

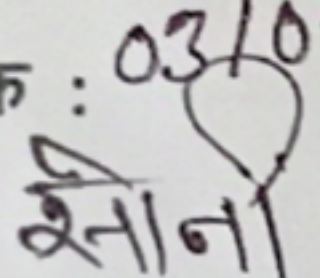
To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

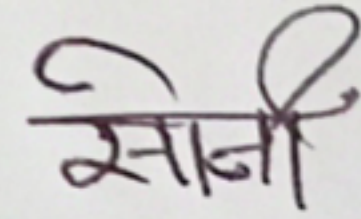
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SONI, 7738847954
2	Vehicle No. / वाहन संख्या	UP52CE9075
3	Policy No. / पालिसी संख्या	252400/31/2026/1356
4	Period of Insurance / बीमा अवधि	07/04/2025 to 06/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/01/2026, 04:00 PM
6	Place of Accident / दुर्घटना का स्थान	Baxhaaj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu Yadav, 7738847954 UP52 20230011769
8	Estimated Loss / अनुमानित हानि	₹ 10,000
09.	Cause of Accident / दुर्घटना का कारण:	घर से बाजार जा रहे थे तभी पामने एक गहूँ झा गया जिसने बचाते समय गाड़ी अनियमित हो कर गिर गया और क्षतिग्रस्त हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Baba Auto Agency, Baxhaaj 9450480330

Date / दिनांक : 03/02/2026
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 _____

Certificate Policy No. 252400/31/2026/1356

Tel. No. _____

Period of Insurance 07/04/2025 to 06/04/2026

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 : SONI
 (b) Address for correspondence : VII-ward No-12 Gausa Jainagar
 (c) Telephone : 7738847954

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp Ltd.</u> <u>2025</u>	Engine No. <u>HAIIE7SHA69833</u> Chassis No. <u>MBLHAW2228HA66056</u>	Registration No. <u>UPS2GE</u> <u>9075</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? NO
 (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 : NA
 (g) If Lorry/Jeep Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: SONU YADAV
 (b) Age: 06-02-2002
 (c) Address: Mouza Deoria Uttar
 (d) Is the Driver
 1. Owner: NA
 2. paid driver?: NA
 3. Owner's relative or friend?: Relative (Brother)
 (e) If paid driver, how long has he been in your employment: NA
 (f) Was he under the influence of intoxication (liquor or drugs?): NA
 (g) Driving Licence Number: UPS2 20230011769
 (h) Issuing Authority: RTO DEORIA
 (i) Date of Expiry: 05-02-2042
 (j) Was the licence temporary/permanent: Permanent
 (k) Details of endorsement/suspension, if any: NA
 (l) Has he been involved in any accident before?: NA
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 31/01/2026, 04:00 PM
 (b) Place: Barha
 (c) Speed of vehicle at the time of accident: While going from home to the market, a pothole appeared
 (d) Give a short description of the accident: In front of us and while trying to avoid it, the car went out
 (e) If any third party was responsible for this accident give the name and address: Workshop NA of control and fell and got damaged.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Visor, Handal, Front Mudguard, Winker etc.
 (b) Estimated cost of repairs: ₹ 10,000
 (c) When and where can the damaged vehicle be inspected: Workshop

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: NA
 (e) Full details of property damaged: _____
 (f) Has notice of any claim been given to you? _____

K. INQUIRY TO INSURED/PARTY

18) Was there any accident report? NA
19) Was any claim made? NA

9. WITNESS

20) Give name and address of person(s) who witnessed the accident? _____
21) Was a Police Complaint filed in respect of the accident? _____
22) Was accident reported to Police? If yes, Why? NA
23) If yes, in which Police Station? _____
24) Date and Time? _____

10. THEFT

25) Date and Time _____
26) Where _____
27) What was stolen? _____
28) Estimated cost of replacement? _____
29) By whom discovered and reported? _____
30) Was Police Complaint reported to Police? NA
31) Why? _____
32) Which Police Station? _____
33) C.R. File 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 past or future accident shall be forfeited.

Date 03/02 2026

Signature of the insured

[Signature]

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. _____ 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 Samsul Azam
Signature [Signature]

Address

Signature [Signature]
Occupation सान
Address

Bank Account Number
Name of the Bank