

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.	Rahul Kumar Sood - 8874908289
2	Vehicle No. / वाहन संख्या	UP52-CF-9725
3	Policy No. / पालिसी संख्या	25240/31/2026/22313
4	Period of Insurance / बीमा अवधि	12.06.2025 to 11.06.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10.06.2026 to 03:00 PM -
6	Place of Accident / दुर्घटना का स्थान	Bhujolpa -
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramishwor - 8795387942 UP52-20190009690
8	Estimated Loss / अनुमानित हानि	As per Dms Estimate -
09.	Cause of Accident / दुर्घटना का कारण:	मेरे राहुन के गाड़ी में रोमिश्वर जिला बाय ले गाड़ी लेवट मेरे दोस्त जो कि है रोमिश्वर जिला बाय ले गाड़ी लेवट बाजा गये थे उन्ही वक़्त पर गाड़ी के लाइन दूसरी गाड़ी चाल आगम उन्ही ले लेवट लड गये लाइन ले जिड ले गाड़ी स्ट गड और गाड़ी लेवट रोड के लाइन गिर गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Girdha Vishwakar
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.	Dishli Automobiles Bhujolpa Deora. 274812 9305394782

Rahul

Signature of Insured / बीमाधारक के

Date / दिनांक :

हस्ताक्षर

Girdha

11/06/2026



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 Mera-

Certificate/Policy No. 25240/31/2001/22313

Tel. No.

Period of Insurance 11.06.2026
 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 : Rahul Kumar Lamb
 (b) Address for correspondence : Bhagpur-
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA1EJSNA28862</u> Chassis No. <u>MBCNAW2255NA03529</u>	Registration No. <u>UP52-CF</u> <u>9725</u>
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- (a) Was the vehicle in proper working condition? YES-
 (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
 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 : _____