





CUSTOMER

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (d) Is the Driver
  - 1. Owner
  - 2. paid driver?
  - 3. Owner's relative or friend?

PRAVESH SINGH  
41 YEAR  
63, MAMCOODPUR JALAU  
NO  
NO  
YES

- (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
- (h) Issuing Authority
- (i) Date of Expiry
- (j) Was the licence temporary/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?

NO  
NO  
UP92 2025 0004960  
UP92 JALAU  
01/06/2035  
PERMANENT  
NA  
NA  
NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time
- (b) Place
- (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

13/04/2026      9:00 AM  
MAMCOODPUR RE PAS.  
40 km/h  
एक अपरेंट से इवेंट गारंटे जो पुलिस के पास है एवम  
48 घंटे में इवेंट के लिए 3000 रूपये का अडवेंचर है  
3000 रूपये का अडवेंचर है

6. DAMAGE TO INSURED VEHICLE ASUR ESTIMATED.

- (a) Full details of damage
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected

SDRSHAMHO AUTO MOBILES ORAZI, JALAU

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?

NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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? \_\_\_\_\_  
(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 18/04 2021

Signature of the insured

3R104-2/3/21

सवा में,  
The Oriental Insurance Co Ltd /  
दिए 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.	अरवि कुमार 7054425197
2	Vehicle No. / वाहन संख्या	UP92 AS2209.
3	Policy No. / पालिसी संख्या	252400/31/2026/20/01.
4	Period of Insurance / बीमा अवधि	04/07/2025 TO 03/07/2026-
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/04/26 Time - 9.00 AM
6	Place of Accident / दुर्घटना का स्थान	
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	प्रवेश सिंह 9598860200
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	एम आपने ब्यूर से उतारा जा रहे थे पुलिस के पास पहुंचते ही अचानक जानवर का जाने के कारण गार्डि अस-मुक्ति हो गई और ड्राइवर में जाके गिर गई / 13/04/26 . Time - 9 AM
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	#1
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Kapil Motors Kulpi

Date / दिनांक : 10/04/2026  
हस्ताक्षर अरवि कुमार

अरवि कुमार  
Signature of Insured / बीमाधारक के

AUTOMOBILES

NGAR, RATH ROAD, , ORAI, JALAUN, 285001, UP, INDIA

Phone: 05182-252243, 5162251559, ,

SPUC2812P12N

For more info visit [www.MotoCorp Ltd](http://www.MotoCorp Ltd)

428-1068

JORCAR

DEPARTMENT

Claim No

Class No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, 2-25/27, Anil Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 1981  
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 as full and final settlement of all my/our claims  
present or future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

The Policy  
Number is  
\_\_\_\_\_

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

Signature ..... *[Handwritten Signature]*  
Occupation .....  
Address .....

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