

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	DURGAVATI DEVI 9935470502
2	Vehicle No. / वाहन संख्या	UP57CB6298
3	Policy No. / पालिसी संख्या	252400/31/2026/67034
4	Period of Insurance / बीमा अवधि	22/12/2025 To 21/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/05/2026 10:30AM
6	Place of Accident / दुर्घटना का स्थान	BA GHA CHAUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRAWEN KUMAR BR28 20220002406
8	Estimated Loss / अनुमानित हानि	11797
09.	Cause of Accident / दुर्घटना का कारण :	अपने निचि क्लग के लिए पारहे धौ रस्ते में बाधाचौर गाँव में मोड़ पर अचानक सामने वच्चा आ गया उसे वचाने के चक्के में दूसरे Bike से टकरा गया। Bike के लेफ्ट left side में गिर गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	DITNA NA AUTOMOBILES SISWA NAHAR KUSHINAGAR 8400635248

12/05/2026

Date / दिनांक :
हस्ताक्षर

दुर्गावती

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 MEERUT

Certificate/Policy No 252400/31/2026/67034

Tel No. 99 35470582

Period of Insurance 12/05/2026 To 21/12/2026
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 : DURGA VATI DEVI
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025-2026</u>	Engine No. <u>MA11F6SHL10816</u> Chassis No. <u>MBLHAW476SHL16968</u>	Registration No <u>UP57CB</u> <u>6298</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? NA
(d) If a Motor Cycle/scooter
1. Was a side-car attached NA
2. Was a pillion rider carried NA

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

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : PRAWEEN KUMAR
(b) Age : 23
(c) Address :
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : BR28 20 22000 2406
(h) Issuing Authority :
(i) Date of Expiry : 08-01-2043
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? :
(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 : 12/05/2026 10:30AM
(b) Place : BAGHACHAUR
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अपने निम्न काम के लिए जा रहे थे।
(e) If any third party was responsible for this accident give the name and address : रास्ते में बाधाचौर गांव में मोड़ पर भ्रमण के सामने वलिया का जाल।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 11797
(c) When and where can the damaged vehicle be inspected :

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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NA

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

NA

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 Police Station?
- (i) C R diary Number

NA

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 12/05/2026₂₀₀


Signature of the insured

