

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.	
2	Vehicle No. / वाहन संख्या	TH00 - 8755723302
3	Policy No. / पालिसी संख्या	4P31 CK 77 94
4	Period of Insurance / बीमा अवधि	252400/31/2025/94196
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/2025 to 15/03/2026 04/03/2026 Time- 6:30 PM.
6	Place of Accident / दुर्घटना का स्थान	सुनौआ पुलिसिया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jeeva - 8755723302 D.L.No - 4P31 2018 0000 3347
8	Estimated Loss / अनुमानित हानि	9815
09.	Cause of Accident / दुर्घटना का कारण :	मैरा भाई जीवू लल्लिया से सुनौआ जा रहा था कि अचानक दाएले में सुनौआ पुलिसिया के पास अचानक गाड़ी पुलिसिया से टकराई जो 200 मीटर अगेत रुकलिस गाड़ी बाइपेस जेपर बाइपेस में जिले के पुलिसिया थाना
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.	पाला जी आर्य मोटोर्स जंग बहादुर जंग - जिला - दारभंग 7960000408 TH00 (वकील) सु

Date / दिनांक :
हस्ताक्षर

06/03/2026

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 Meerut

Certificate/Policy No. 252400/31/3025/55174 ⁹⁴⁶⁹⁶

Tel. No.

Period of Insurance 16/03/2025 to 15/03/2026
 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 T1700
 (b) Address for correspondence Vide sonaua - Dist - Lakhimpur Kheri
 (c) Telephone

2. THE INSURED VEHICLE

Make & Year <u>HERO/2016</u>	Engine No. <u>HAITEORHC24511</u> Chassis No. <u>MBLHAW21ORHC</u> <u>64144</u>	Registration No. <u>UP31CK</u> <u>7794</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? NO
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NO
 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: Jge-41
 (b) Age: 38
 (c) Address: vira-sonauna, Dist- Cakshim Poojhar
 (d) Is the Driver
 1. Owner: NO
 2. paid driver?: NO
 3. Owner's relative or friend? Relative friend
 (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: 4931 2018 000 3347
 (h) Issuing Authority: 14/03/2018
 (i) Date of Expiry: 13/03/2030
 (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: 04/03/2026 Time-6:30pm
 (b) Place: मुंबई
 (c) Speed of vehicle at the time of accident: 50 km/h
 (d) Give a short description of the accident: मेरा गाड़ी जातु लल्लपा से मुझका गाड़ी
 (e) If any third party was responsible for this accident give the name and address: पूरा था कि शर्माके वरते के मुझका पुलिसपु
 के पास आयाक गाड़ी पुलिसपु लेखकला गया
 रसावट गाड़ी यो पके योप हाटमे

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: As per estimate
 (b) Estimated cost of repairs: 9315
 (c) When and where can the damaged vehicle be inspected: 04/03/2026 मुंबई

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?
- (b) If yes, give full details

NO

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.

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 Police Station?
- (i) C.R. diary Number

NO

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 06/03/2006

Signature of the insured TITOO

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 *T. T. 00*
Occupation
Address
.....
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Bank Account Number
Name of the Bank