

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्श्योरेंस 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.	Mohd Fazal Ashfaqe 9450481957
2	Vehicle No. / वाहन संख्या	UP52 BW 8943
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/455220
4	Period of Insurance / बीमा अवधि	15-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-06-2026 - 05:00 Pm
6	Place of Accident / दुर्घटना का स्थान	Lax
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohd Fazal Ashfaqe UP52 20080060881 - 9450481957
8	Estimated Loss / अनुमानित हानि	9.045
09. Cause of Accident / दुर्घटना का कारण : अचानक गाड़ी फिसल गयी और बाईने तरफ से गिर कर क्षतिग्रस्त हो गयी।		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Usha Automobile 9161892881

Date / दिनांक : 09-06-2026  
हस्ताक्षर

  
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 Meerut

Certificate/Policy No. MS/2025/7001/0/46575/455220

Tel. No.

Period of Insurance 15-07-2026

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 : Mohd Fazal Ashfaque  
(b) Address for correspondence : Chowk Ward No.8, Lar Deoria U.P  
(c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>JA07AMPGE08824</u> Chassis No. <u>MBLJAW400PGE06640</u>	Registration No. <u>UP52 BW</u> <u>8943</u>
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- (a) Was the vehicle in proper working condition? NA  
(b) For what purpose was the vehicle being used at the time of accident? Personal Use  
(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 trailer attached? : \_\_\_\_\_  
(h) Number of passengers carried : \_\_\_\_\_  
(i) Number of Passenger permitted : \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mohd fazal Ashfaque  
(b) Age : 06-08-1975  
(c) Address :  
(d) Is the Driver : self  
1. 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 : UP52 2008 006 0881  
(h) Issuing Authority : Deoria  
(i) Date of Expiry : 05-08-2035  
(j) Was the licence temporary/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 : 05-06-2026 - 05:00 Pm  
(b) Place : Lay  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : अचानक गाड़ी फिसल गयी और दाहिने तरफ  
(e) If any third party was responsible for this accident give the name and address : से गिर कर क्षतिग्रस्त हो गयी

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 : 9,045

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 : / NA  
(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? : NA
- (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? : NA
- (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? : NA
- (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 09-06-2026

Signature of the insured 

Discharge Voucher

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

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

*[Handwritten Signature]*

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....