

/ सेवा में,
The Oriental Insurance Co Ltd /
दक्षिण ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

273213

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.	जानकी इंडस्ट्रिज (उपेन्द्र प्रसाद) 8009804932
2	Vehicle No. / वाहन संख्या	U.P. 53FP2855
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 06:00PM
6	Place of Accident / दुर्घटना का स्थान	सुकरी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शुभम बिपाठी U.P. 53,20150020176 8009804932
8	Estimated Loss / अनुमानित हानि	20664
09.	Cause of Accident / दुर्घटना का कारण:	हाल से गोरखपुर गाड़ी लेक में शुभम बिपाठी आ रहे थे सुकरी के पास गाड़ी के लाक के अचानक कुत्ता आ गया गाड़ी उल्टे लड़ी और गाड़ी लेक में गिर गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल/फोन नं.	नोवा मोटर्स गोरखपुर नो 5 उत्तर 9421 273001 7686521346

दिनांक : 11/12/25
ताक्षर UPendish Prasad
For Janki mandalcom

Signature of Insured / बीमाधारक के

UPendish Prasad
For Janki mandalcom

Proprietor

Proprietor

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. _____
 Tel. No. _____ Period of Insurance _____
 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 Janki Handaloom (UPendora Prasad)
 (b) Address for correspondence GEETA PRESS ROAD GORAKHPUR GORAKHPUR
 (c) Telephone 8009804332

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIIF95HL02434</u> Chassis No. <u>MBLHAW4945HL02472</u>	Registration No. <u>UP53FP</u> <u>2855</u>
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- (a) Was the vehicle in proper working condition? YES 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 : NA
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT:

(a) Name : SHUBHAM TRIPATHI
 (b) Age :
 (c) Address : VILL+POST SARYA TIWARI
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment : Paid driver
 (f) Was he under the influence of intoxication Liquor or drugs?
 (g) Driving Licence Number : U.P 53 201 500 20176
 (h) Issuing Authority : GORAKHPUR
 (i) Date of Expiry : 13/07/2025 2035
 (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 : 05/12/2025 06:00 P.M
 (b) Place : SUKRAULI
 (c) Speed of vehicle at the time of accident : 0-40 KMPH
 (d) Give a short description of the accident : हाट में गोरखपुर में शुभम त्रिपाठी
 (e) If any third party was responsible for this accident give the name and address : मारेवें कुमरौली कुल सेलस्क गाउँलेक विरजमा -

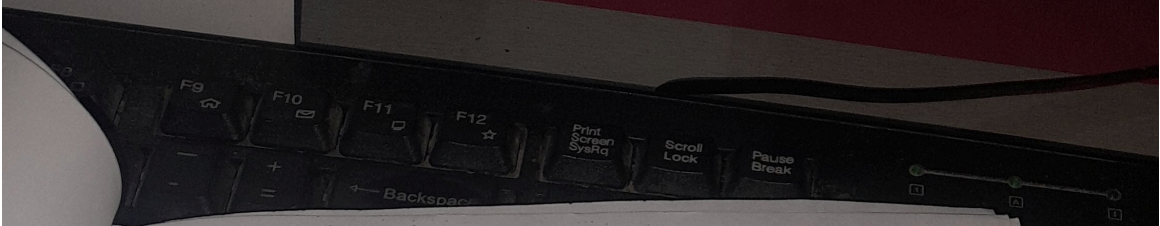
6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs : 20664
 (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 :
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? : NA

782.01
782.01
72.00
72.00
11,197.00
Authorised Signatory
11653 - Main W/S



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? _____
- (c) Was accident reported to Police? If not, Why? NA
- (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 [Signature]

For Janki mandaloom

Proprietor

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 *U. K. Prasad*
Occupation *For Janki mandaloon*
Address
Proprietor

Bank Account Number
Name of the Bank

॥ श्री गणेशाय नमः ॥

॥ श्रीश्याम देवाय नमः ॥
मो: 9532476607

जानकी हैण्डलूम

निकट शक्ति ट्रेवलस, गीता प्रेस रोड, गोरखपुर -273005

क्रांक.

दिनांक. 8/12/15

श्री भुमर जिपाही Sp. श्री महेन्द्र राम जिपाही
ग्राम ख पौल. खरमा तिराह, धाना खेती खजनी
जीपा गोरखपुर, हमारे जर्म के कर्मचारी के यह कार्ड
पहले काम करते थे. दिनांक 5 अप्रैल 15 के कार्ड पर काम
करते थे.

For Janki mandal
For Janki no.
Ujjain Press
Proprietor