

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.	रियासुद्दीन / 9794000197
2	Vehicle No. / वाहन संख्या	UP 74 A0 4865
3	Policy No. / पालिसी संख्या	25400/31/2026/6/992
4	Period of Insurance / बीमा अवधि	22/11/2025 to 21/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/05/2026 समय 06:30 PM
6	Place of Accident / दुर्घटना का स्थान	दिवरामऊ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मोहम्मद अली UP 242026000 9794000197
8	Estimated Loss / अनुमानित हानि	रुपये
09.	Cause of Accident / दुर्घटना का कारण :	दिवरामऊ से कुश्तुल गाड़ी से जाते हुये मोहम्मद अली तरफ से गाड़ी वाले ने एक अंदर एक गली में आ रहे मोटरवाहन वाले को चक्कर मार दी जिससे घ. गिर गया
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.	तिवारी आटोमोबाइल दिवरामऊ कुशीन 9936403019

Date / दिनांक : 12-5-26
हस्ताक्षर

रियासुद्दीन
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : मोहम्मद अली
 (b) Age : 20
 (c) Address : कुमरपुर वसवारी दिवरापूर
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : पुत्र
 (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 : UP 74 20 26000 3381
 (h) Issuing Authority : कन्नौज
 (i) Date of Expiry :
 (j) Was the licence temporary/permanent : No
 (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? :

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : दिवरापूर से कुमरपुर गाड़ी से जाते हुये
 (b) Place : मेरे बेटे से गाड़ी बचने से एक मोटर गाड़ी
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : से आ रही मोटर साइकिल टक्कर मारी जिससे
 (e) If any third party was responsible for this accident give the name and address : मे गिर गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : A/c to estimate
 (b) Estimated cost of repairs : 5450
 (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? :

रिमासु दहीन



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. 252400/31/2026/6/992

Tel. No. _____

Period of Insurance 22/11/2025 to 21/11/2026
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 रियासुद्दीन
(a) Name :
(b) Address for correspondence : कुंभारपुर बम्बारा छिवशम 3
(c) Telephone : 9794000197

2. THE INSURED VEHICLE

Make & Year <u>2025-2026</u>	Engine No. <u>HAI1FBSH6135108</u> Chassis No. <u>MBLHAW330SH6134828</u>	Registration No. <u>UP74AO</u> <u>4865</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
1. Was a side-car attached
2. Was a pillion rider carried

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 :

रियासुद्दीन

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 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 19/05/2006 200

Signature of the insured 12-826