

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.	Rampyase Gautam
2	Vehicle No. / वाहन संख्या	UP52CH7732
3	Policy No. / पालिसी संख्या	25240031/2026/36311
4	Period of Insurance / बीमा अवधि	15/09/2025 - 14/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/01/2026 Time 12:50pm
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	Manu Prasad UP52 201800004716
8	Estimated Loss / अनुमानित हानि	25000
09.	Cause of Accident / दुर्घटना का कारण:	मेरे बड़े पापा का लडका मेरा गाड़ी लेकर पथरदेवा कुड़ू काम से जा रहे थे। पथरदेवा में सिधावे मोड़ के पास मोड़ते वक्त मेरी गाड़ी में दौड़ते तरफ से गाड़ी गाड़ी गाड़ी कर टक्कर मार दिया। जिससे मेरा गाड़ी टक्कर कर गिर कर हति हस्ता हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	B.K Automobiles Patherdewa (7275552909)

Date / दिनांक : 26/01/2026
हस्ताक्षर

रामधारे गौतम
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Manu Prasad
 (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 : UP522018 000 4716
 (h) Issuing Authority : _____
 (i) Date of Expiry : 25/04/2018
 (j) Was the licence temporary/permanent : Permanent 24/04/2030
 (k) Details of endorsement/suspension, if any : _____
 (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 : 26/01/2025 Time 12:50 PM
 (b) Place : Patherdewa
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मेरे बड़े पापा का लड़का घेरा गाड़ी लेक
 (e) If any third party was responsible for this accident give the name and address : पथरदेवा के काम से करा रहा था। पथरदेवा
 (a) Full details of damage : Front Right Side
 (b) Estimated cost of repairs : 25000
 (c) When and where can the damaged vehicle be inspected : B.K Automobiles

मेरे विधवा भोज के पास मोल वकल से आ कर टक्कर मार दिया। जिससे मेरा गाड़ी उससे टक्कर कर गिर कर क्षतिग्रस्त हो गई।

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	:	<u>N/A</u>
(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 26/01/2006

Signature of the insured रामपरे गोकुल



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. 25240031/2026/36311

Tel. No. _____

Period of Insurance 15/09/2025 - 14/09/2026
 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 : Rampyare Gautam
 (b) Address for correspondence : vill - Pipra Daud Post - Patherdewa - Deoria
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTOCORP</u> <u>2025</u>	Engine No. <u>62113</u> Chassis No. <u>70652</u>	Registration No. <u>24/Sep/2025</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 N/A
 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	:	<u>N/A</u>
(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	:	_____