

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.	संगीता देवी 8303852772
2	Vehicle No. / वाहन संख्या	UP57 CA0304
3	Policy No. / पालिसी संख्या	252400/31/2026/46432
4	Period of Insurance / बीमा अवधि	18/10/2025 TO 17/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/01/2026 / 08:00 PM
6	Place of Accident / दुर्घटना का स्थान	सुबर्बानी मण्डल बाइपास के बगल में
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राजकमल महेशिमा (008794142) UP57 20230001712
8	Estimated Loss / अनुमानित हानि	8000
09.	Cause of Accident / दुर्घटना का कारण :	अपने घर से सुबर्बानी मार्केट में गये वहाँ हमने अपनी गाड़ी पार्क कर दी। अचानक किसी अनजान वाहन ने ठोकर मार दी जिससे गाड़ी बाईपास में गिर गई थी। जिसके कारण मेरी गाड़ी क्षतिग्रस्त हो गई थी।
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.	शिव कारोमोबाइल्स सुबर्बानी बाजार हाथ-डुगगा (9519618008)

Date / दिनांक : 22/01/2026
हस्ताक्षर संगीता देवी

Signature of Insured / बीमाधारक के
संगीता 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. 252400/31/2016/46432

Tel. No. _____

Period of Insurance 10/10/2025 TO 17/10/2026
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 : सुनीता देवी
(b) Address for correspondence : सुकरौली, सुकरौली-हारा-कुशीनगर
(c) Telephone : 0303852772

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025-</u>	Engine No. <u>41392</u> Chassis No. <u>45554</u>	Registration No. <u>UP57CA</u> <u>0304</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? N/A
(d) If a Motor Cycle/scooter
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 : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajkamal Madhreshing
(b) Age : 27
(c) Address : Sukrauli - Hata - Kushinagar
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Yes
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP57 2023 000 1712
(h) Issuing Authority : 04 - 10 - 2023
(i) Date of Expiry : 07 - 07 - 2039
(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 : 20-10-2026 / 08:00 PM
(b) Place : Sukrauli - Hata
(c) Speed of vehicle at the time of accident : 0-KPH
(d) Give a short description of the accident : अज्ञात वाहन के टकराव माले से क्षतिग्रस्त हो गयी
(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 end left side
(b) Estimated cost of repairs : 0000
(c) When and where can the damaged vehicle be inspected :

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

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 22-01 2022

Signature of the insured सोनिया देवी