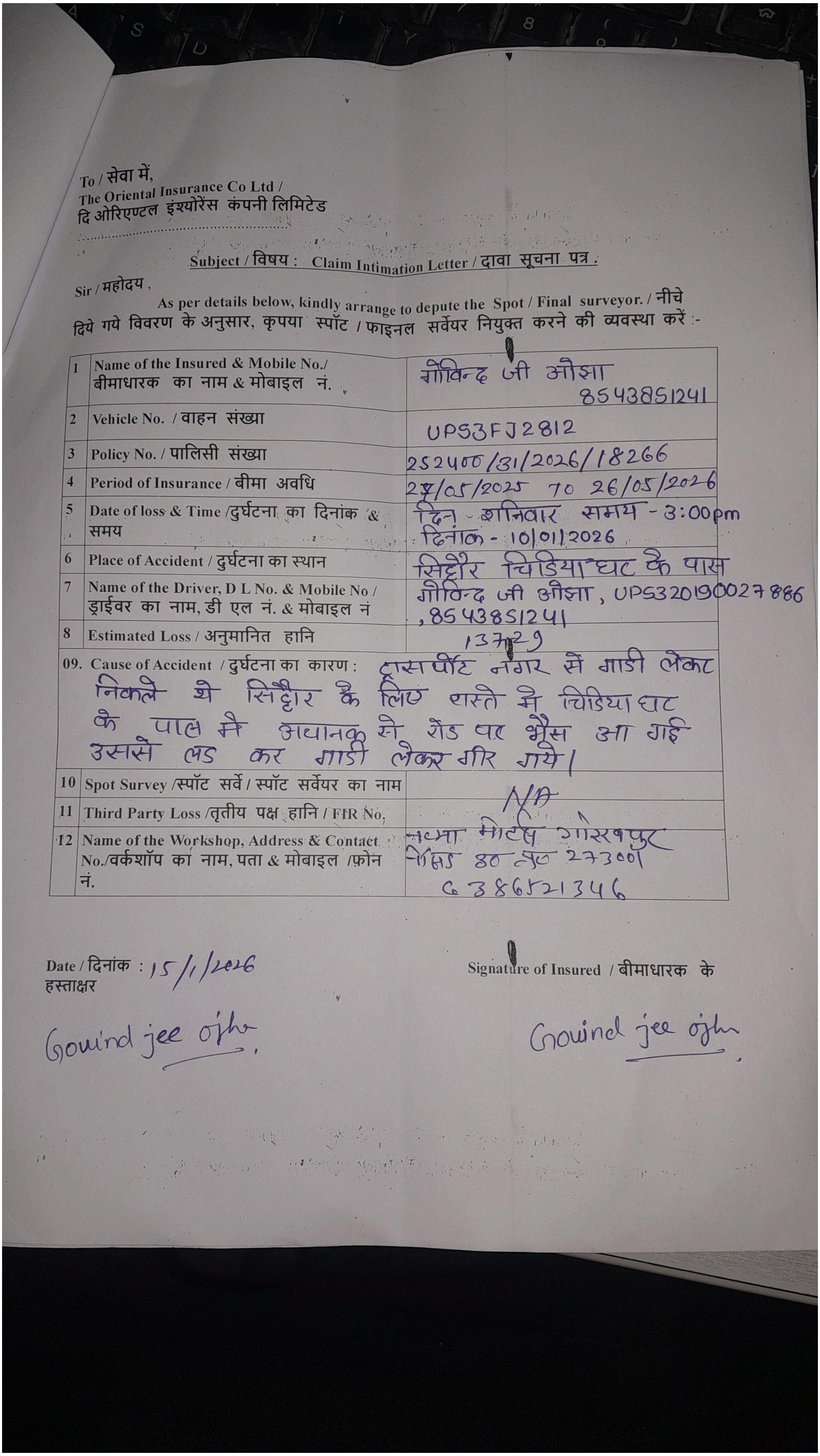


To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड
....

