

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.	POOJA PANDY 8052743614
2	Vehicle No. / वाहन संख्या	UP52 CF8445
3	Policy No. / पालिसी संख्या	252400/31/2026/20248
4	Period of Insurance / बीमा अवधि	04/06/2025 to 03/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/05/2026, 08:00 PM
6	Place of Accident / दुर्घटना का स्थान	बलेश्वर के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRASHANT PATHAK 8052743614
8	Estimated Loss / अनुमानित हानि	As per Estimate
09.	Cause of Accident / दुर्घटना का कारण :	दाईं भेरे डेयर प्रशॉल जाड्ड - टैरिया से भडुआडीह आ रहे थे, रास्ते में बलेश्वर के पास सामने अचानक जानवर (बैक) आ गया, दाईं उसी से टकरा गयी. एवं डिक्टर क्षतिग्रस्त हो गयी। दाईं प्रशॉल पकड़ चला रहे थे।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/ N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	SHRI SAI MOTORS MAHARAJA, Deoria

Date / दिनांक :
हस्ताक्षर

- पूजा पांडेय
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. 252400/31/2026/20248
 Tel. No. _____ Period of Insurance 04/06/2025 to 03/06/2026
 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 : POOJA PANDEY
 (b) Address for correspondence : MAHUADITH, WARPAR, DEORIA
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JF0674BPGF01975</u> Chassis No. <u>MBLJAW3A2PGF10115</u>	Registration No. <u>UP 52</u> <u>CF 45-</u> <u>8445-</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
 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? N/A
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name PRASHANT PATHAK
 (b) Age _____
 (c) Address MAHADIH, Deoria
 (d) Is the Driver
 1. Owner _____
 2. paid driver? _____
 3. Owner's relative or friend? RELATIVE
 (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 UP 52 20230017321
 (h) Issuing Authority Deoria
 (i) Date of Expiry 06/10/2042
 (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 20/05/2026, 08:00 PM
 (b) Place बस्ती का बाजार
 (c) Speed of vehicle at the time of accident वर्षा से महाश्वीत बाएँ समूह बाएँ काट कर
 (d) Give a short description of the accident बाएँ समूह काट कर बाएँ, जिससे बाएँ काट कर
 (e) If any third party was responsible for this accident give the name and address हेट नई बस्ती का बाजार

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 N.A
 (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 _____ / N.A
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. _____

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 Policy Station? _____
- (i) C.R. diary Number _____

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 _____ 200 _____

Signature of the insured _____