

सेवा में,
The Oriental Insurance Co Ltd /
ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

सि / 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.	AMINA KHATOON 8052903640
2	Vehicle No. / वाहन संख्या	UP52CH-4216
3	Policy No. / पालिसी संख्या	252400/31/2026/30687
4	Period of Insurance / बीमा अवधि	1/08/2025 TO 31/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/05/2026 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	GULNARIYA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHEKEJAMAL 8052903640 UP52-20240017013
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी लेकर मेरे बहन का बेटा त्रफुलवा जा रहा था रास्ते में गुलहरिया के पास एक बाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी बाएँ साईड गिर कर टूट 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.	ISRA MOTORS BAGHAUCHGNAT 8052722372

Date / दिनांक : 4/5/2026
हस्ताक्षर

अमीना खातून
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. 252400/31/2026/30687
Tel. No. _____ Period of Insurance 1/08/2025 TO 31/07/2026
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 : AMINA KHATOON
(b) Address for correspondence : _____
(c) Telephone : VILL-BASDILA MAINUDDIN

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>JF16E4SGE00430</u> Chassis No. <u>MBLJFW770SGE00369</u>	Registration No. <u>UP52CH-4216</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? NIA
(d) If a Motor Cycle/scooter
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	:	<u>NIA</u>	
(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 : SHEKEJAMAL
 (b) Age : 20
 (c) Address : MEHARHUNG PUR
 (d) Is the Driver
 1. Owner : NEPHEW
 2. paid driver?
 3. Owner's relative or 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 : UP52-20240017013
 (h) Issuing Authority :
 (i) Date of Expiry : 7/02/2026
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NIA
 (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 : 01/05/2026 10:30 AM
 (b) Place : GULNARIYA
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेरी गाड़ी लेकर मेरे बहन का बेटा तमकुलवा जा रहा था रास्ते में गुलहरिया के पास एक बाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी बाएँ साइड गिर कर टूट गई।
 (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 :
 (c) When and where can the damaged vehicle be inspected : TORA MOTORS BAGHAUCHGNAT

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 : NIA
 (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? : NIA
 (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? : _____
 (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 4 | 5 | 20026

अमीना रघातून
 Signature of the insured _____

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 अमीना खान

Occupation

Address

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Bank Account Number

Name of the Bank



The Oriental Insurance Co Policy Schedule

TAX INVOICE/CERTIFICATE CUM

(FORM 51 OF THE CENTRAL MOTOR V

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA ME

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Pol
Policy No	252400/31/2026/30687	Pro
Agent/Broker Code	BA0000155144	Polic
Agent/Broker Name	ABHINAV BHATI	Polic
Insured Name	AMINA KHATOON (GSTIN:)	
Insured Address	C/O ABUL HASAN SIDDIQUE, VILL -BASDILA MAINUDDIN -POST -MEHAHARGH BAGHAUCHGHAT,,DEORIA, , NA,	

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTOCORP		Vehicle	
Model & Variant	HERO PLEASURE + XTEC		Electrical Acc	
Registration No	NEW		Non Electrical	
Year Of Manufacture	2025			
Engine -Chassis No	JF16E4SGE00430 - MBLJFW770SGE00369		Total IDV	
Cubic Capacity	110		TMF CONTRA	
Seating Capacity	1 + 1		Policy Type	
Type Of Body	SOLO	Type Of Fuel	PETROL	Geographical
RTO Location				

Schedule Of Premium (Amount

OWN DAMAGE SECTION(A)

Vehicle	1286.7	Basic Third Pa
Elec Accessories	0	
Non-Elec Accessories	0	
Basic Premium	1209.7	Compulsary P. PA Cover for 0 Legal Liability