

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.	राजेश कुमार तिवारी 8006364 800906364
2	Vehicle No. / वाहन संख्या	UP57BUS196
3	Policy No. / पॉलिसी संख्या	MS/2026/7001/0/46525/570198
4	Period of Insurance / बीमा अवधि	03/02/26 to 02/02/27
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-05-2026, 2:00 Pm
6	Place of Accident / दुर्घटना का स्थान	तमकुही राज
7	Name of the Driver, D.L.No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राजेश कुमार तिवारी, 800906364 UP5720250011826
8	Estimated Loss / अनुमानित हानि	8099/-
9	Cause of Accident / दुर्घटना का कारण:	वाइक चलते समय अचानक एक वाइक को बचाने के चक्का में वाइक लेगा Right साइड में में लड़ गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	RISHABH-MOTORS, 6306525464

30/05/2026

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

राजेश तिवारी


The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Head Office: Oriental House, P.B. No. 7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Of. Office Address: **MOTORSATHI** Certificate/Policy No. **MS/2026/7001/0/46525**
 Claim No. **57078**
 Period of Insurance: **03/02/26 to 02/02/27**

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

1. THE INSURED
 Name: **राजेश कुमार विवारी**
 Address for correspondence: **8009063641**

2. THE INSURED VEHICLE

Model/Year Hero/2024	Engine No. 02987 Chassis No. 02655	Registration No. UP57BU 5196
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- (a) Was this 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? **NA**
- (d) Was motor cycle/scooter attached?
 1. Was a side-car attached? **NA**
 2. Was a rickshaw ricklet carried? **NA**

III. 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 Chuffan No.
 - (d) Nature of permit
 - (e) Nature of goods carried
 - (f) Was the vehicle plying for hire
 - (g) If motor cycle/tractor, was trailer attached?
 - (h) Number of passengers carried
 - (i) Maximum Passengers permitted
- NA**

A. DRIVER AT THE TIME OF ACCIDENT

21087 30-10-11

Yes

- (a) Name
- (b) Age
- (c) Address
- (d) Is the Driver
 - 1. Owner
 - 2. Paid driver?
 - 3. Driver or relative of third party?

(e) If paid driver, how long has he been in your employ?

(f) Was he under the influence of intoxication (alcohol or drugs)?

- (g) Has any license Number
- (h) Issuing Authority
- (i) Date of expiry
- (j) Was the license temporary permit?
- (k) Details of endorsement/suspension, if any
- (l) Has he been involved in any accident before?
- (m) Has he been charged by the police? If so, Why?

4. OTHER INSURANCE

NA
NA
NA

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

5. DETAILS OF ACCIDENT

- (a) Date and Time
- (b) Place
- (c) Speed of vehicle at the time of accident
- (d) Vehicle description of the accident
- (e) If any third party was responsible for this accident give the name and address

27-05-2026, 2:00 Am
 21185 30-10-11
 21185 30-10-11
 21185 30-10-11

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
- (b) Estimated cost of repairs
- (c) Where and where can the damaged vehicle be repaired

As per estimate
 8099/-
 RISHABH - 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 providing medical attention to injured person
- (e) Full details of property damaged
- (f) Has anyone of any claim been given to you?

NA

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 witnesses, 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) Give Station/Case No.

NA

10. THEFT

- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) Where discovered and reported?
- (f) Has theft been reported to Police?
- (g) Where?
- (h) Which Police Station?
- (i) C.S. Case 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 30/5/2016

Signature of the insured

राजेश शिखरी

Discharge Certificate

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) _____
in full and final settlement of the loss and/or damage caused through the accident to _____ of
my/our motor Car/Vehicle No. _____ insured under Policy No. _____
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. _____

The Stamp
of the State
Where Issued
Exceeds Rs. 5000

Witness
Name _____
Signature _____
Address _____

Signature राजेश तिवारी
Occupation _____
Address _____

Bank Account Number _____
Name of the Bank _____