

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

महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे  
 दिए गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	SADHU RAM MO- 9839154655
Vehicle No. / वाहन संख्या	UP31CK4064
Policy No. / पालिसी संख्या	252400/31/2025/87886
Period of Insurance / बीमा अवधि	20/02/2025 TO 19/02/2026
Date of loss & Time / दुर्घटना का दिनांक & समय	25/02/2026 11: AM
Place of Accident / दुर्घटना का स्थान	कुर्मिनपुरवा के पास
Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ATUL KUMAR UP31 20250007039
Estimated Loss / अनुमानित हानि	₹ 277 लगभग
Cause of Accident / दुर्घटना का कारण: गाड़ी हमारी कुआ के मर्या सरपतध के निष्ठासन लिये जा रहे थे तभी रास्ते में कुर्मिनपुरवा के पास अपानक सामक के एक बालक आ गयी- पिछले गाड़ी अनियंत्रित होकर हमारा गाडी आप पुन्ना का क्षति गत होकर ₹ 25 पर गिर कर रुक गयी	
Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
Third Party Loss / तृतीय पक्ष हानि / FIR No.	
Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Saifam Gomat Auto

27/02/2026

साधु राम

Signature of Insured / बीमाधारक के

Date / दिनांक :  
 हस्ताक्षर

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ATUL KUMAR  
 (b) Age : \_\_\_\_\_  
 (c) Address : VILL - ABHAY PUR CHANDPURA  
DHARANARA  
 (d) Is the Driver : \_\_\_\_\_  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : सुलतु  
 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 : UP31 2025 000 7039  
 (h) Issuing Authority : Khaiji  
 (i) Date of Expiry : 08-09-2039  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : सिस्टीम चाली के अंतर्गत वाहन में किसी प्रकार की  
दोषपूर्णता नहीं है।  
 (l) Has he been involved in any accident before? : नहीं  
 (m) Has he been charged by the policy? If so, Why? : बुनियादी बातों के अन्तर्गत वाहन में किसी प्रकार की  
दोषपूर्णता नहीं है।

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 25/01/2026 11:AM  
 (b) Place : बुनियादी बातों के अन्तर्गत  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : घर  
 (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 Part  
 (b) Estimated cost of repairs : 5277  
 (c) When and where can the damaged vehicle be inspected : Sri Ram Gomatia Aulana N. A. H. R.

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? : \_\_\_\_\_



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. 252400/31/2025/07006

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

Period of Insurance 20/02/2025<sup>TO</sup> 19/02/2026  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name
- (b) Address for correspondence
- (c) Telephone

SADHU RAM  
VILL- SARPATHA MUDAN BUJURG KH ERJ

2. THE INSURED VEHICLE.

Make & Year <u>2025</u> <u>HERO</u>	Engine No. <u>HAIIE7S1HA26025</u>	Registration No. <u>UP31CK</u> <u>4064</u>
	Chassis No. <u>MBLHAW210SHA12476</u>	

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? 2
- (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 : \_\_\_\_\_
- NA



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. MP 31CK 4064 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/-

साधु राव

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

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

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