

To / से वार्मे,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

Subject / विषय: Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

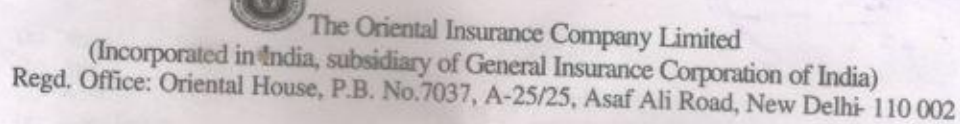
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें:-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Hariom SHARMA 8383856706
2	Vehicle No. / वाहन संख्या	UP76 AU 4073
3	Policy No. / पालिसी संख्या	252400/31/2025/77743
4	Period of Insurance / बीमा अवधि	15/01/2025 to 14/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/12/2025 सुबह 8.15 AM
6	Place of Accident / दुर्घटना का स्थान	तालशम रोड पलिया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Bhram Pratap Singh Rathaur UP P76 20180002263, 6392210822 (m.n)
8	Estimated Loss / अनुमानित हानि	185500
09.	Cause of Accident / दुर्घटना का कारण:	तालशम रोड पर जाते समय अचानक कोटर की वजह से कुत्ता आ जाने के कारण कुत्ता बचाने के चक्कर में गाड़ी पुलिस में जा बक्साई और गाड़ी अतिशय तेजी से चली और गाड़ी भ्रम प्रताप सिंह राठौर चला रहे थे।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Tiwari Automobiles Chhikara Karnal 9936403019

Date / दिनांक : 31/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

हरिओम शर्मा



Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2025/77743

Tel. No.

Period of Insurance 15/01/2025 TO 14/01/2026
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 : Hanum shakya
(b) Address for correspondence : chumbur gadhi, mauddha, Farrukhabad
(c) Telephone : 8363856706

Make & Year 2025	Engine No. JH07AMRGL09900 Chassis No. mBLJAW399RGL02359	Registration No. UP76AU 4073
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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:

- 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/Jeep/Tractor, was trailer attached?
- Number of passengers carried
- Number of Passenger permitted

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Bhagy Bahad Singh Rathaur
 (b) Age : 26
 (c) Address : Madal Shankarpur Fkd Faroukhabad
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Relative Friend
 (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 : UP76 20180002263
 (h) Issuing Authority : 27-02-2018 Faroukhabad
 (i) Date of Expiry : 26-02-2038
 (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? : 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 : 29/12/2025 8.15 AM
 (b) Place :
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मोटरसाइल जो एक गलत स्थिति में था, उसने बाईक को टक्कर मारी और बाईक से टकराकर मोटरसाइल गिर गई और बाईक में से तेल गिरा, जिससे आग लग गई
 (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 : 18550/-
 (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? :