

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

273402
(गोला बाजार)

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.	मन्ड बिशार सिंह मो. 7897219095
2	Vehicle No. / वाहन संख्या	UP53FK8175
3	Policy No. / पालिसी संख्या	252400/31/2026/83037
4	Period of Insurance / बीमा अवधि	15/08/2025 TO 14/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31.01.2026 समय 6:30 PM
6	Place of Accident / दुर्घटना का स्थान	मद्रिघा मन्दिर पिन 273402
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मोनु सिंह D.L No - UP5320130023129 मो. 8756747774
8	Estimated Loss / अनुमानित हानि	21608
09.	Cause of Accident / दुर्घटना का कारण :	मस्टर से मद्रिघा गाड़ी लेकर मोनु सिंह जा रहे थे मद्रिघा मन्दिर के पास पीढ़े से दो पहियों वाला ठोकर मारा और वो गाड़ी लेकर गिर गये
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.	मन्दा मोटर्स गोरखपुर (नो.सट) उत्तर प्रदेश पिन - 273001

Date / दिनांक : 03/02/2026
हस्ताक्षर

मन्ड बिशार सिंह

Signature of Insured / बीमाधारक के

मन्ड बिशार सिंह

MOTOR CLAIM FORM

Div. Br. Office Address: GORAKHPUR Certificate/Policy No. 252400/31/2026/33037
 Tel. No. _____ Period of Insurance 15/08/2025 TO 14/08/2026
 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: Nand Kishor Singh
 (b) Address for correspondence: Vill. Madgaonha Nakta Po. Madgaon Barhalganj G.P. 273402
 (c) Telephone: 8756747774

2. THE INSURED VEHICLE

Make & Year <u>Hav</u> <u>2025</u>	Engine No. <u>ECD00156H03137</u> Chassis No. <u>MBLCEW06SS6H02257</u>	Registration No. <u>UP53FK8175</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
 - (g) If Lorry/Jeep/Tractor, was trailer attached?
 - (h) Number of passengers carried
 - (i) Number of Passenger permitted
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : mony Singh
- (b) Age : 35
- (c) Address : vill. Madraha (Nakt) po. Madang Gorakhpur 273402
- (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 : UP53 20130023129
- (h) Issuing Authority : Gorakhpur
- (i) Date of Expiry : 19.09.2033
- (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 : 31.01.2026 6:30 PM
- (b) Place : हसिया मंडी
- (c) Speed of vehicle at the time of accident : 0 से 30 kmph
- (d) Give a short description of the accident : हसिया से हसिया मंडी तक जाते वीले का हेत पीट से टकराया
- (e) If any third party was responsible for this accident give the name and address : से टकराया मंडी का गाड़ी टकरा गये

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
- (b) Estimated cost of repairs : 21608
- (c) When and where can the damaged vehicle be inspected : ADARVA MOTOR CHORAKH PUR

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 : N/A
- (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 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? : N.A
- (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 03/09/2016

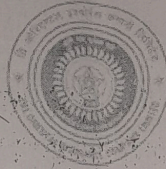
Signature of the insured [Signature]

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. 500/-

Witness
Name
Signature
Address

Signature *Asaf Ali*
Occupation
Address
.....

Bank Account Number
Name of the Bank