सेवा में,
he Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड
……………………………………………

Sir / महोदय , **Subject / विषय :** Claim Intimation Letter / दावा सूचना पत्र .

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.	अमान खान - 9696422096
2	Vehicle No. / वाहन संख्या	UP76 AW 9479
3	Policy No. / पालिसी संख्या	252400/31/2026/61241
4	Period of Insurance / बीमा अवधि	20-11-2025 — 19-11-2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	31-05-2026 12:00 PM
6	Place of Accident / दुर्घटना का स्थान	Ataipur ke pass
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	Aman 9696422096 UP76 20230009093
8	Estimated Loss / अनुमानित हानि	

09. Cause of Accident / दुर्घटना का कारण : Apne Gaon Se Shamsabad Aate Samay Bichi Raste Mei Ataipur ke pass Achanak Samne Se Baccha Aa Gaya Use Ko Bachane ke chakkar mein Meri Motorcycle Slip Ho Gayi

10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	Shri Ram Auto Sales. Shamsabad

Date / दिनांक : 03-06-2026

Signature of Insured / बीमाधारक के हस्ताक्षर

अमान

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____________________

Tel. No.

Certificate/Policy No. 152400/31/2026/6124

Period of Insurance 20-11-2025-19-11-2026

Claim No.____________________

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

1. INSURED

(a) Name : Aman
(b) Address for correspondence : Katra Rahmat Khan Mawashidabad
(c) Telephone :

2. THE INSURED VEHICLE

Make & Year Hero	Engine No. HA11F6SHH-03196 Chassis No. MBLHAW479SHHC-3715	Registration No. UP76 AW 9479

(a) Was the vehicle in proper working condition? Yes
(b) For what purpose was the vehicle being used at the time of accident? Yes
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
  1. Was a side-car attached
  2. Was a pillion rider carried

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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

3. DIRVER AT THE TIME OF ACCIDENT

(a) Name: Aman
(b) Age: 22
(c) Address:
(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:

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

(g) Driving Licence Number: UP76200280009073
(h) Issuing Authority:
(i) Date of Expiry: 25-7-2044
(j) Was the licence temporary/permanent: Permanent
(k) Details of endorsement/suspension, if any:
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy?If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 31-05-2024 12:00 PM
(b) Place: Ataipur ke pass
(c) Speed of vehicle at the time of accident:
(d) Give a short description of the accident: Apne Gaon Se Shamsabad Aate Samay Bichi Raste mein Ataipur ke pass Achanak Samne Se Baccha Aa Gya Use ko Bachane ke Chakkar Mein Motorcycle Slip Ho Gayi
(e) If any third party was responsible for this accident give the name and address:

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage:
(b) Estimated cost of repairs:
(c) When and where can the damaged vehicle be inspected:

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? :
(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? :

(d) If yes, to which Police Station? :
(e) Date and Diary No. :

N/A

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? :
(g) When? :
(h) Which Policy Station? :
(i) C.R. diary Number :

N/A

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

03-06-2026

Signature of the insured____________

अमान