में,
iental Insurance Co Ltd /
रएण्टल इंश्योरेंस कंपनी लिमिटेड
.....

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

r / 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.	सोहन प्रसाद साहनी 9935462559
2	Vehicle No. / वाहन संख्या	UP53 EB 9444
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/472103
4	Period of Insurance / बीमा अवधि	8-10-25 से 7-10-26
5	Date of loss & Time /दुर्घटना का दिनांक & समय	9/01/26 ; 11:38 AM
6	Place of Accident / दुर्घटना का स्थान	मोहनापुर ढाला, महराजगंज
7	Name of the Driver, D L No. & Mobile No./ ड्राईवर का नाम, डी एल नं. & मोबाइल नं.	सोहन प्रसाद साहनी UP53 20051969866 ; 9935462559
8	Estimated Loss / अनुमानित हानि	10060

09. Cause of Accident / दुर्घटना का कारण : गोरखपुर से सोनौली जाते वक्त मोहनापुर ढाला थाना महराजगंज में रोड पर कुत्ते लड़ रहे थे तो चालक सोहन प्रसाद साहनी अपनी वाहन से आगे बढ़ ही रहे थे कि कुत्तो ने रोड पार कर वापस दौड़ चले आए और यह अपना वाहन सम्हाल न सके और गाड़ी कुत्तो से भड़ गई।

10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वयर का नाम	NIA
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	पटरा मोड़ गोरखपुर
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	9936521346

Date / दिनांक : 03/02/2026

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
Certificate/Policy No. MS/2025/7001/0/46575/472103
Tel. No.
Period of Insurance 8/10/25 - 7/10/26
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 : Mr. Sohan Prasad Sahani
(b) Address for correspondence : Patri Bazar Bhagatpurwa, Shirpur, Gorakhpur
(c) Telephone : 9935462559

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO 2021	Engine No. HA11EVMHJ66218 Chassis No. MBLHAW115MHJ86233	UP53EB 9444

(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 : SOHAN PRASAD SAHANI
(b) Age : 42
(c) Address : PADRI BAZAR BHAGATPURWA SHIVPUR POST PADRI BAZAR PS SHIVPUR GKP- 273014
(d) Is the Driver
1 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 : UP5320051969866
(h) Issuing Authority : Gorakhpur
(i) Date of Expiry :
(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 : 09-01-26 11:38 AM
(b) Place : MOHANAPUR
(c) Speed of vehicle at the time of accident : 0~40 KMPH
(d) Give a short description of the accident : रोड पर कुत्ते से लड़ जाने के कारण गाड़ी पेड़ से
(e) If any third party was responsible for this accident give the name and address : टकरा गयी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 10660
(c) When and where can the damaged vehicle be inspected : NAVYA 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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

NA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : Yes
(b) If yes, give full details : Fractured his hand

9. WITNESS

(a) Give names and addresses of passengers/other Witness, if any :
(b) Did a Police Constable take particulars of The accident? : NA
(c) Was accident reported to Police? If not, Why? :
(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 03/02/2026 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 .....