

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.	MANMU KUMAR SINGH 91 40 37 62 89
2	Vehicle No. / वाहन संख्या	UP52 AV0618
3	Policy No. / पालिसी संख्या	M3/2025/70010/46575/447770
4	Period of Insurance / बीमा अवधि	13/06/2025 to 12/06/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/05/2026, 05:00 PM
6	Place of Accident / दुर्घटना का स्थान	धर्मचौरा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AJAY KUMAR SINGH
8	Estimated Loss / अनुमानित हानि	As per Estimate
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी गैर भाई अजय कुमार सिंह, पथदेवा से धर्मचौरा जाते समय रास्ते में बस देवारिया के पास आपने भ्रमानु गड़वा भा गया, जिससे गाड़ी अनियंत्रित हो गयी। रोक गिरकर क्षतिग्रस्त हो गयी। गाड़ी अजय कुमार सिंह चला रहे थे।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/ XIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SHRI SAI MOTORS MAHUADITH, HATA ROAD Deoria 8948121272

Date / दिनांक :
हस्ताक्षर

मन्नु कुमार सिंह
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/2025/7001/0/16575/44770
 Tel. No. _____ Period of Insurance 13/06/2025 to 12/06/2025
 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 : MANNU KUMAR SINGH
 (b) Address for correspondence : DHARM CHAURA, TARKULWA, DEORIA
 (c) Telephone : 9140 376289

2. THE INSURED VEHICLE

Make & Year <u>HERO 2018</u>	Engine No. <u>HAI0ACJHBS3658</u> Chassis No. <u>M6LHAR18XJH820080</u>	Registration No. <u>UP 52 AV 0618</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?	_____
(h) Number of passengers carried	_____
(i) Number of Passenger permitted	_____



Handwritten notes on the left margin: "No. Name"

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: AJAY KUMAR SINGH
 (b) Age: _____
 (c) Address: DHARM CHAURA, 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 2023000 2610
 (h) Issuing Authority: DGORTA
 (i) Date of Expiry: 25/04/2043
 (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 _____
 (b) Place _____
 (c) Speed of vehicle at the time of accident _____
 (d) Give a short description of the accident _____
 (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: 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? N.A
- (b) If yes, give full details _____
9. WITNESS
- (a) Give names and addresses of passengers/other Witness, if any _____
- (b) Did a Police Constable take particulars of The accident? N.A
- (c) Was accident reported to Police? If not, Why? _____
- (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 Police 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

शश्वर कुमार शिंदे

Signature of the insured