

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.	प्रादीप 9591091478
2	Vehicle No. / वाहन संख्या	UP53EX5967
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/457479
4	Period of Insurance / बीमा अवधि	23/07/2025 to 22/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/01/2026 09:50AM
6	Place of Accident / दुर्घटना का स्थान	गिरा सोहर 9
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	जगदीश 9591091478 KA 03 20200003062
8	Estimated Loss / अनुमानित हानि	10030
09.	Cause of Accident / दुर्घटना का कारण	झुंगिमा से गिरा जाई लेक जगदीश आ रहे थे गिरा के पास रोड पर सामने गड्ढा आ गया उसको वहाने के चक्कर में जाई लेक गिरा गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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 मोटर्स गोरखपुर मिस्ट 30 नं 273001 6386521346

Date / दिनांक : 13/1/2026

हस्ताक्षर प्रादीप

Signature of Insured / बीमाधारक के

प्रादीप

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. MS/2025/7001/B/46575/457479

Tel. No.

Period of Insurance 23/07/2025 TO 22/07/2026

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 प्रादीप
 (b) Address for correspondence शुभिया पोस्ट बाहुतपार उर्फ सरथा गिडा सहायन गोरखपुर
 (c) Telephone 9591091478

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>JF17ERRGC05112</u>	Registration No. <u>UP53EX</u>
	Chassis No. <u>MBLJFN358RG05208</u>	<u>5967</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
 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 JAGDISH
- (b) Age NO-1436TH MAIH ANNSANDRA PALYA HAL(BYRANA DS)
- (c) Address NO-1436TH MAIH ANNSANDRA PALYA HAL(BYRANA DS)
- (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 KA0320200003062
- (h) Issuing Authority KARNATAKA
- (i) Date of Expiry 31/02/2036
- (j) Was the licence temporary/permanent _____
- (k) Details of endorsement/suspension, if any PENSION
- (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 08/01/2026 09:50 AM
- (b) Place GUDA
- (c) Speed of vehicle at the time of accident 30 KMPH
- (d) Give a short description of the accident स्वयं ही गाड़ी गाइंट करके गिरावट खा ली है
- (e) If any third party was responsible for this accident give the name and address गाड़ी से चाल रहे गाइंट आतंकी से गिरने के गाइंट से

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage AS PER ESTIMATE
- (b) Estimated cost of repairs 10030
- (c) When and where can the damaged vehicle be inspected NAVVA MOTORS CHORACHAPUR

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 NO
- (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? 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? NA
- (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? NA
- (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 13/1/2020

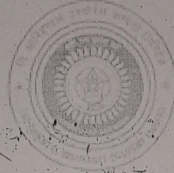
Signature of the insured प्रादीप

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 प. डी. प.
Occupation
Address

Bank Account Number
Name of the Bank