

To / से वामें,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	दीपक 9651273404
2	Vehicle No. / वाहन संख्या	UP74AP5192
3	Policy No. / पालिसी संख्या	252400/31/2026/30570
4	Period of Insurance / बीमा अवधि	31/7/25 To 30/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/12/2025 शाम 4 बजे
6	Place of Accident / दुर्घटना का स्थान	भुसावत नगर हिवरामठ रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रवि दुबे - 7651822309 DL No - UP74 20210006962
8	Estimated Loss / अनुमानित हानि	131491
09.	Cause of Accident / दुर्घटना का कारण : दुष्मान से आते समय अचानक जानवर के आ जाने से गाड़ी जाला की चाल में गिर गई / रवि दुबे चला रहे थे /	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्क शॉप का नाम, पता & मोबाइल / फोन नं.	NO तिवारी ऑटोमोबाइल्स हिवरामठ क नौज 9936403019

Date / दिनांक :
हस्ताक्षर 20/12/25

Signature of Insured / बीमाधारक के

दीपक



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. 252400/31/2026/30570

Tel. No. _____

Period of Insurance 31/07/25 to 30/07/2026

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 : दीपक
(b) Address for correspondence : विलेज पुंजु खिरिया, झरनी, कुरुखवाड़ उत्तर प्रदेश
(c) Telephone : 9651293404

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11FB5HF01029</u> Chassis No. <u>MBLHAW336SHF0085</u>	Registration No. <u>UP74</u> <u>AP5192</u>
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- (a) Was the vehicle in proper working condition?
(b) For what purpose was the vehicle being used at the time of accident?
(c) Was trailer attached?
(d) If a Motor Cycle/scooter NO
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 : राज कुमार
 (b) Age : 33 Year
 (c) Address : अवकाश नगर विरायत कलाप
 (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 :
 (f) Was he under the influence of intoxication Liquor or drugs? :
 (g) Driving Licence Number : 1P74 20210006962
 (h) Issuing Authority : 20/09/2021
 (i) Date of Expiry : 14/06/2032
 (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 12/12/2025
 (b) Place : इकानले अति प्रमुख अटलास (पानक) के
 (c) Speed of vehicle at the time of accident : 20 km/hr
 (d) Give a short description of the accident : दाहिने से बाईं ओर का टक्का लगा
 (e) If any third party was responsible for this accident give the name and address : No

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : No Pa Estimate
 (b) Estimated cost of repairs : 121452
 (c) When and where can the damaged vehicle be inspected : Tirunelveli

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 : NT/PT
 (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? : _____
 (c) Was accident reported to Police? If not, Why? : NA
 (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? : NA
 (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 20/12/25 200

Signature of the insured [Signature]