

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.	AWADHYNARAYAN YADAV 9838655914
2	Vehicle No. / वाहन संख्या	UP52-B5-0092
3	Policy No. / पालिसी संख्या	MS/2025/2001/046525/410624
4	Period of Insurance / बीमा अवधि	25/02/2025 to 24/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/11/2025 to 01:00 PM
6	Place of Accident / दुर्घटना का स्थान	सुबेठवा -
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SATYAR - 8115365591 UP52-20220017194
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	श्री Awadhynarayan Yadav श्री गाड़ी लेनट मेरे पंडेली जो लि है- सुबेठवा जिले की जल से गाड़ी लेनट वाहन गये थे वहां पर अचानक पिछे से एक वेंदी चली गाड़ी ने टक्कर मार दिया जिस से गाड़ी बि टक्कर हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Dr. V. Vishwanath
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA-
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dr. Vishwanath Mobile 9305394722



[Signature]
Signature of Insured / बीमाधारक के



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 Meerut-

Certificate/Policy No. MS/2025/20010/4657/110024

Tel. No.

Period of Insurance 24/02/2026
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 : A. Wadhwa & Son, Meerut.
(b) Address for correspondence : Sadar
(c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>JA07AB3NH17334</u> Chassis No. <u>MBL3AW120NGF16097</u>	Registration No. <u>UP52-BS</u> <u>0092</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 : 228 kg
(b) Unladen Weight : 258 kg
(c) Weight of goods carried/Load Challan No. : good
(d) Nature of permit : good
(e) Nature of goods carried : good
(f) Was the vehicle plying for hire : not
(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 : SATTA
 (b) Age : 31.01.1958
 (c) Address : SATROW
 (d) Is the Driver :
 1. Owner : Owner
 2. paid driver? :
 3. Owner's relative or friend? : Relative
 (e) If paid driver, how long has he been in your employment : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP52-202-20017154
 (h) Issuing Authority : 04.11.2022
 (i) Date of Expiry : 03.11.2032
 (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 : 14/11/2025 20 01:00 PM
 (b) Place : 89200V
 (c) Speed of vehicle at the time of accident : 15-20 km
 (d) Give a short description of the accident : अचानक ब्रेक से गाड़ी रुक
 (e) If any third party was responsible for this accident give the name and address : रुल जा दिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back Side - Front End
 (b) Estimated cost of repairs : As per Est
 (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? :

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

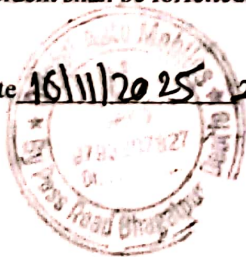
- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : _____
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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 16/11/2025 200



Signature of the insured

[Handwritten Signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200_____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

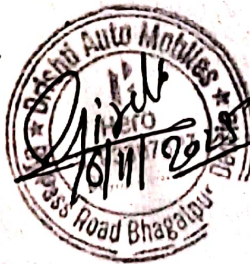
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name

Signature

Address



Signature *[Signature]*

Occupation

Address

Bank Account Number

Name of the Bank

