

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

273015
श्री प्रकाश

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / सहोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पोर्ट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें.

| | | |
|----|--|---|
| 1 | Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं. | श्री उरफा 7905448859 |
| 2 | Vehicle No. / वाहन संख्या | UP53 FM 7861 |
| 3 | Policy No. / पालिसी संख्या | 252400/3/2026/48339 |
| 4 | Period of Insurance / बीमा अवधि | 20/10/2025 TO 29/10/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 15/12/2025 01:00 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | मदनू चौराहा |
| 7 | Name of the Driver, D.L. No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं. | श्री उरफा 7905448859 UP53 20150029918 |
| 8 | Estimated Loss / अनुमानित हानि | 102900 |
| 9 | Cause of Accident / दुर्घटना का कारण | खूनखराबी से मदनू चौराहा गड़ी लेकर जा रही थी मदनू चौराहे के पास आगे जा रही थीक्य वल्ला वकी से वचने के लिए आवाकिक ब्रेक लिया हम गड़ी मेकर उल्ले खडगमे स्पोर्ट गिर गये। |
| 10 | Spot Survey / स्पोर्ट सर्वे / स्पोर्ट सर्वेयर. का नाम | NA |
| 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. | नया मोर्टन गोरखपुर नेसिड 80 प्र 273001 6386521346 |

दिनांक : 15/12/25
मदनू चौराहा

Signature of Insured / बीमाधारक के
मदनू चौराहा



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. 252400/31/2026/48339

Tel. No.

Period of Insurance 20-10-2025 TO 19-10-2026
 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 : MOHD IREAN
 (b) Address for correspondence : KARANJAHWA DOHARIYA BAZAR GORAKHPUR
 (c) Telephone : 7905448859, 9125835278

2. THE INSURED VEHICLE

| | | |
|---|--|---|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>JA07A2S9H07625</u> Chassis No. <u>MBLJAW572S9H02053</u> | Registration No. <u>UP53 FM</u> <u>7861</u> |
|---|--|---|

- (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 NA
 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 : MOHD IRFAN
(b) Age :
(c) Address : KARANJAHWA POST DOHAIYA
(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 : UP 53 20150029918
(h) Issuing Authority : GORAKHPUR
(i) Date of Expiry : 27/10/2035
(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 : 15/12/2025 Time 01:00 PM
(b) Place : MANSU CHAU RAHA
(c) Speed of vehicle at the time of accident : 0-30 kmph
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
मंसुचौरा में मंसु चौराहा पार देव प्रियंका बाली व अन्य का व कार के लिए फ्रेंड मंसुचौरा एन गाड़ी लेना पीके से उतले व डगै

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 10290
(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

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? : _____
- (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 18/12/25 200

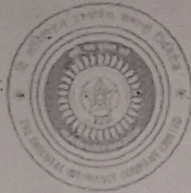
Signature of the insured mohel g ajwa

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 Mohd Jaffer

Occupation

Address

Bank Account Number

Name of the Bank