

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.	Tausif Ahmad 8922969993
2	Vehicle No. / वाहन संख्या	UP31BR6044
3	Policy No. / पालिसी संख्या	M5/2025/7001/0/46575/569100
4	Period of Insurance / बीमा अवधि	01/01/2026 To Midnigh 31/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/05/2026, 11:00 बजे /
6	Place of Accident / दुर्घटना का स्थान	अशौकापुर गाँव के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tausif Ahmad, UP312020000 Mob- 8922969993, 9462
8	Estimated Loss / अनुमानित हानि	14330/-
9	Cause of Accident / दुर्घटना का कारण:	मंसरा गाँव से बूकल जाते समय अशौकापुर गाँव में अचानक से सुगम काला भापाने के कारण गाड़ी क्षतिग्रस्त होकर बायें खाकर गिरकर हलचल हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	X
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	X
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Mosaram Auto Wares Mewpur Lakhimpur khui 9151154095

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

तासीफ अहमद



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 _____

Tel. No. _____

Certificate/Policy No. MS/2025/2001/0/

Period of Insurance 01/01/2025 to 31/12/2026

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
- (b) Address for correspondence
- (c) Telephone

Tausif Ahmad
Manjhra Po - Samna, Dist. Manjhra Po
8922969993 Samna Khari

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp Ltd. 2021</u>	Engine No. <u>JA07ABM 9D 03721</u>	Registration No. _____
	Chassis No. <u>MBLJA W189M9D 01 959</u>	<u>UP 31-B R 6044</u>

- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried

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/Tractor, was trailer attached?
- (h) Number of passengers carried
- (i) Number of Passenger permitted

_____ NA _____

ACCIDENT

(a) Name : Tausif Ahmad
 (b) Age : 35
 (c) Address : Manjhara Gaudhi Post Jammu
 (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 : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : UP31 2020000 9462
 (h) Issuing Authority : RTO Lakhimpur
 (i) Date of Expiry : 31-12-2032
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before?: X
 (m) Has he been charged by the policy? If so, Why?: X

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 16/05/2024 11:00 AM
 (b) Place : Ashokpur Jambh
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 कारण अप्रजान के कारण, भागी
 अनिर्दिष्ट प्रकार, जामे साइड
 (कारण अज्ञान)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : as per estimate
 (b) Estimated cost of repairs : ₹4330/-
 (c) When and where can the damaged vehicle be inspected : X

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name :
 (b) Address :
 (c) Full Details of personal injury sustained : N/A.
 (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?
- (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 20/05/2020

Signature of the insured नेसीक अहिर

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 _____
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/-

बिपिन शर्मा

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank