

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.	चमेली, 9918888563
2	Vehicle No. / वाहन संख्या	0888888888
3	Policy No. / पालिसी संख्या	222222/3/2222/88/10
4	Period of Insurance / बीमा अवधि	15.02.25. / 14.02.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17.01.26 - 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	गुवाव नगी (कोयलाडू)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	पमिल, 9918888563 11112222/0000455
8	Estimated Loss / अनुमानित हानि	R.S. 14500=00
09.	Cause of Accident / दुर्घटना का कारण:	हमारे कार हादसे गड्डी ठोकर लागी थी एवम् की रात में कुछ ही मिनटों के कारणा सामने अचानक से पिन्डप वावा द्वारा गाडी को टाकर की वजह से करी गड्डी रोड के किनारे खेत में दमो लागी थी एवम् कोट टगरी गड्डी क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	विश्व शाले सेल्य 8299824165, 8858175410

चमेली

Date / दिनांक : 19.01.26  
हस्ताक्षर

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 Menth

Certificate/Policy No. 25040/37/2025/86110

Tel. No.

Period of Insurance 15.02.25 - 14.02.26  
 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 : Chanki  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9918878463

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2022</u>	Engine No. <u>HA11E72HM71668</u> Chassis No. <u>MBLHAW2252HM68872</u>	Registration No. <u>UP4BA</u> <u>0347</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? 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 to 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 : NA  
 (e) Nature of goods carried : \_\_\_\_\_  
 (f) Was the vehicle plying for hire : NA  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

चंकी

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vakil  
(b) Age : 24 years  
(c) Address : St. Kasecaoc  
(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 : UFG400210000424  
(h) Issuing Authority : S.H.B. P.J.P  
(i) Date of Expiry : 17.08.2041  
(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?

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 17.08.2026 - 8:00 PM  
(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 : ...

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front of Rear side  
(b) Estimated cost of repairs : R.S. 14600/-  
(c) When and where can the damaged vehicle be inspected : Vindya Acha Super

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? :  
N/A / N/A

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