

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.	ARAVIND SINGH 8081746328
2	Vehicle No. / वाहन संख्या	UP 52 CC 1466
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/471958
4	Period of Insurance / बीमा अवधि	08-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-02-2026 6:00 AM
6	Place of Accident / दुर्घटना का स्थान	पगरा चौराहें पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ARAVIND SINGH UP5220220018779, 8081746328
8	Estimated Loss / अनुमानित हानि	AS PER ESTIMATE
09.	Cause of Accident / दुर्घटना का कारण : खज्जा से टाटा आ रहे थे अपने ड्यूटी पर तभी पगरा चौराहें पर सामने रुक रुका अचानक आ गया जिसने बचने के प्रयास में मैंने अपना संतुलन खो दिया और गाड़ी सहित दाहिने तरफ गिर गया जिससे मेरी गाड़ी क्षतिग्रस्त होगी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	J.P. AUTOMOBILES, HATA KUSHINAGAR 7275977325

अरविन्द सिंह

Date / दिनांक : 11-02-2026
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. MS/2025/7001/0/46575/471958

Tel. No. _____

Period of Insurance 09-10-2025 to 09-10-2026

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 : ARAVIND SINGH
 (b) Address for correspondence : VILL-AWARACHAURI, 6th ESTATE, DEORIA, UP 274001
 (c) Telephone : 8081746328

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTO CORPS</u> <u>2024</u>	Engine No. <u>HA11ECRHFO6243</u> Chassis No. <u>MBLHAW14XRHF04576</u>	Registration No. <u>UP 52 CC</u> <u>1466</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? _____
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached _____
 2. Was a pillion rider carried _____
NO

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 : _____
NO

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ARVIND SINGH
 (b) Age : 01-07-1990
 (c) Address : AWARA CHAURI, G.I. ESTATE, DEORIA
 (d) Is the Driver
 1. Owner : YES
 2. paid driver? :
 3. Owner's relative or friend? : NO
 (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 20220018779
 (h) Issuing Authority : UP 52 DEORIA
 (i) Date of Expiry : 30-06-2030
 (j) Was the licence temporary/permanent : PERMANENT
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before?: NO
 (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 : 06-02-2026, 06:00 AM
 (b) Place : पुरा चौराहे पर
 (c) Speed of vehicle at the time of accident : 30-40 KMPH
 (d) Give a short description of the accident : खजना से हटा आ रहे थे उनके डायरी पर लगी पुरा चौराहे पर सामने
 (e) If any third party was responsible for this accident give the name and address : एक दुगा अनानुक्त आ गया जिसे बनाने के प्रयास में मैंने अपना संपत्ति न
 खो दिया और गाड़ी सहीर करने लरफ गोर गया जिससे मेरी गाड़ी क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : J.P. AUTOMOBILES HATA KUSHINAGAR
 7275977325

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 : NO
 (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? : _____ / NO
(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? : _____ NO
(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? : _____ NO
(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 11-02- 2006

Signature of the insured _____

अरविन्द सिंह

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/-

अरविन्द सिंह

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank