Date 08-12-2025
Contact No. 9956071412
Model DESTINI 12F
Reg No.

/ सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	सुनील कुमार मिश्रा
2	Vehicle No. / वाहन संख्या	UP53 FL 4866
3	Policy No. / पालिसी संख्या	252400/31/2026/38765
4	Period of Insurance / बीमा अवधि	29/9/25 To 28/9/2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	4/12/25 06:00 PM
6	Place of Accident / दुर्घटना का स्थान	भगत चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	विष्णु यादव DL-UP53-21600 9208612874 23238
8	Estimated Loss / अनुमानित हानि	6076

09. Cause of Accident / दुर्घटना का कारण : गोरामण्डल से माहीमऊ गाड़ी से जा रहे थे भगत चौराहे के पास रोड पर सामने जानवर आ गया उसको बचाने के चक्कर में गाड़ी पलट गई

10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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 मारुति गोरखपुर गोरख. उ प्र 273001 6386521346

Date / दिनांक : 8/12/25
हस्ताक्षर - सुनील कुमार मिश्रा

Signature of Insured / बीमाधारक के

सुनील कुमार मिश्रा

ESTIMATE

Date 08-12-2025
Contact No. 9956071412
Model

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. 252400/31/2026/38765

Tel. No.

Period of Insurance 29-09-2025 TO 28-09-2026

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 : SUNIL KUMAR MISHRA
(b) Address for correspondence : MAHEEKATH PO MIRZAPUR BAZAR
(c) Telephone : 9208612874

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO 2025	Engine No. HA11F2SGH06960 Chassis No. MBLHAW45XSGH57899	UP53FL 4866

(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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA

ESTIMATE

Customer's Signature

Date	08-12-2025
Contact No.	9956071412
Model	DESTINI 125
Reg No.	UP53FN5019
HMCCL Card No.	

3. DIRVER AT THE TIME OF ACCIDENT

(a)	Name	: VISHNU YADAV
(b)	Age	:
(c)	Address	: JANAKPUR KHOTI GORAKHPUR
(d)	Is the Driver	:
	1. Owner	:
	2. paid driver?	:
	3. Owner's relative or friend?	: FRIENDS
(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 20160023238
(h)	Issuing Authority	: GORAKHPUR
(i)	Date of Expiry	: 06-09-2036
(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	: 04/12/25 06:00 PM
(b)	Place	: BAPGAT CHAURAHA
(c)	Speed of vehicle at the time of accident	: 0-30 KMPH
(d)	Give a short description of the accident	: तमकुहीराज से मालवीरट गाड़ी नंबर यूपी 53 एफएन 5019
(e)	If any third party was responsible for this accident give the name and address	: चक्कर से गाड़ी गिर गया

6. DAMAGE TO INSURED VEHICLE

(a)	Full details of damage	: AS PER ESTIMATE
(b)	Estimated cost of repairs	: 6076
(c)	When and where can the damaged vehicle be inspected	: NAVYA 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	: NA
(e)	Full details of property damaged	:
(f)	Has notice of any claim been given to you?	:

ESTIMATE

Date 08-12-2025
Contact No. 9956071412
Model DESTINI 125

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : N/A
(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? : N/A
(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? : N/A
(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 haye 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 9/12/2025 200

Signature of the insured सुबीस कुमार मिश्रा

ESTIMATE

Date 08-12-2025
Contact No. 9956071412

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 सुनील कुमार मिश्रा
Occupation .....
Address .....
.....
.....

Bank Account Number .....
Name of the Bank .....