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 करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	गोविन्द जी ओझा 8543851241
2	Vehicle No. / वाहन संख्या	UP53FJ2812
3	Policy No. / पालिसी संख्या	252400/31/2026/18266
4	Period of Insurance / बीमा अवधि	27/05/2025 TO 26/05/2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	दिन - शनिवार समय - 3:00pm दिनांक - 10/01/2026
6	Place of Accident / दुर्घटना का स्थान	सिद्दीर चिड़िया घाट के पास
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	गोविन्द जी ओझा, UP5320190027886, 8543851241
8	Estimated Loss / अनुमानित हानि	13729

09. Cause of Accident / दुर्घटना का कारण : ट्रांसपोर्ट नगर से गाडी लेकर निकले थे सिद्दीर के लिए रास्ते मे चिड़िया घाट के पास मे अचानक से रोड पर भैंस आ गई उससे लड कर गाडी लेकर गीर गये।

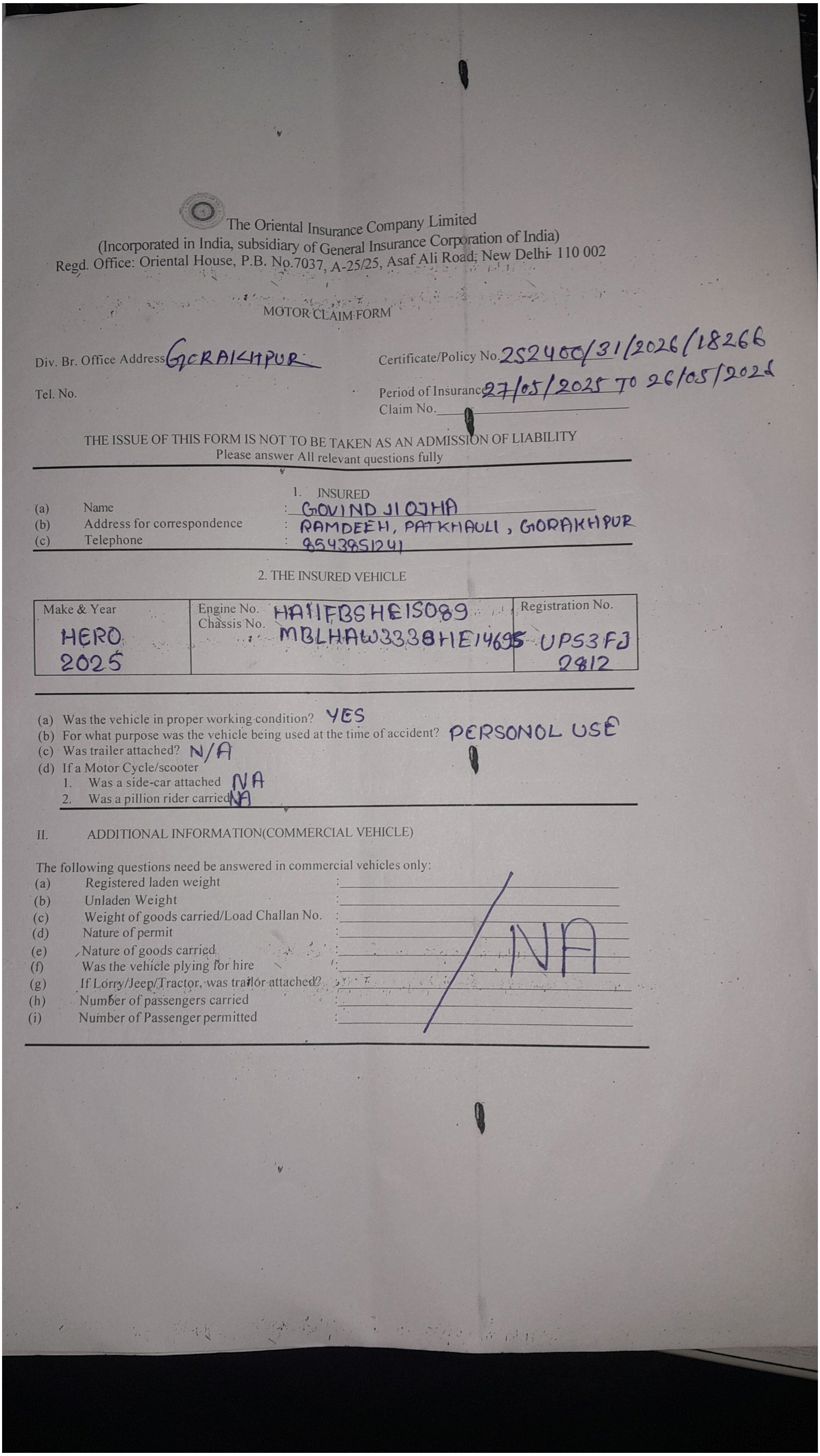
10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	नभा मोटर्स गोरखपुर [illegible] 80 [illegible] 273001 6386521346

Date / दिनांक : 15/1/2026

Signature of Insured / बीमाधारक के हस्ताक्षर

Govind jee ojha

Govind jee ojha



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. 252400/31/2026/18266

Tel. No.

