

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.	ARJUN CHAURASIYA 9151437586
2	Vehicle No. / वाहन संख्या	UP57CB3806
3	Policy No. / पालिसी संख्या	252400/31/2026/63366
4	Period of Insurance / बीमा अवधि	27-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29-04-2026 05:00 PM
6	Place of Accident / दुर्घटना का स्थान	महुआरी संतपुष्पा इन्फोमेटिक्स
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	KHALID HUSAIN UP5720210011125 9151437586
8	Estimated Loss / अनुमानित हानि	AS PER ESTIMATES
09.	Cause of Accident / दुर्घटना का कारण : अपने घर से (नेखनीया) से हम अपने दुकान पर (महुआरी) के लिए कुछ सामान लेने के लिए अपने दोस्त खालिद को भेजा था जो वापस आते समय मेरी गाड़ी डेमेज था, पुकने पर वह स्टाफि सामने से एक बड़क वाला जो वक्कर (आरिफिया) जिससे मेरी गाड़ी क्षतिग्रस्त हो गई	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/B
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	J.P. AUTOMOBILES, 14 ANTA Kushinagar (U.P.) 9838770755

Date / दिनांक : 5-5-2026  
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 \_\_\_\_\_ Certificate/Policy No. 252400/31/2026/63366  
 Tel. No. \_\_\_\_\_ Period of Insurance 28-11-2025 to 27-11-2026  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

(a) Name : ARJUN CHAURASIYA  
 (b) Address for correspondence : VILL - DHADHA KHURD, POST - HATA KUSHINAGAR  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOCORP</u> <u>2025</u>	Engine No. <u>HATTF7SHL 69744</u> Chassis No. <u>MBLHAW4BXSHLB46</u> <u>38</u>	Registration No. <u>UP57</u> <u>CB3806</u>
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(a) Was the vehicle in proper working condition? YES PERSONAL  
 (b) For what purpose was the vehicle being used at the time of accident?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried

N/D

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/Truck/Tractor, was trailer attached? \_\_\_\_\_  
 (h) Number of passengers carried \_\_\_\_\_  
 (i) Number of passenger portmanned \_\_\_\_\_

N/D

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : KHALID HUSAIN  
 (b) Age : 10-07-1994  
 (c) Address : HATA (NP) HATA KUSHINAGAR  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : 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 : UP572021001125  
 (h) Issuing Authority : KUSHINAGAR  
 (i) Date of Expiry : 09-09-2024  
 (j) Was the licence temporary/permanent : permanent  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before? : NO  
 (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 : 29-04-2026 05:00 PM  
 (b) Place : अपने घर से एक छोटे दुकान वाले, सिविल स्ट्रॉ सोमानलाने के  
 (c) Speed of vehicle at the time of accident : 30-40 PH km  
 (d) Give a short description of the accident : बिना आपने दोस्त आसिद ने मेरा गाड़ी लापस करके  
 (e) If any third party was responsible for this accident give the name and address : अरीगाड) उमेश शर्मा, फ्लो पुर नए कटो कि सोमानलाने  
नाइक बस्ती जो रस्ता (गारदि, 1)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :  
 (b) Estimated cost of repairs : AS per estimates  
 (c) When and where can the damaged vehicle be inspected : S.P. AUTOMOBILES, HATA, KUSHINAGAR  
9838 770755

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 : NO  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :



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  
Whose Amount  
Exceeds Rs. 500/=-

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

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

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