लिंग M
 पता.....

व्यक्तिगत

Rx

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Tab - Acip-Sp

Tab - Pantop

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