

To / सेवा में,

The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

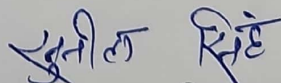
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SUNIL KUMAR SINGH 9175304842
2	Vehicle No. / वाहन संख्या	UP52 CB0914
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/450956
4	Period of Insurance / बीमा अवधि	22/06/2025 to 21/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/05/2026, 03:00 PM
6	Place of Accident / दुर्घटना का स्थान	भुआडीह ई पाख
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUNIL KUMAR SINGH 9175304842
8	Estimated Loss / अनुमानित हानि	As per Estimate
09.	Cause of Accident / दुर्घटना का कारण	जंगल केला से भुआडीह जाते हुए भुआडीह चौक पर ही सामने अचानक एक लड़का भा गया। जिसे अचाने ने गैर गाड़ी अनियंत्रित हो कर, सामने से भा रही एक मोटर साइकिल से टकरा गयी. एक गिराव क्षतिग्रस्त हो गयी गाड़ी सुनील कुमार सिंह चला रहे थे।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N.A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N.A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	SHRI SAI MOTORS MAHUADIH, Deoria

Date / दिनांक :  
हस्ताक्षर

  
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. MS/2025/7001/0/46575/450956

Tel. No. \_\_\_\_\_

Period of Insurance 22/06/2025 to 21/06/2026

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 : SUNIL KUMAR SINGH  
 (b) Address for correspondence : JUNGLE BELWA, MAHUADITH, (Deoria)  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>JA07AMRGD 10945</u> Chassis No. <u>MBLJAW403 RGD08673</u>	Registration No. <u>UP 52</u> <u>CB</u> <u>09 JA</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?  
 (d) If a Motor Cycle/scooter No.  
 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 : SUNIL KUMAR SINGH  
 (b) Age : \_\_\_\_\_  
 (c) Address : DAULATPUR, BARABANKI U.P  
 (d) Is the Driver : \_\_\_\_\_  
 1. Owner : OWNER  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : \_\_\_\_\_  
 (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 : UP41201B0015561  
 (h) Issuing Authority : BARABANKI  
 (i) Date of Expiry : 03/12/2038  
 (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 N.A

5. DETAILS OF ACCIDENT

- (a) Date and Time : 22/05/2026, 03:00 PM  
 (b) Place : मिर्जापुर  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : बिना ब्रेक के अचानक गाड़ी रुक गई और गाड़ी के सामने से एक व्यक्ति निकल आया जो गाड़ी में जाकर बैठ गया और गाड़ी के सामने से निकल आया  
 (e) If any third party was responsible for this accident give the name and address : इस दुर्घटना में कोई तीसरा व्यक्ति शामिल नहीं है।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : SHRI SAI MOTORS

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

