

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.	NIRAJ PASWAN 9628287963
2	Vehicle No. / वाहन संख्या	UP 52 BC 6070
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/48575/49203
4	Period of Insurance / बीमा अवधि	15/06/2025 to 14/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/05/2026, 03:00PM
6	Place of Accident / दुर्घटना का स्थान	महुआड़ीह - 1ER के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	NIEERAJ PASWAN 9628287963
8	Estimated Loss / अनुमानित हानि	As per Estimate 49203
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी को एक गड्ढे में गिरा दिया गया था, महुआड़ीह - 1ER के पास गाड़ी घुमा रहा था, डिफेंडेंट मोटर साइकिल ने सामने से टक्कर मारी, जिससे गाड़ी गिर कर क्षतिग्रस्त हो गई।
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 9918504509

Date / दिनांक: 9/5/2026
हस्ताक्षर

✓ निरज पासवान

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. MS/2025/7001/0148575A920
 Tel. No. _____
 Period of Insurance 15/06/2025 to 14/06/2026
 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 : NIRAJ PAVAN
 (b) Address for correspondence : BELWA BAZAR, Deoria
 (c) Telephone : 9628287963

2. THE INSURED VEHICLE

Make & Year <u>HERO 2019</u>	Engine No. <u>HALLENKHE12975</u> Chassis No. <u>MBLHANW03XKHE05870</u>	Registration No. <u>UP 52 BC 6870</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? No
 (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/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : NEERAJ PASWAN
(b) Age :
(c) Address : BELWA BAZAR, RAMPUR KARKHANA (Deoria)
(d) Is the Driver
1. Owner : OWNER
2. paid driver? : No
3. Owner's relative or friend? : No
(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 52 20170010883
(h) Issuing Authority : Deoria
(i) Date of Expiry : 12/09/2037
(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 : 02/05/2020, 03:00 PM
(b) Place : मण्डौली रोड, बूढ़ा, साई मोटर्स
(c) Speed of vehicle at the time of accident : 50-60 kmph
(d) Give a short description of the accident : बिना साई मोटर्स के चालते हुए गाड़ी का ब्रेक फेल हो गया और गाड़ी घुमाव में जाकर ठीक सामने जाकर रुक 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 : As per Estimate 4920/-
(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 :
(d) Name and address of any person/hospital giving medical attention to injured person : N/A
(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? _____
(g) When? _____ N/A
(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 _____

✓ ARUN SHARMA
Signature of the insured

