

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
दिए 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.	KUNAL YADAV 7054374193
2	Vehicle No. / वाहन संख्या	UP 52 CE - 8434
3	Policy No. / पॉलिसी संख्या	252400/31/2026/1932
4	Period of Insurance / बीमा अवधि	2/4/2025 TO 8/4/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/03/2026 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	PIPKA
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIPIN YADAV 7054374193 NL04 - 20070009486
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी लेकर मेरे बड़े पापा का बेटा देवरिया जा रहे थे रास्ते में पिपका के पास मोड़ पर एक बाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी दाहिने साईड गिर कर टुट गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ISRA MOTORS BAGHAUCHGNAT 8052729372

Date / दिनांक : 1/04/2026
हस्ताक्षर

कुनल यादव
Signature of Insured / बीमाधारक



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. 252400/31/2026/1932
 Tel. No. _____ Period of Insurance 9/04/2025 TO 8/04/2026
 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 : KUNAL YADAV
 (b) Address for correspondence : _____
 (c) Telephone : VILL - NONIA PATTI PO - PATHAR

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>NA11E7RHL82256</u> Chassis No. <u>MBLHAW229RHL78978</u>	Registration No. <u>UP52CE-8434</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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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	:	<u>N/A</u>	_____
(g) if Lorry/JEEP/Tractor, was trailer attached?	:	_____	_____
(h) Number of passengers carried	:	_____	_____
(i) Number of passengers permitted	:	_____	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VIPIN YADAV
 (b) Age : 37
 (c) Address :
 (d) Is the Driver :
 1. Owner : ELDER BROTHER
 2. paid driver?
 3. Owner's relative or friend?
 (e) Has he been employed by you or your employer?
 (f) Was he under the influence of intoxication
 Liquor or drugs? : NO
 (g) Driving Licence Number : NLO4-20070009486
 (h) Issuing Authority :
 (i) Date of Expiry : 03/12/2027
 (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 police? 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 : 30/03/2026 10:30 AM
 (b) Place : PIPARA
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेरी गाड़ी लेकर मेरे बड़े पापा का बेटा देरिया जा रहे थे
 (e) If any third party was responsible for this accident give the name and address : अचानक से पिपरा के पास मोड़ पर एक बाईक वाला आगे
 से टक्कर मार दिया और मेरी गाड़ी दाहिने साईड गिर कर टुट गई।

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 : IORA MOTORS BAGHAUCHGHAT

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
 aving 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? :
 (b) If yes, give full details : NIA

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 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 1/04/2006

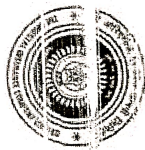
कुनाल यादव
 Signature of the insured _____

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Ansaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 2000

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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 500/-

श्रीगोबत शर्मा

Name
Signature

Occupation
Address

Bank Account Number
Name of the Bank