

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.	DHARMENDRA kumar 7409955704
2	Vehicle No. / वाहन संख्या	UP79 AE 6947
3	Policy No. / पालिसी संख्या	252400 31 2025 95765
4	Period of Insurance / बीमा अवधि	19/07/2025 to 18/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 शाम करीब 8:30 PM
6	Place of Accident / दुर्घटना का स्थान	दादरी (नोएटा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DHARMENDRA kumar / 7409955704 UP7520120001277
8	Estimated Loss / अनुमानित हानि	27000 ₹
09.	Cause of Accident, / दुर्घटना का कारण :	मैं इसी से पालिसी में जा रहा था अचानक सामने से एक कार का पहलू बाएँ में आया जो मेरी कार की ओर बढ़ी थी और मुझे धक्का मारा जिससे मैंने कार को हाइवे से बाहर कर दिया।
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.	S M MOTORS SATRAWA 9120689631

Date / दिनांक : 04/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

धर्मेंद्र



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 MERCURY

Certificate/Policy No. 252400/31/2025/95765

Tel. No.

Period of Insurance 19/03/2025 to 18/03/2026
 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 : DHARMETARA INDR
 (b) Address for correspondence : _____
 (c) Telephone : 7409955704

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>WAIIPISHB01422</u> Chassis No. <u>MALHAW409SHB01560</u>	Registration No. <u>UP79AE 6947</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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 : DHARMENDRA KUMAR
(b) Age : 35
(c) Address : SELF
(d) Is the Driver
1. Owner : SELF
2. paid driver? : NO
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : NP
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP7520120001277
(h) Issuing Authority : AR10-UP75
(i) Date of Expiry : 16-01-2032
(j) Was the licence temporary/permanent : NP
(k) Details of endorsement/suspension, if any : NP
(l) Has he been involved in any accident before? : NP
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time :
(b) Place :
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(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 : NA
(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 : NA
(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? : _____
(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? : _____
(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? : _____
(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 04/03/2006

Signature of the insured _____

मैं धर्मेश कुमार s/o कमलेश कुमार निवासी
ग्राम काशीपुर मण्डला औरंगाबाद का हूँ मैंने नौकरा
के तारीख में एक्सीडेंट 06-01-2025 को ही गया था
मुझे काफी चोट थी इसलिए मुझे अस्पताल भर्ती कराया
गया था। इसी कारण मैं कंपनी का CLAIM
कराने में काफी दिन का समय लग गया।
इसके बाद मुझे हल्का आराम हुआ तब मैंने मोटरसाइकिल
को एक्सीडेंट पर (04-02-2026) पर भेजा।

हस्ताक्षर

धर्मेश