

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.	SANJAY 7394823892
2	Vehicle No. / वाहन संख्या	UP52 CH1456
3	Policy No. / पालिसी संख्या	252400/31/2026/25693
4	Period of Insurance / बीमा अवधि	01/07/2025 to 30/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/06/2026, 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	देवरिया ओवर ब्रिज
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAJU
8	Estimated Loss / अनुमानित हानि	As per Estimate
09.	Cause of Accident / दुर्घटना का कारण :	राजु भैया भाई राजु — बैतलपुर से देवरिया जा रहे थे, देवरिया ओवर ब्रिज के पास साथ से एक मोटर साइकिल के सामने मार दिया, जिससे राजु गिर कर क्षतिग्रस्त हो गया। राजु 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 / फ़ोन नं.	SHRI SAI MOTORS MAHUAJIH, Deoria 8948121272

Date / दिनांक :
हस्ताक्षर

संजय प्रसाद
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. 252400/31/2026/25693
 Tel. No. _____ Period of Insurance 01/07/2025 to 30/06/2026
 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
 Name : SANJAY
 Address for correspondence : VILL-GUDARI, BAITALPUR, DEORIA
 Telephone : 7394823092

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11F6S9F01901</u> Chassis No. <u>MBLHAW25XS9F03905</u>	Registration No. <u>UP 52</u> <u>CH</u> <u>1A50</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? No
 (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? NO
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____



8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : N.P
(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? : _____
(c) Was accident reported to Police? If not, Why? : N.P
(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.P
(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 संजय प्रसाद