

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.	DEEPAK 8400463395
2	Vehicle No. / वाहन संख्या	UP53FB7022
3	Policy No. / पालिसी संख्या	MS/2025/7001/0146575/182965
4	Period of Insurance / बीमा अवधि	23/10/2025 - 22/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 (10:15 PM)
6	Place of Accident / दुर्घटना का स्थान	TELAURA, GORAKHPUR.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DHAVAN KUMAR (M.K - 8081497414) UP53 20230035787
8	Estimated Loss / अनुमानित हानि	19622
09.	Cause of Accident / दुर्घटना का कारण: बरहुआ से जुवेली जाते समय गाड़ी लेकट धवन ने ज्यादा गीतमहर के कारण रोड के किनारे खड़ी अर्टिगा में ठोक दिया। यह हादसा तिलौरा चौराहे के पास में हुआ है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	नया मोरल मोटरशुट नो 475 को 45 273001 6386521346 Deepak

Date / दिनांक : 11/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

Deepak



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: GORAKHPUR

Certificate/Policy No. MS/2025/7001/46575/482965

Tel. No.

Period of Insurance 05/10/2025 - 22/10/2026

Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

I. INSURED

(a) Name: DEEPAK
(b) Address for correspondence: BARAHUA, CHAPIYA GORAKHPUR (273016)
(c) Telephone: 8001497419

II. THE INSURED VEHICLE

Make & Year <u>HERO 2024</u>	Engine No. <u>HA11E7RHJ41315</u> Chassis No. <u>MBLHAW220RHJ77635</u>	Registration No. <u>UPS3FB7022</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? N/A
- (d) If a Motor Cycle/scooter N/A
- Was a side-car attached? N/A
 - Was a pillion rider carried? N/A

III. 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: DHAVAN KUMAR
(b) Age: 22
(c) Address: Via - Barhua, Post - Chapira, Gorakhpur.
(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: UPS 3 20230035787
(h) Issuing Authority: GORAKHPUR
(i) Date of Expiry: 04/02/2023 04/02/2023
(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 police? 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: 05/12/2025 (10:15 PM)
(b) Place: TELAURA, GORAKHPUR.
(c) Speed of vehicle at the time of accident: 0-40 KMPH
(d) Give a short description of the accident: ब्रेक न लगने के कारण गाड़ी रुकने के बाद भी गाड़ी चलने लगी और दूसरी गाड़ी से टकरा गई।
(e) If any third party was responsible for this accident give the name and address: ब्रेक न लगने के कारण गाड़ी रुकने के बाद भी गाड़ी चलने लगी और दूसरी गाड़ी से टकरा गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
(b) Estimated cost of repairs: 19622
(c) When and where can the damaged vehicle be inspected: NANYA MOTORS GORAKHPUR

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? 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 _____
- (b) Did a Police Constable take particulars of
The accident? _____ N/A
- (c) Was accident reported to Police? If not, Why? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

10. THEFT

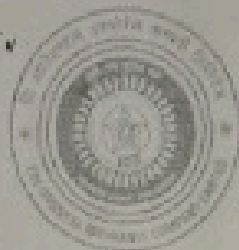
- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Police Station? _____
- (i) C.R. diary Number _____

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 11/12/25 200

Signature of the insured Dupak

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

Dab...
Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank