To / 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 करनें की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	गुड्डू कुमार 8423604319
2	Vehicle No. / वाहन संख्या	UP53FP1930
3	Policy No. / पालिसी संख्या	252400/31/2026/61717
4	Period of Insurance / बीमा अवधि	21/11/2025 TO 20/11/2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	06/01/2026 6:30AM
6	Place of Accident / दुर्घटना का स्थान	गीडा
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं.	Bhual Kumar 8423604319 UP5320190019756
8	Estimated Loss / अनुमानित हानि	6133

09. Cause of Accident / दुर्घटना का कारण : कोलेसर से गीडा गाड़ी लेकर भुआल कुमार जा रहे थे। गीडा के पास आगे जा रही पीकप वाला अचानक ब्रेक मार दिया / और गाड़ी लेकर उसमे लड़ गये / और लड़कर गीर गये /

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 मोटर्स गोरखपुर गोरख 30 पठ 273001 6386521346

Date / दिनांक : 12/1/2026

Signature of Insured / बीमाधारक के हस्ताक्षर

गुड्डू कुमार

गुड्डू कुमार

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 GORAICHPUR

Tel. No.

Certificate/Policy No. 252400/31/2026/61717

Period of Insurance 21/11/2025 TO 20/11/2026

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 Guddu Kumar Kalesan
b) Address for correspondence Gida
c) Telephone 8423604319

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
Hero 2025	JF17EYSGK05824 / MBLJFN435SGK06266	UP53FP1930

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

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

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3. DIRVER AT THE TIME OF ACCIDENT

(a) Name — Bhual Kumar
(b) Age
(c) Address — Kalesar Gida Post. Sahjanwa, Sahjanwa Gorakhpur
(d) Is the Driver
1. Owner
2. paid driver?
3. Owner's relative or friend? ✓ — Relative (Brother)

(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 — UPS3 20190019756
(h) Issuing Authority — Gorakhpur
(i) Date of Expiry — 09-07-2038
(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 — 06/01/2026 6:30 AM
(b) Place — Gida
(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 — कोलेसर से गीडा गाड़ी लेकर जा रहे थे पीछे वाला अचानक ब्रेक मारदिया गाड़ी लेकर गीर गये।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage — AS PER ESTIMATE
(b) Estimated cost of repairs — 6133
(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?
b) If yes, give full details : NA

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.

NA

10. THEFT

a) Date and Time
b) Place
c) What was stolen?
d) Estimated cost of replacement?
e) By whom discovered and reported?
Has theft been reported to Police?
f) When?
g) Which Policy Station?
C.R. diary Number

NA

ve the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the regoing statement every respect and I/We have made or in any further declaration the Company may quire in respect of the said accident, shall make any false or fraudulent statement of any suppression or ncealment, the Policy shall be void and all rights to receive thereunder in respect of part or future cident shall be forfeited.

Signature of the Insured JSS GHIC

te 12/1/2026 200

ischarge 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____
om THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs._____
n words Rupees_____)
full and final settlement of the loss and/or damage caused through the accident to
y/our motor Car/Vehicle No._____ insured under Policy No._____ of
e said company and accident which occurred on or about _____I/We give
e discharge receipt to the Company in full and final settlement of all my/our claims
esent of future arising directly/indirectly in respect of the said accident.

s._____

One Rupee Revenue Stamp When Amount Exceeds Rs. 5000/-

Witness
ame .....
gnature .....
ddress .....

Signature .....
Occupation .....
Address .....
.....
.....

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