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 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.	गंगेश कुमार 6387054732 M1o 6387547 3
2	Vehicle No. / वाहन संख्या	UP53 FM 1029
3	Policy No. / पालिसी संख्या	252400/31/2026/43633
4	Period of Insurance / बीमा अवधि	15/10/2025 To 14/10/2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	3:30 pm 6/02/2026
6	Place of Accident / दुर्घटना का स्थान	गजपुर बजार
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	दिनेश कुमार ड्राइवर मो० 6387054732 UP53 20210024908 10229
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : बासुदिहा से गजपुर गाड़ी लेकर दिनेश कुमार ड्राइव जा रहे थे गजपुर चौराहे के पास सामने से अपाची मोटरी वाला हमारे गाड़ी के साथ में आ कर मारा और गाड़ी डैमेज्ड हो गई		
10	Spot Survey /स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss /तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	नया मोटर्स गोरखपुर मोबाइल 30 फ्र 273001 6386521346

Date / दिनांक : 10/02/2029

Signature of Insured / बीमाधारक के हस्ताक्षर

गंगेश कुमार

गंगेश कुमार

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 252400/31/2026/43633

Tel. No.

Period of Insurance 15/10/2025 to 14/10/2026

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 : Mangesh Kumar Sisayal Pos - Basudiha Mosiakhapur
(b) Address for correspondence :
(c) Telephone : 6387054739

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
Hero 2025	Engine No. HA11FGSHJK0700 Chassis No. MBLHA4W47XSHJJ0889	UP 53 FM 1029

(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? ~~Yes~~ No
(d) If a Motor Cycle/scooter
1. Was a side-car attached No
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	DINESH KUMAR KASHYAP
(b)	Age	
(c)	Address	BASODEEHA
(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	UP53 20210024308
(h)	Issuing Authority	Gorakhpur
(i)	Date of Expiry	13/07/2038
(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	6/02/2026 Im 03:30
(b)	Place	Gaypari
(c)	Speed of vehicle at the time of accident	0-30 KmPH
(d)	Give a short description of the accident	BasooDEEHa se Gaypari Gadi Lekar ja rahe the Dinesh Kumar KAShyap agpachi wala gadi se Samney Sakan pe Maraa aur Gadi Chhatigrasht ho gai
(e)	If any third party was responsible for this accident give the name and address	

6. DAMAGE TO INSURED VEHICLE

(a)	Full details of damage	As Per ~~Est~~ estimate
(b)	Estimated cost of repairs	10229
(c)	When and where can the damaged vehicle be inspected	Nayya motors Gorakhpur

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a)	Name	NA
(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?	

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?
(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 10/02/026 200

Signature of the insured

गंगेश कुमार

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 .....