

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.	VIKAS KUMAR RASTOGI 8887967287
2	Vehicle No. / वाहन संख्या	UP52CH0048
3	Policy No. / पालिसी संख्या	252400/31/2026/23541
4	Period of Insurance / बीमा अवधि	18/06/2025 to 17/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/06/2026, 04:00 PM
6	Place of Accident / दुर्घटना का स्थान	लीलापुर - चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIKAS KUMAR RASTOGI
8	Estimated Loss / अनुमानित हानि	As Per Estimate
09.	Cause of Accident / दुर्घटना का कारण :	लीलापुर चौराहे पर गाड़ी खड़ी, +23 कुछ लक्ष्मी काम के लिये गया, लक्ष्मी एक चार पहिया वाहन में अचानक ब्रेकी गाड़ी को दाहिने साइड से साइले-सर पर टक्कर मार दिया, और गाड़ी वाले साइड गिरी जिससे टंकी एवं अन्य सामान गाड़ी के भागों को क्षतिग्रस्त हो गया, गाड़ी विक्रम कुमार रास्तोगी 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 MAHUADIH, DEORIA 8948121272

Date / दिनांक : 10/06/2026
हस्ताक्षर

विकास कुमार रास्तोगी
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. 252400/31/2026/23541
 Tel. No. _____ Period of Insurance 18/06/2025 to 17/06/2026
 Claim No. _____

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

I. INSURED

(a) Name : VIKAS KUMAR RASTOGI
 (b) Address for correspondence : VIIIT 10-BELWA BAZAR, MAHUADIH, DEORIA
 (c) Telephone : 8887967287

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HIAJIF7SHEG3776</u> Chassis No. <u>M10BLHAW484SHEB2492</u>	Registration No. <u>UP 52 CH 0048</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 _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name NIKAS KUMAR RASTOGI
 (b) Age _____
 (c) Address DELWA BAZAR, DEORIA
 (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 _____ No.
 (f) Was he under the influence of intoxication Liquor or drugs? _____ No.
 (g) Driving Licence Number UP52 20240007542
 (h) Issuing Authority DEORIA
 (i) Date of Expiry 19/11/2039
 (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 04/06/2026, 04:00 PM
 (b) Place चौबट - चक्रि
 (c) Speed of vehicle at the time of accident _____
 (d) Give a short description of the accident चौबट - चौबट पर सड़क काटते वहाँ से आया और चक्रि के पास पहुँचा, 99 को चले पहुँचा और चक्रि के पास पहुँचा
 (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 _____
 (e) Full details of property damaged N/A
 (f) Has notice of any claim been given to you? _____



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? : _____ **N.A**
(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? : _____ **N.A**
(f) Has theft been reported to Police? : _____
(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 10/06/2026

विकास कुमार रस्तोगी
Signature of the insured