

JC-1001

14/5/2026

4SISKM

ओरिएण्टल

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.	राहुल (630 79 26 794)
2	Vehicle No. / वाहन संख्या	UP 74 RQ 2193
3	Policy No. / पालिसी संख्या	2S2400-31-2026-S6343
4	Period of Insurance / बीमा अवधि	S-11-2025 से 4-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11-5-2026 सुबह 11:00
6	Place of Accident / दुर्घटना का स्थान	हसैन के पास.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	वेग-बहादुर (UP 79 2021 000387)
8	Estimated Loss / अनुमानित हानि	19327
09.	Cause of Accident / दुर्घटना का कारण :	हसैन के पास जहाँ से जहाँ से जाय निचला पड़ी जहाँ से बघाने के प्रकार से से गाड़ी में ही गाड़ी जाय से जाकर टक्करा गयी जिस समय में ही गाड़ी वेग बहादुर चला रहे थे.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA विकी- मोटर्स लि (9707693225)
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	

राहुल

Signature of Insured / बीमाधारक के

Date / दिनांक : 14-5-2026
हस्ताक्षर



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 मेरठ
 Tel. No. _____

Certificate/Policy No. 252400-21-2026-4242

Period of Insurance 5-11-2025 से 4-11-2026
 Claim No. _____

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

1. INSURED
 (a) Name : रघुवीर सिंह
 (b) Address for correspondence : जवाहर नगर, सिविल लाइन्स, मेरठ
 (c) Telephone : 6367926794

2. THE INSURED VEHICLE

Make & Year <u>HERO - 2025</u>	Engine No. = <u>HA11FB5HJ 08286</u> Chassis No. = <u>MBLHA10337SHJ6S170</u>	Registration No. <u>UP 74 AQ 2198</u>
-----------------------------------	--	--

- (a) Was the vehicle in proper working condition? - NA
 (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 : TEGI- BAHADUR

(b) Age : 14-3-2002

(c) Address : पुर्व विपुल विपुल-11 अहिरोडा

(d) Is the Driver

1. Owner _____

2. paid driver? _____

3. Owner's relative or friend?

(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 : UP 9 2021 0003817

(h) Issuing Authority : 10-6-2021

(i) Date of Expiry : 13-03-2042

(j) Was the licence temporary/permanent : Permanent

(k) Details of endorsement/suspension, if any : NA

(l) Has he been involved in any accident before? : NA

(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 11-5-2026 सुबह 11:00

(b) Place : हजेरा के पास

(c) Speed of vehicle at the time of accident : 30 K.M

(d) Give a short description of the accident : हजेरा के पास

(e) If any third party was responsible for this accident give the name and address : ज्वाजे से (अमानक) गांव भिवर पडी.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS - Pen Eastmod

(b) Estimated cost of repairs : 19927

(c) When and where can the damaged vehicle be inspected : विवा - सीट सी डिजे C8707693225

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 : NA

(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 _____ 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? _____ NA
- (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? _____ NA
- (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 14-5-026

Signature of the insured रिश्वा

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200 _____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature राहुल
Occupation कृषि
Address जयपुरी सिविली
.....
.....

Bank Account Number
Name of the Bank