Period of Insurance 27/05/2025 TO 26/05/2026

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 : GOVIND JI OJHA
(b) Address for correspondence : RAMDEEH, PATKHAULI, GORAKHPUR
(c) Telephone : 8543851241

2. THE INSURED VEHICLE

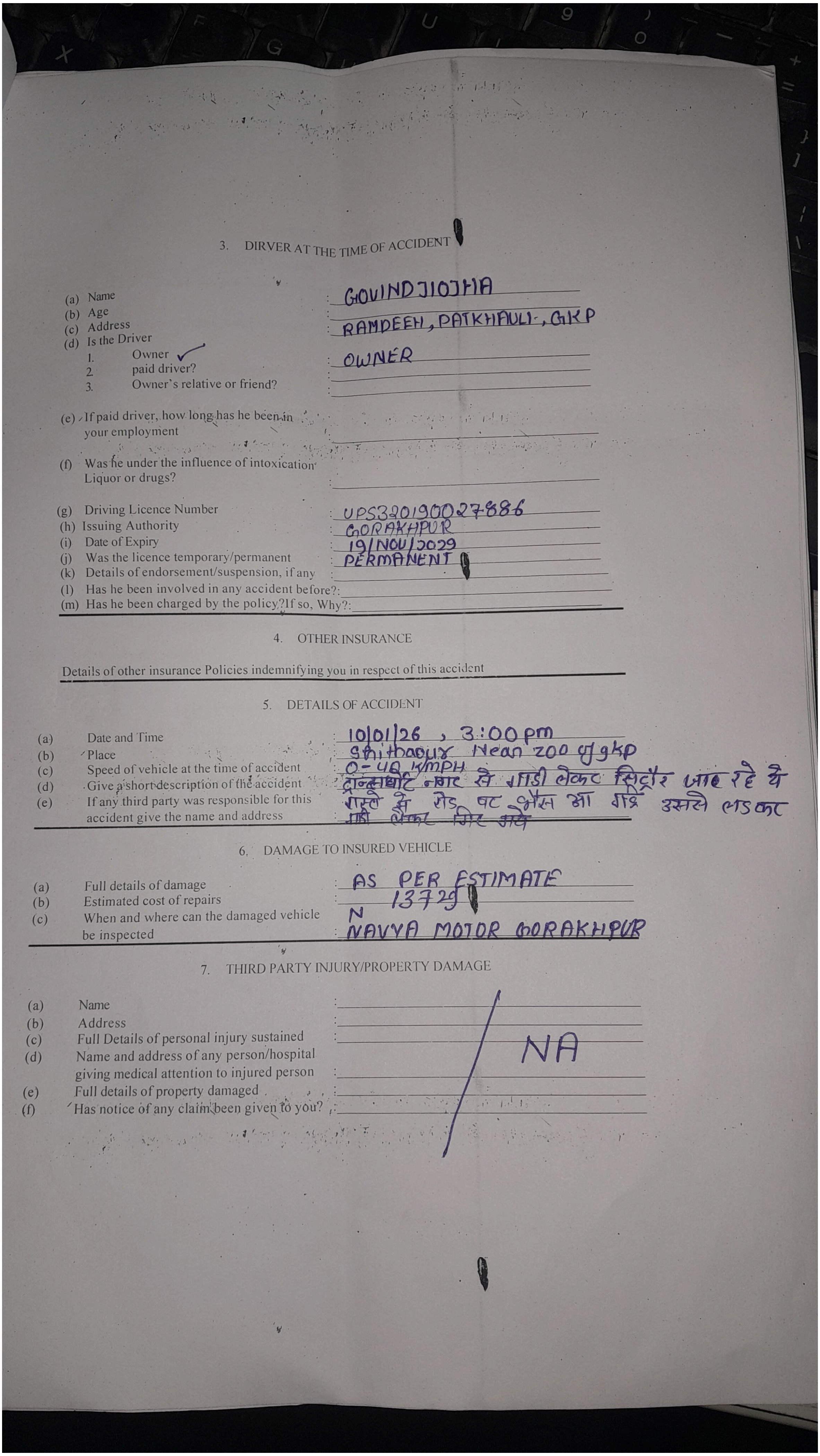
Make & Year	Engine No. Chassis No.	Registration No.
HERO 2025	HA11FBSHE1S089 MBLHAW3338HE14695	UP53FJ 2812

(a) Was the vehicle in proper working condition? YES
(b) For what purpose was the vehicle being used at the time of accident? PERSONOL USE
(c) Was trailer attached? N/A
(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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA



