

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	RAJEEV KUMAR mo - 6393308537
2 Vehicle No. / वाहन संख्या	UP31CK 0216
3 Policy No. / पालिसी संख्या	252400/31/2025/95050
4 Period of Insurance / बीमा अवधि	19/03/2025 TO 18/03/2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	15/04/2026 10:AM
6 Place of Accident / दुर्घटना का स्थान	निधासन के पास
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRADEEP KUMAR UP3120210001506
8 Estimated Loss / अनुमानित हानि	10571 लगभग
9 Cause of Accident / दुर्घटना का कारण :	कृपया ध्यान दें गाड़ी हमारी खाली थी लिफ्टे निधासन लिफ्टे पा रहे थे तभी रास्ते में निधासन के पास अचानक वाहन के सामने सारकिल वाला आ गया जिससे गाड़ी उस गाड़ी के सामने सारकिल वाले के पथ पर चकरा गयी उसे टकराते रहकर ही गया
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12 Name of the Workshop, Address & Contact No. वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Sri. Ram Gomsai Auto mator N FULHASAN

16/04/2026

राजीव 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. 252400/31/2025/95050

Tel. No. _____

Period of Insurance 19/03/2025 to 10/03/2026
 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: RAJEEV KUMAR
 (b) Address for correspondence: VILL - PADARIYATI KAPUR DHARMA PUR PS - BHEERA
 (c) Telephone: _____

2. THE INSURED VEHICLE

Make & Year <u>2025 HERO</u>	Engine No. <u>13392</u> Chassis No. <u>10473</u>	Registration No. <u>UP31 CK 8216</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? ✓
- (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) Lorry/JEEP/Tractor, was trailer attached?
 - (h) Number of passengers carried
 - (i) Number of Passenger permitted
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : PRADEEP KUMAR
 (b) Age : 33 yrs
 (c) Address : VILL - Kaudaya NEOHASAN
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? : Owner

(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 : UP3120210001506
 (h) Issuing Authority : Kanpur - 19-01-2021
 (i) Date of Expiry : 27-06-2032
 (j) Was the licence temporary/permanent : Permanent

(k) Details of endorsement/suspension, if any : None
 (l) Has he been involved in any accident before? : Yes
 (m) Has he been charged by the policy? If so, Why? : Yes

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 15/01/2022 10:AM
 (b) Place : near the bus stop
 (c) Speed of vehicle at the time of accident : 90 km/h
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Yes
 (b) Estimated cost of repairs : 10571
 (c) When and where can the damaged vehicle be inspected : Shri Ram Gram H. Auto Mob. Ins. Co.

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

NA

- 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.

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 Police 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.

10/01/22-6 राजीव कुमार

Signature of the insured

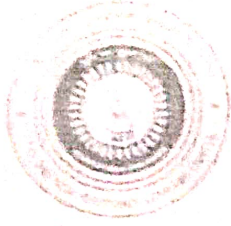
Date 200

Exchange 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____
in words Rupees _____
THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
in full and final settlement of the loss and/or damage caused through the accident to
my motor Car Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
discharge receipt to the Company in full and final settlement of all my/our claims
arising directly/indirectly in respect of the said accident.

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

राजीव कुमार

Signature
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

Signature
Address