

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.	GCDNM CMC-9519377309
2	Vehicle No. / वाहन संख्या	UP74AP4155
3	Policy No. / पालिसी संख्या	252400131/2026/27152
4	Period of Insurance / बीमा अवधि	11/07/2025 To 10/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	KAHNAUT
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	VIMAL KUMAR - 9519377309 DL3202000031889
8	Estimated Loss / अनुमानित हानि	25000/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी दुर्घटना का ड्राइवर ने जोर से जा रहे थे तभी रास्ते में फुल्ल मिक्चर पड़ा जिससे वाहन के चक्कर में गड़ी जिस वजह से मैं बिजली के पोल में जा लगी और गिर गई हूँ। जिस से कोई FIR नहीं है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	A.K.MOTORS. HERO AGENCY. TALGRAM KAHNAUT - 203731 9173030786

Date / दिनांक :  
हस्ताक्षर 12/12/2025

गोदान लाल  
Signature of Insured / बीमाधारक के

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name UTMAL KUMAR  
 (b) Age 40  
 (c) Address MELTHAPUR JATTA ROAD  
 (d) Is the Driver  
 1. Owner  
 2. paid driver?  
 3. Owner's relative or friend?  
Relative  
 (e) If paid driver, how long has he been in your employment N/A  
 (f) Was he under the influence of intoxication Liquor or drugs? N/A  
 (g) Driving Licence Number DL 32020003138  
 (h) Issuing Authority DELHI  
 (i) Date of Expiry 17/03/2020  
 (j) Was the licence temporary/permanent PERMANENT  
 (k) Details of endorsement/suspension, if any N/A  
 (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 KAHMAUT - 12/11/2015 - 8 AM  
 (b) Place KAHMAUT  
 (c) Speed of vehicle at the time of accident 25  
 (d) Give a short description of the accident मेरी कार का लॉन्ग ब्रेक नौज साईड में  
 (e) If any third party was responsible for this accident give the name and address एक दोस्त ने कार को फेंक दिया जो कि मेरी कार में जा गिरा

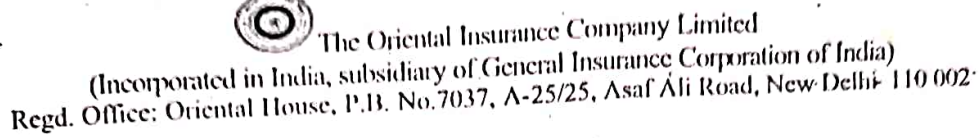
### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage A.S PER ESTIMATED  
 (b) Estimated cost of repairs 20000  
 (c) When and where can the damaged vehicle be inspected A.K. MOTORS. HERO AGENCY. TALAM.  
KAHMAUT 209791-0179070786

### 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



Div. Br. Office Address M'ECRUT

Certificate/Policy No. 2524001311226127152

Period of Insurance 11/07/2025 To 10/07/2026

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  
(b) Address for correspondence  
(c) Telephone

GERAM LAL

9019377309

## 2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E8SMC34506</u> Chassis No. <u>MBLMAW23SSMC55714</u>	Registration No. <u>UP74AP</u> <u>4155</u>
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(a) Was the vehicle in proper working condition? *NIA*

(b) For what purpose was the vehicle being used at the time of accident? *PERSAMAAN*

(c) Was trailer attached? *NIA*

(d) If a Motor Cycle/scooter

1. Was a side-car attached *NIA*

2. Was a pillion rider carried *NIA*

(e) Was the vehicle a motor vehicle?

2. Was a prison inmate

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

Commercial vehicles on

II. ADDITIONAL INFORMATION

The following questions need be answered in commercial vehicles only:

Registered laden weight \_\_\_\_\_

- The following questions need to be answered
- Registered laden weight
  - Unladen Weight
  - Weight of goods carried/Load Challan No.
  - Nature of permit
  - Nature of goods carried
  - Was the vehicle plying for hire
  - If Lorry/Jeeep/Tractor, was trailer attached?
  - Number of passengers carried
  - Number of Passenger permitted

M/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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 Police 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 12/12/2005

Signature of the insured गेंदल लाल