3. DIRVER AT THE TIME OF ACCIDENT

(a) Name : GOVIND JI OJHA
(b) Age :
(c) Address : RAMDEEH, PATKHAULI-, GKP
(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 : UP53 20190027886
(h) Issuing Aythority : GORAKHPUR
(i) Date of Expiry : 19/NOV/2029
(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 : 10/01/26, 3:00 pm
(b) Place : Shithapur Near zoo of gkp
(c) Speed of vehicle at the time of accident : 0-40 KMPH
(d) Give a short description of the accident : ट्रान्सपोर्ट नगर से गाडी लेकर सिद्दौर जा रहे थे रास्ते मे रोड पर भैंस आ गई उससे लडकर गाडी लेकर गिर गये
(e) If any third party was responsible for this accident give the name and address :

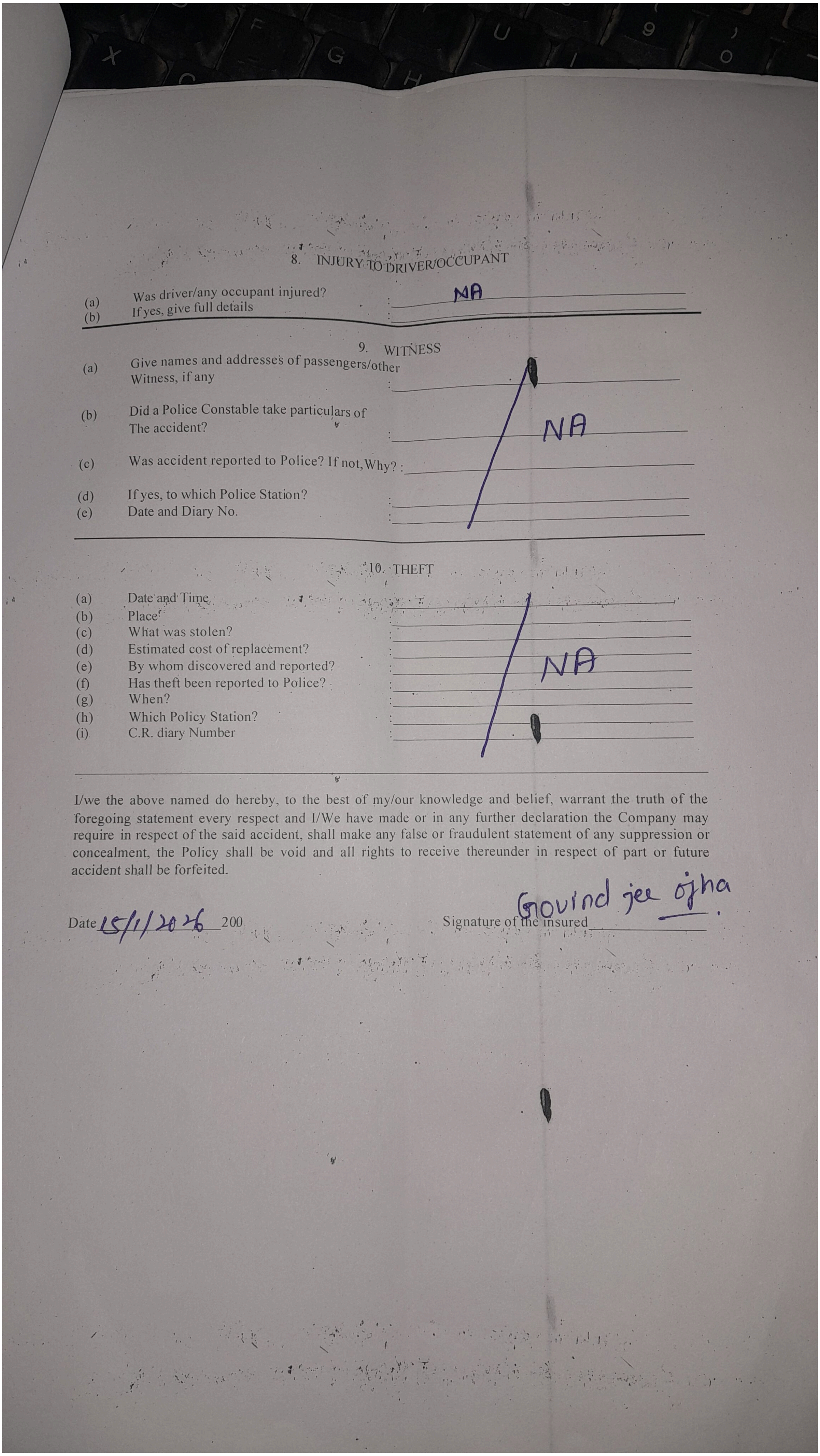
6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 13729
(c) When and where can the damaged vehicle be inspected : N NAVYA MOTOR 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? : NA
(c) Was accident reported to Police? If not, Why? :
(d) If yes, to which Police Station? :
(e) Date and Diary No. :

