

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.	Vikram, 9569294741
2	Vehicle No. / वाहन संख्या	UP31CC7388
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/389932
4	Period of Insurance / बीमा अवधि	19/12/2024 To 18/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/10/25 शाम 3:30 बजे
6	Place of Accident / दुर्घटना का स्थान	छाँहरा बाईपास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3120190005891 PRAVEEN KUMAR, 7340341411
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	जैसे बाईपास में प्रवीन कुमार गाड़ी चला छाँहरा से लाल की कुत्ता का रहे थे, लाल छाँहरा बाईपास पर रुक बाईपास वाले ने लक्काट गार पर धोमस जलाने बाईपास गिर कर डूब गई /
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.	VERMA AUTO SACHS - 9569143916

Date / दिनांक :
हस्ताक्षर

18/11/25

Signature of Insured / बीमाधारक के

पिपरा



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. MS/2024/700/0/46575/3099

Tel. No. _____

Period of Insurance 19/12/2024 to 18/12/2025
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 : VIKRAM
(b) Address for correspondence : BAJAR WORD DHAURHRA KHERI
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HA1E7PHL S2545</u> Chassis No. <u>MBLHAW225PHL 65576</u>	Registration No. <u>UP31 CC</u> <u>7300</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? Personal use
(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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : PRAVEEN KUMAR
- (b) Age : 29 year
- (c) Address : BARNIN TOLA BASTAR WARD DHA URA
- (d) Is the Driver
1. Owner : Friend
 2. paid driver? :
 3. Owner's relative or 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 : UP3/20190005091
- (h) Issuing Authority : 23-05-2019
- (i) Date of Expiry : 22-05-2039
- (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 : 29/10/2023 शाम 3:30 बजे
- (b) Place : दिल्ली राजधानी
- (c) Speed of vehicle at the time of accident : 40-50
- (d) Give a short description of the accident : गलत गति में चलते हुए टक्कर मारी
- (e) If any third party was responsible for this accident give the name and address : दिल्ली राजधानी 40 गति गलत - 1st class

6. DAMAGE TO INSURED VEHICLE

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

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : N/A
- (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 : N/A
- (f) Has notice of any claim been given to you? :

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 | 24/11 |
| (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? | 24/11 |
| (h) | Which Police 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 18/11/2002

Signature of the insured 19/07/21