

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.	आकाश विश्वकर्मा 9889284262
2	Vehicle No. / वाहन संख्या	UP53ED9061
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/419656
4	Period of Insurance / बीमा अवधि	25.03.2025 TO 24.03.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3.12.2025 06:30 AM
6	Place of Accident / दुर्घटना का स्थान	जाला वाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आकाश कुमार विश्वकर्मा UP5320180014661 9889284262
8	Estimated Loss / अनुमानित हानि	12,286
09.	Cause of Accident / दुर्घटना का कारण	हेनरगंज से जाला वाजा जाते लेक जा रहे थे जाला वाजार के पास गाड़ी रुक कर काँके सामान ले रहे थे कि वाली वाला गाड़ी को रुकवा मार कर जहाँ गिरा भी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	जलभा मोटर्स गोरखपुर मैनाड क्रम प्रो 273001 6386521346

Date / दिनांक : 7/12/25
हस्ताक्षर : आकाश विश्वकर्मा

Signature of Insured / बीमाधारक के

आकाश विश्वकर्मा
7/12/25



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/2025/7001/0/46575/19656
 Tel. No. _____ Period of Insurance: 25-03-2025 TO 24-03-2026
 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: AKASH VISHWAKARMA
 (b) Address for correspondence: NEPALGANGA PAPARI BAZAR
 (c) Telephone: 3889 284265

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HP1TEYNAC33169</u> Chassis No. <u>M13LHPW1157HC03169</u>	Registration No. <u>UP53ED</u> <u>3061</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? NA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NA
 2. Was a pillion rider carried? NA

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 _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name AKASH KUMAR VISHWAKARMA
 (b) Age _____
 (c) Address HAI DARWANI JANGAL PHUNSAK
 (d) Is the Driver
 1. Owner owner
 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 UP53 20180014661
 (h) Issuing Authority MERAKHPUR
 (i) Date of Expiry 26-11-2028
 (j) Was the licence temporary/permanent PERMANT
 (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 3-12-2025 06:30 AM
 (b) Place LALA BAZAR
 (c) Speed of vehicle at the time of accident 0 KM/H
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address
एक व्यक्ति ने लावारत वाहन चलाया जिससे दुर्घटना घटित हुई।
उसका नाम और पता नहीं पता।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
 (b) Estimated cost of repairs 12256
 (c) When and where can the damaged vehicle be inspected NAVYA MOTORS CSORA

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? _____

NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NA
- (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? NA
- (c) Was accident reported to Police? If not, Why? _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

10. THEFT

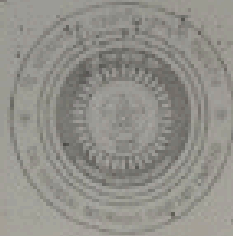
- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Police Station? _____
- (i) C.R. diary Number _____

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 07/12/25 200

Signature of the insured 21/06/151 1794 J. W. F.

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/-

311 + 121 / 1094241

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank