

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.	Udayveer Singh - 8875048248
2	Vehicle No. / वाहन संख्या	UP 16AW 9486
3	Policy No. / पालिसी संख्या	85 2400/31/2026/61053
4	Period of Insurance / बीमा अवधि	20-11-2025 - 19-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26-2-26 - 3:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Kharaha ke pass Chingga Jey.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Bhimel Kumar - UP 7620230008420 8875048248
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	Shoushabad Se Apne Ghar Sultangay' Jote Sonya Gunggay' ke pass Achanak Samre se A rahi motar cycle kele kele ne Takkar marde Jis se mere motar cycle bhangai.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	Shri Ram Auto Sales Shoushabad

Date / दिनांक : 28/02/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
उदयवीर यादव



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. 252400/31/2026/6105

Tel. No. \_\_\_\_\_

Period of Insurance 20-11-25 To 19-11-26

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  
 (a) Name : Volayveer  
 (b) Address for correspondence : Vijayadanda  
 (c) Telephone : 0075048248

2. THE INSURED VEHICLE

Make & Year <u>jeep</u>	Engine No. <u>HA11FB5H 529847</u> Chassis No. <u>MB2HAW 3305H 529370</u>	Registration No. <u>UP 76AW</u> <u>9496</u>
----------------------------	---	---

- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? N/A  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried

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 : Govind Kumar
- (b) Age : 45 years
- (c) Address : Sultan Gans Khoretha,
- (d) Is the Driver
  - 1. Owner : \_\_\_\_\_
  - 2. paid driver? : \_\_\_\_\_
  - 3. Owner's relative or friend? : Relative
- (e) If paid driver, how long has he been in your employment : \_\_\_\_\_
- (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_
- (g) Driving Licence Number : UP 7620230008420
- (h) Issuing Authority : 4-9-2023
- (i) Date of Expiry : 31-12-2030
- (j) Was the licence temporary/permanent : permanent
- (k) Details of endorsement/suspension, if any : \_\_\_\_\_
- (l) Has he been involved in any accident before? : \_\_\_\_\_
- (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 : 26-2-26 3:30 P.M
- (b) Place : Sultan Gans
- (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 : Shahababad se Apna ghar Sultan Gans ke samne gongagay ke pass pcharnik some se Na Paki motor cycle ke jake kar masdi. Sis Se man' motor cycle ke ghar

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : \_\_\_\_\_
- (b) Estimated cost of repairs : \_\_\_\_\_
- (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 : \_\_\_\_\_
- (e) Full details of property damaged : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : \_\_\_\_\_

N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_ N/A  
(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? : \_\_\_\_\_ N/A  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Police 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 \_\_\_\_\_ 200  
20/02/2020

Signature of the insured, उद्यवीर यादव