

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.	प्रदीप कुमार गुप्त 9936967507
2	Vehicle No. / वाहन संख्या	UP 57 BU 4617
3	Policy No. / पालिसी संख्या	252400/ 31/ 2025/ 03593
4	Period of Insurance / बीमा अवधि	06/02/2025 To 05/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/12/2025 / 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	सुकराँली बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	प्रदीप कुमार गुप्त (UP 57 2024 04 2638) 9936967507
8	Estimated Loss / अनुमानित हानि	10000/-
09.	Cause of Accident / दुर्घटना का कारण:	अपने घटने सुकराँली मार्केट से बेंच हाल में जा रहे थे तभी पीछे से एक दोसरे वाहन ने टक्कर मार दी जिसके बाद मेरी गाड़ी रोड पर बाहिन बरफ गिर के अतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शिवभारत मो नाट्य स्टूडियो इटि कुशीनार (9519618000)

Date / दिनांक : 11-12-2025
हस्ताक्षर प्रदीप कुमार गुप्त

प्रदीप कुमार गुप्त
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : सुदीप कुमार गुप्ता
 (b) Age : 47
 (c) Address : सुकराती - हारा - कुशीनगर
 (d) Is the Driver
 1. Owner :
 2. paid driver? : YES
 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? : NO
 (g) Driving Licence Number : UP 57 20400012638
 (h) Issuing Authority : 26-10-2024
 (i) Date of Expiry : 25-10-2031
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before?: N/A
 (m) Has he been charged by the policy? If so, Why?: N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 07-10-2025 / 07:00 PM
 (b) Place : सुकराती बाजार
 (c) Speed of vehicle at the time of accident : 30-40 KPH
 (d) Give a short description of the accident : पिछले ब्रेक बने से
 (e) If any third party was responsible for this accident give the name and address : अपने बटले सुकराती बाजार से मॉर्क धत में जा रहे थे सभी पीछे से हा से पकड़ कर वाहन में टकराकर ही ठहरे एस मोरी गाड़ी राइफल दाहिने तरफ गिरकर क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front And Right Side
 (b) Estimated cost of repairs : 10000/-
 (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 : N/A
 (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

NO

- (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?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

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 11-12 2005

Signature of the insured पुष्पिता कुमारी प्रधान