

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. | अरुण यादव 6393119303 |
| 2 | Vehicle No. / वाहन संख्या | UP57BZ1140 |
| 3 | Policy No. / पालिसी संख्या | 252400/34/2026/34030 |
| 4 | Period of Insurance / बीमा अवधि | 23/08/2025 TO 23/08/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 11/06/2026 / 02:00 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | विपरपाली गांव में रोड पर |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | अमोक कुमार चौबरी (8381812157) |
| 8 | Estimated Loss / अनुमानित हानि | 10000/- |
| 09. | Cause of Accident / दुर्घटना का कारण : | हम अपने घर जोगीवीर (वस्त्रा कुण्डी) से जोगीनिधा चौराहे पर कुदकाम से जा रहे थे वस्त्री झानने से एक कार्टिक ने झोपटैक करके खतम मेरी गाड़ी में सामने से चक्कर मार दी जितने बाद मेरी गाड़ी क्षतिग्रस्त होगई |
| 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 / फोन नं. | शिव भायेंनोयडल सुकजिरी हाटा अमिका (9519618008) |

Date / दिनांक : 11/06/2026
हस्ताक्षर

ARUN YADAV
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. 252900/91/2026/39030

Tel. No. _____

Period of Insurance 23/08/2025 TO 22/09/2026
 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 अरुण यादव
 (a) Name :
 (b) Address for correspondence : बल्वा कुशी - जमीकीट - हाटा - छडीतारु
 (c) Telephone :

2. THE INSURED VEHICLE

| | | |
|---------------------------------|---|--|
| Make & Year <u>HERO/2025</u> | Engine No. <u>54220</u> Chassis No. <u>40620</u> | Registration No. <u>UP57BZ</u> <u>11A0</u> |
|---------------------------------|---|--|

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

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? N/A
 (h) Number of passengers carried :
 (i) Number of Passenger permitted :

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : अशोक कुमार चौहारी
(b) Age : 46
(c) Address : वरुणा कुजुमि जोगीवीर
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend? : Yes
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP57-20070005308
(h) Issuing Authority :
(i) Date of Expiry : 25-05-2022
24-05-2027
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? : N/A
(m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 11/06/2024 / 02:00 PM
(b) Place : 1955 पानी गांव प्रदेस पर
(c) Speed of vehicle at the time of accident : आगे के हव्वे से पश्चिम घाटन 230-40 KM
(d) Give a short description of the accident : टक्कर लगने से मोबाईल गाड़ी क्षतिग्रस्त हुआ
(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 : Front Side
(b) Estimated cost of repairs : 10000/-
(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

NO

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.

NA

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 Police Station?
- (i) C.R. diary Number

NA

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 17/06 2024

Signature of the insured ARUN YADAV