

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.	श्री. विलास
2	Vehicle No. / वाहन संख्या	7860779307
3	Policy No. / पालिसी संख्या	UP31CJ 7244
4	Period of Insurance / बीमा अवधि	252400 / 31/2025 / 76274
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2025 To 05/01/2025
6	Place of Accident / दुर्घटना का स्थान	05/11/25 रात 9 बजे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सिद्धा पेट्रोल पम्प के पास UP312020 000/966 रमेश कुमार (9473998758)
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण:	श्री. विलास रमेश कुमार को गाड़ी लेकर चौक से सिद्धा के लिए गए थे वही पेट्रोल पंप के पास अचानक से बरफ के बामने छुटा आ गया जिससे भरी 10 गाड़ी गिर कर टूर गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	M / A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	VERNA AUTO SALES 9569143916

Date / दिनांक :
हस्ताक्षर

13/11/25

Signature of Insured / बीमाधारक के
श्री. विलास



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 _____

Tel. No. _____

Certificate/Policy No. 252400/31/2025/76274
Period of Insurance 06/01/2025 To 05/01/2026
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 MO. UJLAL
(b) Address for correspondence JUGNUPUR DHAKHRA KHERI
(c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA1EBRHP65391</u> Chassis No. <u>MBLHAW230RHP</u> <u>0911</u>	Registration No. <u>UP31CT</u> <u>7244</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

N/A

N/A

N/A



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
(b) If yes, give full details

: N/A

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any

: N/A

- (b) Did a Police Constable take particulars of
The accident?

: N/A

- (c) Was accident reported to Police? If not, Why?

: N/A

- (d) If yes, to which Police Station?
(e) Date and Diary No.

: N/A

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

: N/A

: N/A

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 13/11/20025

Signature of the insured

मो०/बलाल

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAKESH KUMAR
 (b) Age : 38-39
 (c) Address : WILL / R. HAUANA MATERA DRAU PARRA KUMAR
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : 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 : UP3120200001966
 (h) Issuing Authority : 01/02/2020
 (i) Date of Expiry : 31/1/2030
 (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 : 05/11/2025
 (b) Place : मिलीन पटल पथ -
 (c) Speed of vehicle at the time of accident : 40-50
 (d) Give a short description of the accident : मोटर गाडी मोटर गाडी के बीच में टक्कर मारी और मोटर गाडी के ड्राइवर को घायल कर दिया
 (e) If any third party was responsible for this accident give the name and address : मोटर गाडी / मोटर गाडी

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