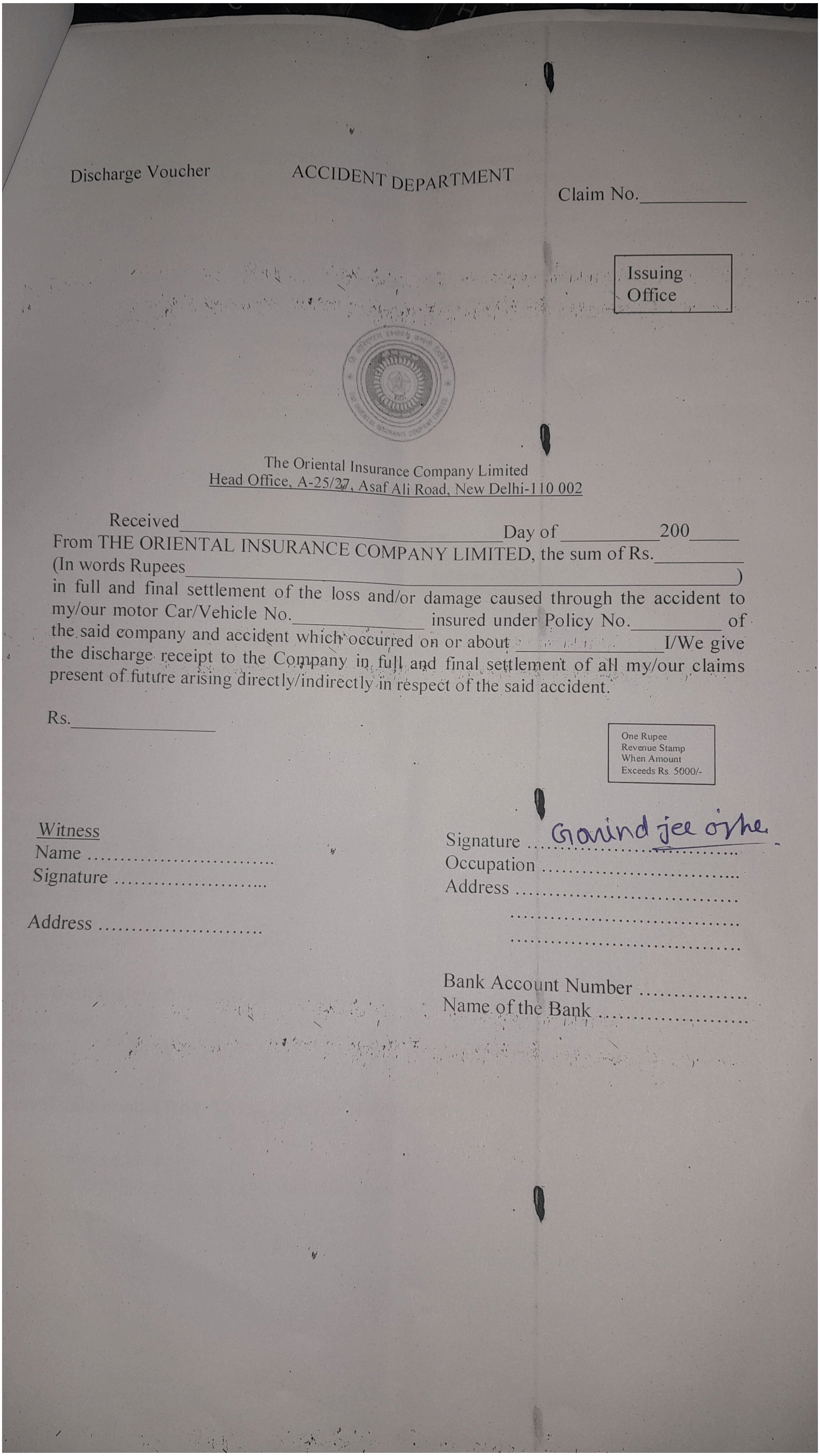
10. THEFT

(a) Date and Time :
(b) Place :
(c) What was stolen? :
(d) Estimated cost of replacement? :
(e) By whom discovered and reported? : NA
(f) Has theft been reported to Police? :
(g) When? :
(h) Which Policy 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 15/1/2026 200

Signature of the insured Govind jee ojha



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 ....Govind jee ojha
Occupation ....
Address ....
....
....

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