

10/सेवा में,
The Oriental Insurance Co Ltd/
10 ऑरिएण्टल इश्योरंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

11/संबंध में

12/Details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
13/का विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-


14/Name of the Insured & Mobile No./ बीमा धारक का नाम & मोबाइल नं.	Dwgesh Kumar, 8081799585
15/Vehicle No. / वाहन संख्या	UP57BC6210
16/Policy No. / पॉलिसी संख्या	ms/2025/7001/0/46575/442950
17/Period of Insurance / बीमा अवधि	26/05/25 to 25/05/26
18/Date of Loss & Time / दुर्घटना का दिनांक & समय	20-05-2026, 10:0 Am
19/Location of Accident / दुर्घटना का स्थान	लमकुही रोड
20/Name of the Driver, D.L. No. & Mobile No./ ड्राइवर का नाम डी एल नं. & मोबाइल नं	Dwgesh Kumar, UP5720250002241 3294/-
21/Reason for Loss / अनुमानित हानि	
22/Cause of Accident / दुर्घटना का कारण:	वार्डक चलते समय अचानक एक वार्डक को पचाने के चक्के में वार्डक लेगा LCH साइट लेगा गी जिये।
23/Name of the Spot Surveyor / स्पॉट सर्वेयर का नाम	
24/Third Party / तृतीय पक्ष हानि / FIR No.	NA
25/Name of the Workshop, Address & Contact No. / निवेशक का नाम, पता & मोबाइल / फ़ोन नं.	RISHABH - MOTORS, 6306525464

26/25/26

27/दिनांक :
28/हस्ताक्षर

29/दुर्गेश कुमार

30/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

Policyholder's address **MOTORSATHI**
 Policy No. **8081799585**

Certificate/Policy No. **MS/2025/7001/0/46525/442950**
 Period of Insurance **26/05/25 to 25/5/26**
 Claim No.

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

Name of Insured
 Address for correspondence
 Telephone No.

INSURED
Durgesh Kumar
80817995585

1. THE INSURED VEHICLE

Make & Model Hero/2021	Engine No. 02849 Chassis No. 03006	Registration No. UP57 BC 6210
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- (a) Was the engine in proper working condition? **yes**
 (b) For what purpose was the vehicle being used at the time of accident? **personal use**
 (c) Was it over-loaded? **NA**
 (d) If a Motor Cycle/scooter
 1. Was a side car attached? **NA**
 2. Was a pillion rider carried? **NA**

2. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only.

- (a) Gross weight of vehicle weight :
 (b) Net weight :
 (c) Weight of goods carried/Load Challan No. :
 (d) Name of permit :
 (e) Nature of goods carried :
 (f) Was the vehicle plying for hire :
 (g) Was a tractor/tractor attached? :
 (h) Number of passengers carried :
 (i) Was the passenger permitted :

/

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name of driver : Durgesh Kumar
 (b) Is driver a licensed driver? : yes
 (c) Is driver a relative or friend? :
 (d) How long has he been in possession of license? :
 (e) Was driver under the influence of intoxication at the time of accident? : NA
 (f) If so, specify :
 (g) License Number : UP5720250002241
 (h) Issuing Authority : 29.01.2025
 (i) Validity : 31.12.2043
 (j) Is driver a temporary permanent license holder? : permanent
 (k) Has driver been involved in any accident before? : NA
 (l) Has driver been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Has any other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 20-05-2026, 10:00 Am
 (b) Location : लमकुही रोड
 (c) Description of the accident : एक व्यक्ति अभय अथानु एक वाहक को वधाने के चक्के में वही लेगा Left साइड जा गये।
 (d) Name and address of the party responsible for this accident :

6. DAMAGE TO INSURED VEHICLE

(a) Nature of damage : As per Estimate
 (b) Estimated cost of repairs : 3294/-
 (c) Name of workshop where the damaged vehicle was repaired : RISHABH - MOTORS.

7. THIRD PARTY INJURY PROPERTY DAMAGE

(a) Details of personal injury sustained :
 (b) Name and address of any person hospital :
 (c) Name and address of any person :
 (d) Details of property damaged :
 (e) Details of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

NA

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

9. WITNESS

- (a) Give names and addresses of passengers/other persons, if any. :
- (b) If possible, you should take particulars of witnesses, if any? :
- (c) Was the incident 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 it been reported to Police? :
- (g) Where? :
- (h) To which Police Station? :
- (i) Date and Diary Number :

NA

I/We the undersigned do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing and from 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 amount shall be forfeited.

Date 22/5/26

Signature of the insured

दुमेशि कुशवाहा

