

To / सेवा में,
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.	Mundhika 9648901831
2	Vehicle No. / वाहन संख्या	UP57 BY 6769.
3	Policy No. / पालिसी संख्या	252400/31/2026/26615
4	Period of Insurance / बीमा अवधि	08/07/25 TO 7/07/26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/5/26. 9:30 AM.
6	Place of Accident / दुर्घटना का स्थान	विजयपुर बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9450595618.
8	Estimated Loss / अनुमानित हानि	15018.
09.	Cause of Accident / दुर्घटना का कारण :	मैं विजयपुर बाजार से घर जा रहा था. दुर्घटना एक अनजान व्यक्ति अनदेखे सामने से घर के घेरे जाही ले टकरात मार किया और मेरे ले भंग गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	SUNIL motor 9532327135

Date / दिनांक : 04/06/2026.
हस्ताक्षर मुन्धिका

Signature of Insured / बीमाधारक के
मुन्धिका



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. 252400/31/2026/26615
 Tel. No. _____ Period of Insurance 08/07/25 TO 31/07/26
 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 : Mundrika
 (b) Address for correspondence : Paruarpar (Tola Bankata) Praram Kda.
 (c) Telephone : Kushinagar

2. THE INSURED VEHICLE

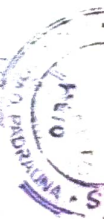
Make & Year <u>2025</u>	Engine No. <u>HAF1F2SHF18925</u>	Registration No. <u>UP57BY</u> <u>6A69</u>
	Chassis No. <u>MBLHAW4195HF16967</u>	

- (a) Was the vehicle in proper working condition? YES - Mar Kot for purchase
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter motor cycle
 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 : _____
- N/A



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pinesh . kumar
 (b) Age : 29 years
 (c) Address : Patwarpar . Bankaty .
 (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 : UP5720180005411
 (h) Issuing Authority : kushinagar (Patwar)
 (i) Date of Expiry : 24-07-2038
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before?:
 (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 : 28/05/26
 (b) Place : विजयपुर बाजार
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 श्यामल क. शर्मा 21 वल्लभ लमने
 शांभू शास्त्री से 2500 गाह विजय

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rs per E&N
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
 (b) Address : N/A
 (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? :

Discharge Voucher

& CONTINUED TO DRIVER/OCCUPANT

NIA

- (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.

NIA

NIA

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

NIA

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 04/06/2026
200

Signature of the insured

[Signature]

SUNIL MOTORS

PARTAWAL ROAD, INDERPUR, KAPTANGANJ, KUSHINAGAR, 274301, UP, India

State Code: 9 Contact: 9696691389, , ,

GSTIN No: 09BAUPT0141C1ZN

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66503-03-REST-0626-1	Date	04-06-2026
Customer Name	MUNDRIKA .	Contact No.	8826789677
VIN	MBLHAW419SHF16967	Model	PASSION +
Insurance Company		Reg No.	UP57BY6769
HMCGL Card No	1109824520003722	HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	45451AAF400S -GUIDE FR. (FENDER) CABLE	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	1445.00
2	ADYBS6A0010BCGS - TANK FUEL NH-1(T3)	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	6200.00
3	53100AAC231S -PIPE STRG HANDLE	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	480.00
4	ADYBA7S000000GS -LIGHT ASSY HEAD	85122010	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	3730.00
5	61301ADY100SS -FRONT COWL BLACK (TYPE-1) NH-(T1)	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	1580.00
6	6414AADY100S -WIND SCREEN SUB ASSY	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	290.00
7	33451AAC201S -BASE WINKER L	85122010	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	155.00
8	51400KWA941S -FORK ASSY. R FR.	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	2615.00
9	ADYBS6A0040BCGS - COWL REAR RIGHT	87141090	Paid		1	9.00	9.00	0.00	0.00	0.00	0.00	1015.00
Parts Total											0.00	20,661.8

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PASSION +	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
Jobs Total											0.00	1,180.00

Parts Total	20,661.80
Labour Total	1,180.00
SGST (Labour) 9%	90.00
CGST (Labour) 9%	90.00
Total	21,841.80

Rupees in Words: One Thousand One Hundred Eighty Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of KUSHINAGAR Jurisdiction Only

66503 - Main W/S