

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.	Neeraj Kumar 6395163054
2	Vehicle No. / वाहन संख्या	UP-85-DB-0879
3	Policy No. / पालिसी संख्या	257400/31/2026/PKTU/4723733
4	Period of Insurance / बीमा अवधि	27/12/2025 To 26/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/2/2026 Time - 2:30 PM
6	Place of Accident / दुर्घटना का स्थान	उरुगुवा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Benu Kishan - UP 85 20A 10009894 9761820579
8	Estimated Loss / अनुमानित हानि	13862
9	Cause of Accident / दुर्घटना का कारण : मैं गुरुगुवा में जाव की तरफ आ रहा था और मेरे साथ मेरे अइया थे वो वाइक चल रहा थे, और वाइक की स्पीड 30 से 40 तक थी, तभी अचानक से एक कार वाला मेरी वाइक में तेज स्पीड से टक्कर मार देता है और वाइक मेरे अपने हाथ पर थी कार वाले ने टन लेने के चक्कर में डाली।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	S.B. Khandelwal Motors Sunder, Meerut, 198127 8868808885

Date / दिनांक :
हस्ताक्षर

19/2/2026

Neeraj

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 _____

25/400/31/2021/PTL/4223733
 Certificate/Policy No. _____

Tel. No. _____

28/11/2025 To 26/12/2025
 Period of Insurance _____
 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 *Neeraj Kumar*

- (a) Name : _____
 (b) Address for correspondence : *Duhawa, Duhawa Bazar, Mathura*
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <i>Hero 2025</i>	Engine No. <i>MA71F65AML9039</i> Chassis No. <i>MBLH2W473AMS4984</i>	Registration No. <i>UP 6W</i>
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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
 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 : *NA*
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Beni Ravi

(b) Age : 51/1/1972

(c) Address : 1084944, Sunir, 1998444

(d) Is the Driver

1. Owner : No

2. paid driver? : No

3. Owner's relative or friend? : Yes

(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 : U/85 20110009894

(h) Issuing Authority : MH

(i) Date of Expiry : 4/1/2022

(j) Was the licence temporary/permanent : permanent

(k) Details of endorsement/suspension, if any : No

(l) Has he been involved in any accident before? : No

(m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 8/1/2022 Time - 2:30 PM

(b) Place : 30

(c) Speed of vehicle at the time of accident : 30

(d) Give a short description of the accident : in 30 km/hr speed at 2:30 PM on 8/1/2022 at 30 km/hr speed

(e) If any third party was responsible for this accident give the name and address : 30 km/hr speed at 2:30 PM on 8/1/2022 at 30 km/hr speed

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : No Per Estimate

(b) Estimated cost of repairs : 12862

(c) When and where can the damaged vehicle be inspected : S. B. Chendelwal Nagar

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NA

(b) Address : NA

(c) Full Details of personal injury sustained : NA

(d) Name and address of any person/hospital giving medical attention to injured person : NA

(e) Full details of property damaged : NA

(f) Has notice of any claim been given to you? : NA

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

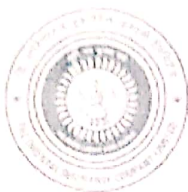
- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Policy Station? _____
- (i) C.R. diary Number _____

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 10/2/2016 200

Signature of the insured Neeraj

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
Signature
Address

Signature *Neeraj*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Attached to and forming part of policy number 25240031/20069 RTI 4723733

Insured's Declared Value					
For the Vehicle	For the Side Car	Non Electrical Accessories	Electrical Accessories	Value of LPG/CNG	Total Value
120	0	0	0	0	71249

SCHEDULE OF PREMIUM			
A. OWN DAMAGE		B. LIABILITY	
BASIC PREMIUM	179	BASIC TP COVER	3851
ADD: TP	179	TP TOTAL	3851
		TOTAL PREMIUM	4030
		ADD: CGST	363
		ADD: GST	363
		ADD: IGST	0.0
		STAMP DUTY	0.5
		TOTAL AMOUNT	4756

UIN Details

Nominee Details		
Nominee Name	Age	Relationship

NCF Incident - 0%

Deductibles under Section-I: COMPULSORY DEDUCTIBLE Rs.100

Subject to IMT Endorsement Printed herein/attached to :

Details of IMT Endorsements are also available on the Company's Web Portal www.orientalinsurance.org.in

Hypothecation Agreement with HDB FINANCIAL SERVICES LIMITED MATHURA

(As Borrower/Lessor Agreement with)

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the Insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as on our website.

The insurance coverage is governed by applicable terms, conditions, warranties, exclusions, IMT (2002) and OIC add-on endorsements, as outlined in the prospectus and customer information sheet. These are available on the Company's website: www.orientalinsurance.org.in or can be obtained from the issuing office. Policies can be stored on DigLocker. For servicing, claims, or grievances, visit our website or nearest office. If unresolved, customers may approach the regional Insurance Ombudsman (details available online or at any office). Complaints can also be registered on IRDAI's portal: <https://bimabharosa.irdai.gov.in>

Policy issuance subject to valid PUC Certificate and FASTag ID (where applicable), both of which must remain valid for the duration of the policy.

It is to be noted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio.


It is to be noted that it is not admissible if Driving Licence is found fake or is not valid whether or not in the knowledge of the insured. I hereby certify that the policy and the certificate of insurance are issued in accordance with the provision of Chapter XI Certificate of Insurance under Chapter XI of the Motor Vehicles (Amendment) Act, 2019. Liability exclusions as per Section 159(2)(a), (b)(i) and (c) of the Motor Vehicle Act apply.

Date: 27/12/2025



UNION OF INDIA **Driving Licence** (UP) (NT)

UP85-20110009894



जारी करने की तिथि Date of Issue	वैधता / Validity	
19/07/2011	(NT) 04/01/2027	
जन्म तिथि Date of Birth	Blood Group	
05/01/1977	UNKNOWN	

नाम / Name
BENI RAM


पिता/पति का नाम / Son/Daughter/Wife of
ROSHAN LAL

DUPLIC

UP85 20110009894 UP06160138RS


 MCWG 19/07/2011	 LMV 19/07/2011
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पता / Address
AAHAUN
SURIR
MATHURA

Holder's Signature 

(UP)

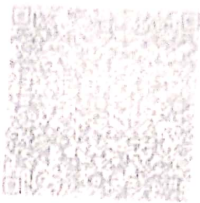
Form 7 Rule 16(2)

जारीकर्ता / Issuing Authority Sign


भारत सरकार
Ministry of Health and Family Welfare
Government of India


पता:
S/O Neeraj Kumar Sagar, Khatwa,
Post Code - 281205

Address:
S/O Sanga Sagar Sagar, Khatwa,
Khatwa Banger, Mathura
Uttar Pradesh - 281205




6856 8064 0985

भारत सरकार
Government of India



पता:
Neeraj Kumar Sagar
DOB: 13/06/2004
SEX: MALE



6856 8064 0985

भारत सरकार, भारत प्रवेशिका

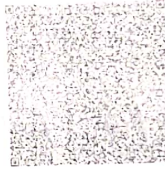
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

QAEPS5025R



नाम / Name
NEERESH KUMAR SAGAR

पिता का नाम / Father's Name
DANGA SHARAN SAGAR

जन्म की तारीख /
Date of Birth
13/06/2004

हस्ताक्षर / Signature

23082022

