

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.	RAJESH KUMAR mo. 9721704539
2 Vehicle No. / वाहन संख्या	UP31 CK 5974
3 Policy No. / पालिसी संख्या	252400/31/2025/91775
4 Period of Insurance / बीमा अवधि	04-03-2025 TO 03/03/2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	09-01-2026 11:AM
6 Place of Accident / दुर्घटना का स्थान	शारदा नगर के पास
7 Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIV PAL YADAV UP3120210005732 12060
8 Estimated Loss / अनुमानित हानि	12060
9. Cause of Accident / दुर्घटना का कारण:	रीनापुरा से गाड़ी हमारी जीपा लेंकर लखीमपुर की जा रहे थे तभी रास्ते में शारदानगर के पास मोड़ पर हमने ले एक बसक वाला आया जो गाड़ी का एक टुकड़ा गरी और लकरा कर धरि गतलत हो गयी और रास पर गिर कर रास भी गरी।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Shikam Gomat Automobile Meharasa

13-1/2026

राजेश कुमार

Signature of Insured / बीमाधारक के

Date / दिनांक :  
हस्ताक्षर



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. 252400/31/2025/91775

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

Period of Insurance 04-03-2025 to 03/03/2028  
 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 : RAJESH KUMAR  
 (b) Address for correspondence : VILL - PARASA PURWA JAT PURWA PS-DHARU  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO HEDIX</u>	Engine No. <u>R10651</u>	Registration No. <u>UP31CK 5974</u>
	Chassis No. <u>KG1331</u>	

- (a) Was the vehicle in proper working condition? Y  
 (b) For what purpose was the vehicle being used at the time of accident? \_\_\_\_\_  
 (c) Was trailer attached? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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?

SHIV PAL YADAV  
 29 yrs  
 VILL - DEENA PURWA POST DULHE MCHHASON  
 relative

UP 31 202100057-32  
 11-03-2025 Khari  
 31-12-2035

परमना  
 अनियमित रूप से गाड़ी चलाया जाता है और सुरक्षा के नियमों का पालन नहीं किया जाता है।  
 हा-ने के अलावा अन्य कोई भी कारण नहीं है।  
 25 अक्टूबर 2021 को गाड़ी चलाते समय भी नहीं था।

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

09-01-2022 11:AM  
 सड़क किनारे के पास  
 40km/hr  
 टोकरा

6. DAMAGE TO INSURED VEHICLE

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

Yes for  
 12000/-  
 Saini Ram Chohan Automobile

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?

NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?  
(b) If yes, give full details

NA

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.

NA

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

NA

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.

13/01/2026

राजेश कुमार

Signature of the insured

Date \_\_\_\_\_ 200

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. \_\_\_\_\_ 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. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs 5000/-

*Handwritten signature in Hindi*

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

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