

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.	FAKAKE ALAM 8423261630
2	Vehicle No. / वाहन संख्या	UP52CH-2974
3	Policy No. / पालिसी संख्या	252400/31/2026/28352
4	Period of Insurance / बीमा अवधि	17/07/2025 TO 16/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026 3:30PM
6	Place of Accident / दुर्घटना का स्थान	MALSI
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ABDUL GAFFAR 8423261630 UP52-20220010773
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरा मित मेरी गाड़ी लेकर देवरिया जा रहा था रास्ते में मल्सी के पास मोड़ पर एक बाईक चाला आगे से टक्कर मार दिया और मेरी गाड़ी दाहिने साइड गिर कर टूट 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.	ISRA MOTORS BAGHAUCHHAT 8052722372

Date / दिनांक : 2/02/2026  
हस्ताक्षर

फरकरे आलम  
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 \_\_\_\_\_ Certificate/Policy No. 252400/31/2026/28352  
 Tel. No. \_\_\_\_\_ Period of Insurance 17/07/2025 TO 16/07/2026  
 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 : FAKAKE ALAM  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : VILL - MEHAHAKHANGPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO   2025</u>	Engine No. <u>HALLF6SHF27229</u> Chassis No. <u>MBLHAW479SHFC8889</u>	Registration No. <u>UP52CH-2974</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  
 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	:	<u>N/A</u>	
(g) <del>Was the vehicle used for transport of goods?</del>	:		
(h) Number of passengers carried	:		
(i) Number of Passenger permitted	:		

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ABDUL GAFFAR  
 (b) Age : 22  
 (c) Address : MEHARHUNPUR BAGHAUCHGHAT DEORIA  
 (d) Is the Driver  
 1. Owner : FRIEND  
 2. paid driver? : \_\_\_\_\_  
 (e) If paid driver, how long has he been in your employment : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP 52 - 20220010773  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31/12/2043  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NIA  
 (l) Has he been involved in any accident before?: NIA  
 \_\_\_\_\_  
 \_\_\_\_\_

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 01/02/2026 3:30 PM  
 (b) Place : MALST  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरा मित मेरी गाडी लेकर देवरिया जा रहा था रास्ते में मल्हारी के पास मोड़ पर एक बाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी दाहिने काईड गिर कर टूट गई।  
 (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 : \_\_\_\_\_  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : ISRA MOTORS BAGHAUCHGHAT

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 : NIA  
 (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? : NIA  
 (b) If yes, give full details : \_\_\_\_\_

9. WITNESS

(a) Give names and addresses of passengers/other  
 Witness, if any : \_\_\_\_\_  
 (b) Give names and addresses of persons who were present at the  
 scene of the accident? : \_\_\_\_\_  
 (c) Was accident reported to Police? If not, Why? : NIA  
 (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? : NIA  
 (f) Has theft been reported to Police? : \_\_\_\_\_  
 (g) When? : \_\_\_\_\_  
 (h) Which Police 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 21/02/2002

फखरे आलम  
 Signature of the insured \_\_\_\_\_

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 full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. \_\_\_\_\_ 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/-

Witness

Name .....

Signature .....

Address .....

Signature फखरे आलम .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....