

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.	अशुतोष प्रताप सिंह 7398876888
2	Vehicle No. / वाहन संख्या	UP53 FJ 5264
3	Policy No. / पालिसी संख्या	252400/31/2026/20877
4	Period of Insurance / बीमा अवधि	06-06-2025 to 05-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26-1-2026 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	मानवला
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	आदित्य प्रताप राव 7398876888 UP53 20220016018
8	Estimated Loss / अनुमानित हानि	126529
09.	Cause of Accident / दुर्घटना का कारण :	करिम नगर से दुर्गिमा गाड़ी लेकर आदित्य प्रताप राव जा रहे थे मानवला के पास रेडि पर सामने कूला का गमा उसके बचत में आगे शिफ्ट नारे कीर्त गाड़ी लेका पलट गये ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	नरेश मोटर्स गाँसकपुर पेडा 38 प्र 273001 63865213226

Date / दिनांक : 01/02/2026  
हस्ताक्षर Ashutosh pratap Singh

Signature of Insured / बीमाधारक के  
Ashutosh pratap Singh

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. 252400/31/2026/20877  
 Tel. No. \_\_\_\_\_ Period of Insurance 06-06-2025 TO 05-06-2026  
 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 ASHUTOSH PRATAP SINGH  
 (b) Address for correspondence JANILE MATADEEN PADA SHADPUR  
 (c) Telephone 73988 76888

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AVSGA18865</u> Chassis No. <u>MBLJAUC02059A21342</u>	Registration No. <u>UP53 FJ</u> <u>5264</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:  
 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 : NA  
 (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 : ADITYA PRATAP RAO
- (b) Age : \_\_\_\_\_
- (c) Address : EW5716 GORAKHPUR
- (d) Is the Driver
  - 1. Owner : \_\_\_\_\_
  - 2. paid driver? : \_\_\_\_\_
  - 3. Owner's relative or friend? : 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 : UPS3 2022 0016018
- (h) Issuing Authority : GORAKHPUR
- (i) Date of Expiry : 30-06-2038
- (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 : 26-01-2026 02:00 PM
- (b) Place : मीन गली
- (c) Speed of vehicle at the time of accident : 0 - 10 KMPH
- (d) Give a short description of the accident : \_\_\_\_\_
- (e) If any third party was responsible for this accident give the name and address : बसि-डाट के कर्मिका गार्डी लेव आदिस प्रताप गोरखपुर 2 मीन गली प्रता आ गामा 360431 मीन गली आ गामा 360431

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
- (b) Estimated cost of repairs : 12557
- (c) When and where can the damaged vehicle be inspected : ANAYA 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

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witnesses, 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 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 01/02/2026

Signature of the insured Ashutosh Pradeep Singh

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 .. *Ashubash Pralop Singh*  
Occupation .....  
Address .....

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