

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.	KULDEEP KUMAR 7505917145
2 Vehicle No. / वाहन संख्या	UP84 AX 7275
3 Policy No. / पालिसी संख्या	252400 31 2026 61955
4 Period of Insurance / बीमा अवधि	22 11 2025 To 21 11 2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	17 05 2026 05:30 PM
6 Place of Accident / दुर्घटना का स्थान	भारतीय-चौराहा बरवा में उलावा
7 Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SURYA BHAN SINGH 6383027970 UP84 20200001410
8 Estimated Loss / अनुमानित हानि	7735=00
09. Cause of Accident / दुर्घटना का कारण:	मेरा भारी उलावा गया था वापस आते समय उलावा में हावा स्थिति भारतीय-चौराहा पर अचानक गाय सामने आ गई जिससे मोटर साइकिल टकराकर गिर गई और क्षतिग्रस्त हो गई
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	ASHA MOTORS ASHOK NAGAR RANNAUJ-209725 7571902803

Date / दिनांक : 22/05/2026
हस्ताक्षर

कुलदीप कुमार

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 _____

Certificate/Policy No. 252400/31/2026/61955

Tel. No. _____

Period of Insurance 22/11/2025 To 21/11/2026
 Claim No. _____

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

I. INSURED

(a) Name : KULDEEP KUMAR
 (b) Address for correspondence : C/O RAGHUVIR SINGH R/O RATHEH MAINPURI
 (c) Telephone : 7505917145

2. THE INSURED VEHICLE

Make & Year <u>HMCLTD/2025</u>	Engine No. <u>HATF7355F03525</u> Chassis No. <u>MBLHAW48455F02702</u>	Registration No. <u>UP84AX</u> <u>7275</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 USE
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NO
 2. Was a pillion rider carried. NO

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 : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SURYA BHAN SINGH
 (b) Age : 99 YEARS
 (c) Address : VILL. & POST. RATHEH THANA-KISHAN MAINPURI
 UP. 206303
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : YES (BROTHER)
 (e) If paid driver, how long has he been in your employment : NO
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP84 20200001410
 (h) Issuing Authority : ARTO- MAINPURI
 (i) Date of Expiry : 07-07-2037
 (j) Was the licence temporary/permanent : PERMANENT
 (k) Details of endorsement/suspension, if any : NO
 (l) Has he been involved in any accident before? : NO
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 17/05/2026 05:30 PM
 (b) Place : भारतखो-चौराहा रास्ता इलाका
 (c) Speed of vehicle at the time of accident : 40 km.
 (d) Give a short description of the accident : यह इलाका से वापस आ रहा था इलाका में असीम-चौराहा
 (e) If any third party was responsible for this accident give the name and address : रास्ता में अचानक गाड़ी से मोटरसाइकिल टकराकर गिर गई।
 NO

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 7735=00
 (c) When and where can the damaged vehicle be inspected : ASHA MOTORS KANNAUJ

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? :
 N/A

8. INJURY TO DRIVER OCCUPANT

- (a) Was driver/any occupant injured? : NO
(b) If yes, give full details : NO
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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? : N/A
(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? : N/A
(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 22/05/2006

Signature of the insured कुलदीप कुमार

Discharge Voucher

ACCIDENT DEPARTMENT

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 कुलदीप कुमार

Occupation

Address

Bank Account Number

Name of the Bank