

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.	JAGDISH - 9372576827 7525092281
2	Vehicle No. / वाहन संख्या	UP74AQ 2564
3	Policy No. / पालिसी संख्या	252400/31/2026/56144
4	Period of Insurance / बीमा अवधि	4/11/2025 TO 3/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/04/2026 6:45 P.M
6	Place of Accident / दुर्घटना का स्थान	HAZRATPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJEEV MH0220230010010 9372576827
8	Estimated Loss / अनुमानित हानि	10000/-
09.	Cause of Accident / दुर्घटना का कारण : अपने गाड़ी की लाइक लेंका गुरसाइपोंस जा रहे थे लकी हजरातपुर के पास गाँव पर अचानक लेंका गाँव से लाइक लेंका ने 2 चक्का गाँव की बिसरु से मोरी गाड़ी की गाड़ी हट गये और मुझे अचानक मोर गाड़ी को अज्ञात लडि 2 फुटा गाँव के चला गया गाँव लेंका ने मुझे उठा का मोर कारवाली को पंच विषय ली मुझे अस्पताल ले गये। कोई पुलिस FIR नहीं एड है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	AK MOTORS HERO AGENCY INDERGARH ROAD TALGRAM KANNAUS, 0173030786

जगदीश
Signature of Insured / बीमाधारक के

Date / दिनांक :
हस्ताक्षर 10/05/2026



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 MERUT

Certificate/Policy No. 252400/31/2026/56144

Tel. No.

Period of Insurance 04/11/25 TO 3/11/26
 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 : JAGDISH
 (b) Address for correspondence : JEWAN INAYATPUR KANNAUJ
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIIF6SHJOS617</u> Chassis No. <u>MBLHAW479SHJ00200</u>	Registration No. <u>UP7A AQ</u> <u>2564</u>
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- (a) Was the vehicle in proper working condition? MIA
 (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 MIA
 1. Was a side-car attached MIA
 2. Was a pillion rider carried MIA

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 : _____
- M/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAJEEV
- (b) Age : 26 years
- (c) Address : MO UMIMED NAGAR JUKUGALI WIRELESS ROAD
- (d) Is the Driver :
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Relative
- (e) If paid driver, how long has he been in your employment : MIA
- (f) Was he under the influence of intoxication Liquor or drugs? : MIA
- (g) Driving Licence Number : MH02 20230010010
- (h) Issuing Authority : MUMBAI MAHARASHTRA
- (i) Date of Expiry : 07/05/2040
- (j) Was the licence temporary/permanent : PERMANENT
- (k) Details of endorsement/suspension, if any : MIA
- (l) Has he been involved in any accident before? : MIA
- (m) Has he been charged by the policy? If so, Why? : MIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 22/04/2026 6:45 P.M
- (b) Place : MATRAPUR
- (c) Speed of vehicle at the time of accident : 30 K.M
- (d) Give a short description of the accident : *अज्ञात कार ने लाइन्स लेकर जाफे था तभी एडिशनल स्टोपिस ने रोका*
- (e) If any third party was responsible for this accident give the name and address : *मिस एच. रानी, 15/1, अजिंठा रोड, अजिंठा, अहमदाबाद*

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATED
- (b) Estimated cost of repairs : 10000/-
- (c) When and where can the damaged vehicle be inspected : A.H. MOTORS NERVAGENCY
TALGRAM KAMALU

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : /
- (b) Address : /
- (c) Full Details of personal injury sustained : MIA
- (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? : RAJEEV
(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? : M/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? : _____
(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.

Signature of the insured [Signature]

Date 10/05/2026 200

The Oriental Insurance Co LTD
वि. ओरिएण्टल इन्शोरेंस कंपनी लिमिटेड

विषय- लेट क्लेम इन्टीमेशन

भदोदय " निवेदन है कि मैं जगदीश निवासी गा. इनाथपुर
लोखवा जिला उ.प्र. का निवासी हूँ मेरी गाड़ी
संख्या U.P 74 AQ 2564 है। इसका रजिस्ट्रेशन
22/4/2026 को समय 6:45 P.M को हो गया था
इस गाड़ी को मेरा भाई चला रहा था जिसका नाम
राजीव है। यह गाड़ी चला रहा था राजीव के गार्डर
घर पर। इसलिये हम समय क्लेम इन्टीमेशन नहीं
करा पाये इसके लिये हम समा प्रार्थना है।
इस मामले को भी पुलिस F.I.R नहीं करी
है।

दिनांक
10/5/2026

हस्ताक्षर
जगदीश