

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.	कालिंदी पाण्डेय - 8115600945
2	Vehicle No. / वाहन संख्या	UPS3DVU580
3	Policy No. / पालिसी संख्या	MS/2025/1001/0/46575/44222
4	Period of Insurance / बीमा अवधि	8-03-2025 To 7-03-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/02/2026 09:05PM
6	Place of Accident / दुर्घटना का स्थान	अस्तमपुर NH-28
7	Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अवनीश पाण्डेय UPS320220021214 8115600945
8	Estimated Loss / अनुमानित हानि	3615
09.	Cause of Accident / दुर्घटना का कारण : अज्ञात चोक से बसशीपुर् के लिफ्ट अवनीश पाण्डेय गाड़ी लेकर जा रहे थे और अस्तमपुर बस स्टॉप पर रुकते समय गाड़ी के सामने कुत्ता आ गया और ब्रेक लगाने के कारण गाड़ी रिलीज करके गिर गई और दाहिनी साइड गिरा ।	
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.	नया मोरिस जालखपुर मोबाइल 3848 273001 6386521346

Date / दिनांक : 10/02/2026
हस्ताक्षर

कालिंदी पाण्डेय

Signature of Insured / बीमाधारक के
कालिंदी पाण्डेय

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: GERAKHPUR Certificate/Policy No. MS/2025/7001/0/4675/414222
 Tel. No. _____ Period of Insurance: 8-03-2025 TO 07-03-2026
 Claim No. _____

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

1. THE INSURED
 (a) Name: Kalindi Pandey
 (b) Address for correspondence: VIII-BNH, Post-Dhakhwa Bazar, Distt-GKP
 (c) Telephone: 8115600945

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2021</u>	Engine No. <u>HA11E DMHA38397</u> Chassis No. <u>MBLHAW120MHA12291</u>	Registration No. <u>UPS3DV4580</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 Chalan 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
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name Arunish Pandey
(b) Age _____
(c) Address Vill-Bhiti, Post-Dhakhwa Bazar, G.K.P
(d) Is the Driver
1. Owner _____
2. paid driver? _____
3. Owner's relative or friend? Relative (son)
(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 20220021214
(h) Issuing Authority Gorakhpur
(i) Date of Expiry 2023
(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 05-02-2026, 09:05 PM
(b) Place Rustampur
(c) Speed of vehicle at the time of accident 0-40 kmph
(d) Give a short description of the accident अचानक से गाड़ी में ब्रेकिंग गाड़ी लेकर
(e) If any third party was responsible for this accident give the name and address अचानक से गाड़ी के सामने रुला आ गया गाड़ी लेकर गिराकर।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
(b) Estimated cost of repairs 3615
(c) When and where can the damaged vehicle be inspected NAVYA MOTORS GORAKHPUR

7. THIRD PARTY INJURY/PROPERTY DAMAGE

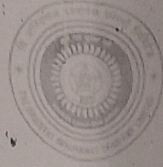
(a) Name _____
(b) Address _____
(c) Full Details of personal injury sustained _____
(d) Name and address of any person/hospital giving medical attention to injured person NA
(e) Full details of property damaged _____
(f) Has notice of any claim been given to you? _____

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 कालिंदी पांडेय
Occupation
Address

Bank Account Number
Name of the Bank

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? / 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?
(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 10/02/2016 200

Signature of the insured

कालिंदी गौड़