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.	गंजाधर प्रसाद - 9838040438
2	Vehicle No. / वाहन संख्या	UP-53-FP-6670
3	Policy No. / पालिसी संख्या	252400/31/2026/65133
4	Period of Insurance / बीमा अवधि	8-12-2025 TO 07-12-2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	19-01-26 - 1.30 PM
6	Place of Accident / दुर्घटना का स्थान	माल्हनपार खजनी रोड
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	गंजाधर प्रसाद - 9838040438 UP-5320190014951
8	Estimated Loss / अनुमानित हानि	18207
09.	Cause of Accident / दुर्घटना का कारण : दफिया से गोला गाड़ी लेकर जा रहे थे माल्हनपार क्षेत्र में गाड़ी खड़ी करके चाय पीने लगा तभी तेजी से एक मोटरसाइकिल वाले ने धोखा मार दिया गाड़ी और गाड़ी फिर गयी बायी तरफ	
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.	न्यू मोरिस गोरखपुर मोरिस 30 AO 273001 6388521346

Date / दिनांक :

Signature of Insured / बीमाधारक के हस्ताक्षर

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. 252400/31/2026/65133

Tel. No.

Period of Insurance 08/12/2025 TO 07/12/2026

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 : Gyigthar prasad
(b) Address for correspondence : Chhapaiya Gorakhpur
(c) Telephone : 9838040438

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
Hero 2025	Engine No. HA11FBSHM00780 Chassis No. MBLHAW33XSHM00905	UP53P6670

(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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA

3. DIRVER AT THE TIME OF ACCIDENT

(a) Name : GAJADHAR PRASAD
(b) Age :
(c) Address : Chhapiya Gorakhpur
(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 : UP 53 2019 0014951
(h) Issuing Authority : GORAKHPUR
(i) Date of Expiry : 22-04-2034
(j) Was the licence temporary/permanent : Permanant
(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 : 19-01-2026
(b) Place : Malhanpar Khayani Road
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : दापिया से गोला गाड़ी लेकर आ रहे थे मालहन पार क्षेत्र में गाड़ी खड़ी करके चाय पी रहे तभी पीछे से एक मोटरसाईकिल वाले ने लापरवाही पूर्वक टक्कर मार दिया।
(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 : 18207
(c) When and where can the damaged vehicle be inspected : VAYYA 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 : NA
(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?
(b) If yes, give full details : NIL

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? : NA

(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 Policy 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.

Date 23/1/2026 200 Signature of the insured Gagandeep

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 .....
Occupation .....
Address .....
.....
.....

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