

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.	विजय लक्ष्मी 9880669101
2	Vehicle No. / वाहन संख्या	UP53 FJ1980
3	Policy No. / पालिसी संख्या	252400/31/2026/17623
4	Period of Insurance / बीमा अवधि	26/05/2025 TO 25/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/01/2026 07:00 AM
6	Place of Accident / दुर्घटना का स्थान	वासगाँव
7	Name of the Driver, D.L. No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुरेश कुमार UP5320240017123
8	Estimated Loss / अनुमानित हानि	4902
09.	Cause of Accident / दुर्घटना का कारण:	बहुमथा से वासगाँव गाँव निकल सुरेश कुमार जा रहे थे वासगाँव के पास कुईवा में डाई जा रहे थे डी सी म प्रक ले जिमा ठकमें गाँव निकल लइ गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट 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 / फ़ोन नं.	नया मारुत गोरखपुर मोबाइल 30 30 273001 6386521346

Date / दिनांक :
हस्ताक्षर

08/1/2026
विजय लक्ष्मी

Signature of Insured / बीमाधारक के

विजय लक्ष्मी

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 232400/31/2026/17623

Tel. No.

Period of Insurance 26/05/2025 TO 25/05/2026
 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 VIJAY LAXMI
 (b) Address for correspondence BAKULAIYA, BANSGAON GORAKHPUR
 (c) Telephone

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No <u>HAI1FUSHEC3714</u> Chassis No <u>M13LTAW438SHEC3321</u>	Registration No. <u>UP53FJ</u> <u>1980</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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: SURENDRA KUMAR
(b) Age: _____
(c) Address: BAKULHA BANS GAON GORAKHPUR
(d) Is the Driver
1. Owner _____
2. paid driver? _____
3. Owner's relative or friend? Relative
(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 20240017123
(h) Issuing Authority: GORAKHPUR
(i) Date of Expiry: 11-08-2042
(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: 03/01/2026 01:00 PM
(b) Place: BANS GAON
(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
गिम्पेटा गांववाला पोलिस ठाणे येथील कारला अचानक ब्रेक लागल्यामुळे एवढी स्थिती घडली आहे.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: AS PER ESTIMATE
(b) Estimated cost of repairs: 4802
(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? NO
- (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? NTA
- (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 08/1/2016 200

Signature of the insured

विशाल लक्ष्मी

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
When Stamp
Exceeds Rs. 5000/-

Witness
Name
Signature

Signature Pooja Chandra
Occupation
Address

Bank Account Number
Name of the Bank