

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.	कुं प्रियंका 7080929385
2	Vehicle No. / वाहन संख्या	UP53 FJ 3497
3	Policy No. / पालिसी संख्या	252400/31/2026/19024
4	Period of Insurance / बीमा अवधि	30-05-2025 TO 29/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/26 - 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	नन्दापार चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शाशिकुमार गौतम - UP53 20210033063 MO- 7080929385
8	Estimated Loss / अनुमानित हानि	46500 17453
09.	Cause of Accident / दुर्घटना का कारण :	खसनी से शाशिकुमार गौतम खसिपुर अपने घर जा रहा था बीच में नन्दापार चौराहा पर सोमने साइड से चार पहिया वाला ट्रक्टर मार दिया और बायें तरफ गिर गया
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 / फोन नं.	नन्दा मोर्टल शोसप्ट नोक्स 3040 273001 6386521346

Date / दिनांक : 20/01/2025
हस्ताक्षर

कुं प्रियंका

Signature of Insured / बीमाधारक के

कुं प्रियंका



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. 252406/31/2026/19024
 Tel. No. Period of Insurance 30/05/2025 TO 29/05/2026
 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 PRIYANKA
 (b) Address for correspondence VIA - KHANIPUR - POST - TENUA - DIS - GORAKHPUR
 (c) Telephone 7080929385

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AZS9E08158</u> Chassis No. <u>MBLJAW516S9E01642</u>	Registration No. <u>UP53FJ</u> <u>3497</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 _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SHASHI KAPOOR GAUTAM
(b) Age : 31
(c) Address : KHINIPUR-TENUA-GORAKHPUR
(d) Is the Driver
1. Owner _____
2. paid driver? _____
3. Owner's relative or friend? RELATIVE-(HUSBAND)
(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 : UP3 20210033063
(h) Issuing Authority : GORAKHPUR
(i) Date of Expiry : 25/07/2033
(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 : 15/01/26 11:00 AM
(b) Place : NANDAPAR
(c) Speed of vehicle at the time of accident _____
(d) Give a short description of the accident : अज्ञाती से शाही कपोर गौतम अपने घर जाते हुए जा रहा था कि बीच में नन्दापार जंक्शन पर सामने साइड से चार पहिया वाला ट्रक्टर भार दिया और बायें तरफ घिर गया ।
(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 : ~~17453~~ 17453
(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 : NA
(e) Full details of property damaged _____
(f) Has notice of any claim been given to you? _____

8. INJURY TO DRIVER/OCCUPANT

NA

- (a) Was driver/any occupant injured? _____
- (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. _____

NA

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 _____

NA

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.

कु. प्रियंका

Date 20/01/2026 200

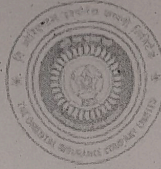
Signature of the insured _____

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/-

कु. प्रियका

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank