

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.	USHA DEVI S MAGAR 6396070495
2	Vehicle No. / वाहन संख्या	UPR38W7390
3	Policy No. / पालिसी संख्या	252400/31/2026 / 16199
4	Period of Insurance / बीमा अवधि	21/05/2025 To 21/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09-05-2026 @ 10:00 PM
6	Place of Accident / दुर्घटना का स्थान	गोल्डन एंटरप्राइज के पास
7	Name of the Driver, D I. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIVEK KUMAR, UPR3201800089251, 6396070495
8	Estimated Loss / अनुमानित हानि	AS PER ESTIMATE
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी बिजोर लाने की गैर सुरक्षा के कारण से गाड़ी फोरा व्हाइल में जा लगेर हिली गाड़ी बिचि लगेर शक्तिमत्ता खी गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	GOLDEN ENTERPRISES
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	GOLDEN ENTERPRISES, GANESH MAGAR FIROZABAD - 0771823698

अर्थात्

Signature of Insured / बीमाधारक के

Date / दिनांक : 15-05-26

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 _____

Certificate/Policy No. 952400/31/2026/16799

Tel. No. _____

Period of Insurance 92-05-2025 To 21-05-26
 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 : USHA DEVI
 (b) Address for correspondence : NAGIAU HIRANGIOAN
 (c) Telephone : 6396070495

2. THE INSURED VEHICLE

Make & Year <u>HEROS 27-05-25</u>	Engine No. <u>HANF79HE33516</u> Chassis No. <u>NB14ALOSH54530</u>	Registration No. <u>UP83BL07390</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 : NIVER KUMAR

(b) Age : 30

(c) Address : KAKRAU POST KAKRAU FEROZABAD

(d) Is the Driver

1. Owner : Relative

2. paid driver? : NA

3. Owner's relative or friend? : NA Relative

(e) If paid driver, how long has he been in your employment : NA

(f) Was he under the influence of intoxication Liquor or drugs? : NA

(g) Driving Licence Number : UP8320180008251

(h) Issuing Authority : APTO FZD

(i) Date of Expiry : 20-12-2026

(j) Was the licence temporary/permanent : NA

(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 : 09-05-2026

(b) Place : जेठरी उमाईली के पास

(c) Speed of vehicle at the time of accident : 40-50

(d) Give a short description of the accident : कार में तेजाबि ड्रॉर DAMAGE हुए

(e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : FR Side

(b) Estimated cost of repairs : AS 90 ₹ SHOCK

(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 : 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 : _____
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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. : _____
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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 : _____
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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 15-05-2006 200

Signature of the insured

अश्विनी