

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.	PRAKHALAD SINGH 6390049411
2	Vehicle No. / वाहन संख्या	UP 52 CK 7585
3	Policy No. / पालिसी संख्या	252400/31/2026/64225
4	Period of Insurance / बीमा अवधि	01/12/2025 to 30/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/05/2026, 10:50 AM
6	Place of Accident / दुर्घटना का स्थान	जिजाना चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SATISH KUMAR SINGH
8	Estimated Loss / अनुमानित हानि	As Per Estimate 8720/-
9.	Cause of Accident / दुर्घटना का कारण : भरे सले SATISH KUMAR SINGH जिजाना से महुमाडीह गार्ड रोक्य राहते में जिजाना के बाहर गडी छु भाले रोक्य खासत से 25 मोटर साइकिल के चक्कर मार दियो, जिसेके गाडी गिरकर क्षतिग्रह हो गयो, उस क्षण गाडी SATISH KUMAR SINGH चला रहे थे।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Shri SAI Motors 9918584509

Date / दिनांक : 7/5/26
हस्ताक्षर

पुहमाद सिंह

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. 252400/31/2026/64225
 Tel. No. _____ Period of Insurance 01/12/2025 to 30/11/2026
 Claim No. _____

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

(a) Name INSURED
1. PRAKALAD SINGH
 (b) Address for correspondence Vill- PIPRA MADAN GOPALI RAMPUR-
639 00 4911 KARKHANA, Deoria
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JAT07AZS9911890</u> Chassis No. <u>MBLJAW527S990991</u>	Registration No. <u>UP 52</u> <u>CK</u> <u>7585</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
 (c) Was trailer attached? _____
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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/Tractor, was trailer attached? N/A
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SATISH KUMAR SINGH
(b) Age : 35/01/1986
(c) Address : PAJIL NAGAR, KUSHINAGAR
(d) Is the Driver

- 1. Owner No
- 2. paid driver? No
- 3. Owner's relative or friend? Relative

(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 : UP 57100002361
(h) Issuing Authority : KUSHI NAGAR
(i) Date of Expiry : 25/03/2020
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any : No
(l) Has he been involved in any accident before? : No
(m) Has he been charged by the policy? If so, Why? : No

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, 10:00 AM
(b) Place : Road of village
(c) Speed of vehicle at the time of accident : 30-40 kmph
(d) Give a short description of the accident : Accident of negligence of car driver
(e) If any third party was responsible for this accident give the name and address : Car driver of village

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate
(b) Estimated cost of repairs : 8720/-
(c) When and where can the damaged vehicle be inspected : Shri SAI Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
(b) Address :
(c) Full Details of personal injury sustained : N.A.
(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? :

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 15/02/20 200

SERATI FIE
Signature of the insured