

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.	UP57 CA 1943 राजपति / 7310367920
2	Vehicle No. / वाहन संख्या	UP57 CA 1943
3	Policy No. / पालिसी संख्या	252400/31/2026/49160
4	Period of Insurance / बीमा अवधि	24/10/2025 TO 19/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026 / 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	रित्तल कासिंग - सुकरौली
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विभात कुमार गौतम (नं 279553390) UP57 2024003640
8	Estimated Loss / अनुमानित हानि	150000/-
09.	Cause of Accident / दुर्घटना का कारण :	महेश्वरी से रित्तल घट वापस जा रहे थे तभी डूबे साइड से स्कूटी कार ने लेज सफाए में सामने से टक्कर मारी जिसके बाद नैरी गाड़ी हारियस हो गई
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 / फ़ोन नं.	शिव शारंगोवाडिस सुकरौली-हाटा (9519618008)

Date / दिनांक : 13/02/2026
हस्ताक्षर

राजपति

Signature of Insured / बीमाधारक के

राजपति

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : विशाल कुमार गौतम
 (b) Age : 21
 (c) Address : पडरी-मौतपुरवा-हाटा
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Yes
 (e) If paid driver, how long has he been in your employment :
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP57 20240013640
 (h) Issuing Authority : 31-07-2024
 (i) Date of Expiry : 31-12-2044
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 01/02/2025 / 02:00 P.M.
 (b) Place : मिर्जा कांठिया - खुकरोली
 (c) Speed of vehicle at the time of accident : 20-30 KPH
 (d) Give a short description of the accident : मझमारी से मिर्जा कांठिया वापस जाते हैं तभी
 (e) If any third party was responsible for this accident give the name and address : उल्टे साइड से एक स्कूटी वाहन ने तेज गति से
मे स्कूटी मार गि जिसके बाद मेरी स्कूटी घनी
हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front And Left Side
 (b) Estimated cost of repairs : 10000/-
 (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 : N/A
 (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? : _____
(c) Was accident reported to Police? If not, Why? : N/A
(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 13/02 2008

Signature of the insured राजपति