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 द्विये 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.	रामबहादुर अधिकारी ईती UC07EQ9420G3 → 7807615063
2	Vehicle No. / वाहन संख्या	UP53FP7294
3	Policy No. / पालिसी संख्या	252400/31/2026/66266
4	Period of Insurance / बीमा अवधि	15/12/2025 TO 14/12/2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	24/01/26 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	बेहदानगर
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	उत्तम गुर्कुड़ - 7897615063 MP09N-2011-0602245
8	Estimated Loss / अनुमानित हानि	6043

09. Cause of Accident / दुर्घटना का कारण : रायपोई से गाड़ी लेकर बेहदानगर उत्तम गुर्कुड़ आरहे थे बेहदानगर साईड के पास मुड़पर चारपहीया वाले की बड़ी हमारे गाड़ी के पिछे हिस्से में टच हुआ और वह गाड़ी लेकर गिर गया

10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	VA नया मोटर गाड़ीपुर मेरठ उ० प्र० 273001 6388021346

Date / दिनांक : 27/1/2026

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

Tel. No.

Certificate/Policy No 252400/31/2026/66266

Period of Insurance 15/12/2025 TO 14/12/2026

Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

I. INSURED

(a) Name Ram Bahadur Adhikari Chhetri
(b) Address for correspondence SMQ 2/4/102 OP Vijay Vihar PO-Kunraghat PS- Air Force Gorakhpur UP 7801615063
(c) Telephone

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO '2025	Engine No. JF1FETSGM00405 Chassis No. MBLFW7065GM 00537	UP53FP 7294

(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

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	UTTAM GURUNG
(b)	Age	
(c)	Address	41 Gorkha Rifle CLOSE APO AWC Mhow - Indore - MP
(d)	Is the Driver	
	1. Owner	
	2. paid driver?	
✓	Owner's relative or friend?	Friends
(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	MP09N-2014-0602145
(h)	Issuing Authority	INDORE
(i)	Date of Expiry	04-06-31
(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	24-01-26 10:30AM
(b)	Place	Nanda Nagar
(c)	Speed of vehicle at the time of accident	0-20 KM/PH
(d)	Give a short description of the accident	ઓચાનક થી ગાડી સેન્ડર સાહબ ચાલક સાહબે
(e)	If any third party was responsible for this accident give the name and address	ટ્રાવ્ય પોલીસ, સાહબ ચાલક સાહેબ છે પોલ ગુડ્યર હુઆ

6. DAMAGE TO INSURED VEHICLE

(a)	Full details of damage	AS PER ESTIMATE
(b)	Estimated cost of repairs	60472
(c)	When and where can the damaged vehicle be inspected	VIJAYA MOTORS GWALIOR

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? : 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? :
(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? : NA
(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 27/1/2026 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/-

Witness
Name .....
Signature .....

Address .....

Signature .....
Occupation .....
Address .....
.....
.....

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