

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.	Mohammad Anwar 7310438456
2	Vehicle No. / वाहन संख्या	UP52CE 8565
3	Policy No. / पालिसी संख्या	252400/31/2026/711
4	Period of Insurance / बीमा अवधि	04/04/2025 03/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/03/2026 Time 5:20pm
6	Place of Accident / दुर्घटना का स्थान	Patherdewa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5220190009923 Mohammad Anwar
8	Estimated Loss / अनुमानित हानि	18200
09.	Cause of Accident / दुर्घटना का कारण	मेरी अपनी गाड़ी लेकर देवरिया कुड़कान से जा रहा था। पथरदेवा मार्केट में अचानक सामने एक बाइक वाले ने आ गया। जिससे मेरा गाड़ी उससे टकराकर सड़क किनारे जाकर गिर गई और क्षतिग्रस्त 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.	B.K Automobiles Patherdewa (7215552909)

Date / दिनांक : 23/03/2026  
हस्ताक्षर

मो. अनवर  
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. 252400/31/2026/711

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

Period of Insurance 09/04/2025 - 03/04/2026

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 : Mohammad Anwar  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : vill - Mehakshang pur, PO - Mehakshang pur

2. THE INSURED VEHICLE

Make & Year <u>HEROMOTO CORP 2025</u>	Engine No. <u>08133</u> Chassis No. <u>06400</u>	Registration No. <u>UP52CE8565</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 NIA  
 1. Was a side-car attached NIA  
 2. Was a pillion rider carried NIA

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	:	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Mohammad Anwar  
 (b) Age : \_\_\_\_\_  
 (c) Address : Meharshangpur  
 (d) Is the Driver  
 1. Owner : Owner  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : \_\_\_\_\_  
 (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 : UP5220190009923  
 (h) Issuing Authority : 26/09/2019  
 (i) Date of Expiry : 25/09/2029  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : \_\_\_\_\_  
 (l) Has he been involved in any accident before?: NIA  
 (m) Has he been charged by the policy? If so, Why?: NIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 23/03/2026 Time 05:20pm  
 (b) Place : Pathardar  
 (c) Speed of vehicle at the time of accident : 20-30KPH  
 (d) Give a short description of the accident : मे अपनी गाडी लूक दवारिया कुड़कागले  
 (e) If any third party was responsible for this accident give the name and address : जा रक्षा यो पर्यटन गाकेट त अयानक जम्म  
 (f) Full details of damage : Front Right  
 (g) Estimated cost of repairs : 18200  
 (h) When and where can the damaged vehicle be inspected : B.K Automobiles

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	:	<u>NIA</u>
(e) Full details of property damaged	:	
(f) Has notice of any claim been given to you?	:	

रुकवाक वाले नेडा गया जिससे मेरा गाडी उससे टकरा कर सड़क किनारे वाले से गिर गई और क्षति हुआ हो गई

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? : NIA  
(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? : NIA  
(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 23/03/2006

Signature of the insured

श्री ०३नवर

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/-

Witness  
Name .....  
Signature .....  
Address .....

Signature मोहम्मद अतवर  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



उत्तर प्रदेश UTTAR PRADESH

GG 707984

शपथ-पत्र

समक्ष:- श्रीमान सक्षम अधिकारी महोदय.....।

शपथ पत्र ओर से ..... निम्न प्रकार है :-

1. यह कि मैं शपथपूर्वक कथन करता हूँ कि शपथकर्ता मोहम्मद अनवर पुत्र श्री खैनुल्लाह, निवासी जिला महाहरद्वगपुर खिला देवरिया का हूँ।
2. यह कि मैं शपथपूर्वक कथन करता हूँ कि शपथकर्ता/शपथकर्ती का बाईक नो UP52 CE 8565 एवं पॉलिसी सं० 252400/31/2026/711 है।
3. यह कि मैं शपथपूर्वक कथन करता हूँ कि शपथकर्ता की बाईक जिसका एक्सीडेन्ट दिनांक 23/03/26 स्थान पथर देवा तहसील देवरिया जिला देवरिया में हुआ था।
4. यह कि मैं शपथपूर्वक कथन करता हूँ कि उक्त एक्सीडेन्ट से तृतीय पक्ष की कोई हानी नहीं हुई और डाइवर को भी हानी नहीं हुई है।
5. यह कि मैं शपथपूर्वक कथन करता हूँ कि एक्सीडेन्ट के समय बाईक में/मेरा रिश्तेदार मोहम्मद अनवर पुत्र श्री खैनुल्लाह निवासी महाहरद्वगपुर चला रहा था जिसका डी०एल० सं० UP5220/9000/9923 है।
6. यह कि मैं शपथपूर्वक कथन करता हूँ कि शपथ पत्र की धारा 1 ता 5 मेरे निजी ज्ञान मे सब सत्य है कुछ भी छिपाया नहीं गया है। ईश्वर मेरी मदद करें।

प्रमाणित स्थान देवरिया।

दिनांक- 28/3/26

मो० अनवर  
ह० शपथकर्ता

