

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.	SUMAN DEVI 9161010809
2	Vehicle No. / वाहन संख्या	UP74AP2724
3	Policy No. / पालिसी संख्या	252400/31/2026/22137
4	Period of Insurance / बीमा अवधि	12/06/2025 to 11/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/04/2026 / दृष्टिकोण 2:00pm
6	Place of Accident / दुर्घटना का स्थान	सौरख तिरछा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMPAL SHARMA , 9129328700 UP7420220010439
8	Estimated Loss / अनुमानित हानि	40000 ₹
9	Cause of Accident / दुर्घटना का कारण : मेरे गाड़ी का ब्रेक सौरख जा रहा था अचानक से लेज रफ्तार आती ने सामने से टकरा कर मशीन मार दी। इस दुर्घटना के कारण मेरी मोटर साइकिल में काफी क्षतिग्रस्त हो गई मेरी मोटर साइकिल टकरा लगने से गड्ड में पहिया चला गया और मोटर साइकिल का दायाँ तरफ गिर गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SM MOTORS SAKRAWA P20 - 209797 9120639631

सुमन

Date / दिनांक : 12/04/2026
हस्ताक्षर

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. 252400/31/2026/22137

Tel. No.

Period of Insurance 12/06/2025 to 11/06/2026
 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 : SUMAN DEVI
 (b) Address for correspondence : _____
 (c) Telephone : 9161010809

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E7 SHA 27 B31</u> Chassis No. <u>MBCHAW212 SHA127 B1</u>	Registration No. <u>UP74 AP</u> <u>2724</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident? MP
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried MP

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 : AAMPAL STHUH
(b) Age : 42
(c) Address : VILL AND POST SAKAWA
(d) Is the Driver
1. Owner :
2. paid driver? : NA
3. Owner's relative or friend? : YES
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : VP74 20220010439
(h) Issuing Authority : AR10 - VP74
(i) Date of Expiry : 12-10-2032
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? : NA
(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 :
(b) Place :
(c) Speed of vehicle at the time of accident : 30 KM/H
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs : 40000
(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 : NA
(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 : N/A

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? : N/A
- (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 12/04 / 2006

Signature of the insured [Signature]