

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.	राज कुमार 7379553390
2	Vehicle No. / वाहन संख्या	UP57CA1944
3	Policy No. / पालिसी संख्या	252900/31/2026/49144
4	Period of Insurance / बीमा अवधि	21/10/2025 TO 20/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/06/2026 / 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	महुआड़ी क्रासिंग
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विशाल कुमार गौड़म 7379553390
8	Estimated Loss / अनुमानित हानि	18000/-
9	Cause of Accident / दुर्घटना का कारण :	हाट से महुआड़ी घपने छर वापस जा रहे थे तभी महुआड़ी क्रासिंग पर उल्टे खण्ड से बस का पहिण्ड वाहन ने कोकरा के निष्के व वापे तय गिरे के छर मैरी वाजी क्षतिग्रस्त हो गई
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.	शिव आरोग्य बाइल्स इकरेली कुशीमाल (9519618008)

Date / दिनांक : 18/06/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

राज कुमार



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. 252400/31/2024/49194

Tel. No. _____

Period of Insurance 21/10/2025 To 20/10/2026
 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 : राजकुमार
 (b) Address for correspondence : पिम्प्रा - पल्ली - हाय - फुर्मीनया
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>21377</u> Chassis No. <u>45639</u>	Registration No. <u>UP57 CA</u> <u>1944</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 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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : विजय कुमार गोतम
(b) Age : 21
(c) Address : बिस्वा - पडरी - हाटा कुशीनगर
(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 : UP 57 2024 0013640
(h) Issuing Authority : 31-07-2024
(i) Date of Expiry : 31-12-2024
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any : NA
(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 : 05/06/2026 / 11:30 PM
(b) Place : महुमारी खण्ड
(c) Speed of vehicle at the time of accident : 30-40 KPH
(d) Give a short description of the accident : महुमारी खण्ड पर उम्मे बाइक से एक चार पहिये वाला कार को टक्कर मार दी जिससे कार में
(e) If any third party was responsible for this accident give the name and address : गणेश खरि गुरु हाउस

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front side and left side
(b) Estimated cost of repairs : 18000/-
(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 : 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? : NO
(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/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? : _____
(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 12/06 2008

Signature of the insured _____

[Handwritten Signature]