

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./<br>बीमाधारक का नाम & मोबाइल नं.                         | VIJAY KUMAR PANDEY<br>8933067704   |
| 2   | Vehicle No. / वाहन संख्या   | UP 52 CH 3879  |
| 3   | Policy No. / पालिसी संख्या  | 252400/31/2026/301A1   |
| 4   | Period of Insurance / बीमा अवधि   | 28/07/2025 to 27/07/2026   |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय   | 08/05/2026, 03:00 PM   |
| 6   | Place of Accident / दुर्घटना का स्थान   | रुड़पुर के पास   |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं        | VIJAY KUMAR PANDEY<br>8933067704   |
| 8   | Estimated Loss / अनुमानित हानि  | As per Estimate (24,440/-)   |
| 09. | Cause of Accident / दुर्घटना का कारण :  | मैं गाड़ी से डेहलीपुर आ रहा था<br>कि रुड़पुर के पास साभने से एक मोटर साइकिल ने जोरदार<br>टक्कर मार दिया, टक्कर लागी साइड से लगे, और गाड़ी दाहिने<br>साइड गिरी, टक्कर लगने से मैं गाड़ी पर से उधल कर कुछ दूर<br>जा गया! उस समय गाड़ी में (VIJAY KUMAR PANDEY) चला रहा था! |
| 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<br>No./ वर्कशॉप का नाम, पता & मोबाइल / फोन<br>नं. | SAPRI SAI MOTORS<br>MAHUA DIH, HATA ROAD Deoria<br>9918504509  |

Date / दिनांक :  
हस्ताक्षर

9/5/2026

VIJAY KUMAR PANDEY  
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. 252400/31/2026/30141

Tel. No. \_\_\_\_\_

Period of Insurance 28/07/2025 to 27/07/2028

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 : VIJAY KUMAR PANDEY  
 (b) Address for correspondence : VILL + PO. MAGWA KHAS, ERAUNA, DEORIA  
 (c) Telephone : 8933067704

2. THE INSURED VEHICLE

|   |  |  |
|---|--|--|
| Make & Year<br><u>HERO</u><br><u>2025</u> | Engine No. <u>HA11E7SHC62094</u><br>Chassis No. <u>MBLHAW220SHC70628</u> | Registration No.<br><u>UP 52</u><br><u>CH</u><br><u>3879</u> |
|---|--|--|

- (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 No  
 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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : VIJAY KUMAR PANDEY  
 (b) Age :  
 (c) Address : MAGWA KHAS, (Deoria)  
 (d) Is the Driver :  
 1. Owner : OWNER  
 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 : UP 52 20230011789  
 (h) Issuing Authority : DEORIA  
 (i) Date of Expiry : 28/02/2038  
 (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 : 08/05/2026, 03:00 PM  
 (b) Place : रस्ता के पास  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : प्लानेट ड्राइविंग शुरू समय से स्टार्ट हो गए और मोटर-  
 (e) If any third party was responsible for this accident give the name and address : रस्ता के पास ही मोटर-  
 रस्ता के पास ही मोटर-

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As Per Estimate  
 (b) Estimated cost of repairs :  
 (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? : \_\_\_\_\_
- (d) If yes, to which Police Station? \_\_\_\_\_
- (e) Date and Diary No. \_\_\_\_\_

N.A

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 \_\_\_\_\_

N.A

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 \_\_\_\_\_ 200

*Vijay Kumar Pandey*  
Signature of the insured \_\_\_\_\_