

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.	हिमंशु राय 73 55459001
2	Vehicle No. / वाहन संख्या	UP 53 FP 7306
3	Policy No. / पालिसी संख्या	252400/31/2026/65814
4	Period of Insurance / बीमा अवधि	11-12-2025 TO
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-1-2026 06:30 PM
6	Place of Accident / दुर्घटना का स्थान	कोजिराम
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अश्वय राम 7355 459001 RJ14D20170006350
8	Estimated Loss / अनुमानित हानि	12320
9	Cause of Accident / दुर्घटना का कारण :	वैलीयाट बिल्डिंग से गाड़ी लेकर कोजिराम अश्वय राम जा रहे थे कोजिराम चौराहे के पास सामने जाय आधाई उसकी बचाने के चक्कर में रोडवेज में गाड़ी लेकर पड़ गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NP
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	नया मोटर्स गीरबपुर मोबाइल 30 40 273001 63816 521346

Date / दिनांक : 27/01/2026
हस्ताक्षर Himanshu Rai

Signature of Insured / बीमाधारक के
Himanshu Rai



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. 252400/31/2026/65814

Tel. No.

Period of Insurance 11-12-2025 TO 10-12-2026
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 Himanshu Rai
(b) Address for correspondence Dhaska, Kaurinam, Gorakhpur
(c) Telephone 7355459001

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11F7SHL34770</u> Chassis No. <u>MBLHPW483SHL56756</u>	Registration No. <u>UP53FP</u> <u>7306</u>
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- (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 NA
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 : AMBUJ RAI
 (b) Age :
 (c) Address : BEHIND GEEZGARH HOUSE
 22 GORAM JATPUR
 (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 : RJ14D20170006350
 (h) Issuing Authority : JAGATPURA
 (i) Date of Expiry : 15/08/2033
 (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

Date and Time : 23-01-2026 06:30PM
 Place : KAURIPURA
 Speed of vehicle at the time of accident : 40-50 KM/H
 Give a short description of the accident :
 If any third party was responsible for this accident give the name and address :
 गांधी जल नाला के पास ही अम्बुज रॉय की ड्राइविंग लाइसेंस

6. DAMAGE TO INSURED VEHICLE

Full details of damage : AS PER ESTIMATE
 Estimated cost of repairs : 12820
 When and where can the damaged vehicle be inspected : NANYA MOTORS GORACHPUR

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name :
 Address :
 Full Details of personal injury sustained :
 Name and address of any person/hospital giving medical attention to injured person :
 Full details of property damaged : N/A
 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

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?
(f) Has theft been reported to Police?
(g) Where?
(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.

Date 27/1/2024 200

Signature of the insured Himanshu Rai

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

From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 200

(In words Rupees _____ Day of _____ 200__)

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. _____

Over Rupee Stamp

Minimum Stamp

Exceeds Rs. 5000/-

Witness

Name _____

Signature _____

Address _____

Signature *Himanshu Rai*

Occupation _____

Address _____

Bank Account Number _____

Name of the Bank _____