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.	स्वनिल राय , 9621286781
2	Vehicle No. / वाहन संख्या	UP53 FJ 9986
3	Policy No. / पालिसी संख्या	252400/31/2026/25550
4	Period of Insurance / बीमा अवधि	30-06-2025 TO 29-06-2026
5	Date of loss & Time /दुर्घटना का दिनांक & समय	5/02/26 , 10:45 PM
6	Place of Accident / दुर्घटना का स्थान	TARAMANDAL
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	स्वनिल राय, UP5320200022975 9621286781
8	Estimated Loss / अनुमानित हानि	17657
09.	Cause of Accident / दुर्घटना का कारण :	नौका विहार से तारामण्डल गाड़ी लेकर जा रहे थे। तारामण्डल रोड के पास कार वाले ने साइड से मेरी गाड़ी मे ठोकर मारी मैं गाड़ी लेकर सामने वाली कार मे लड़ गया।
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 /फ़ोन नं.	नया मारुति गोरखपुर नौका 30 प्र० 27800। 6386521346

Date / दिनांक : 10/02/2026

Signature of Insured / बीमाधारक के हस्ताक्षर

Swapnil Rai

Swapnil Rai

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 GORAICHPUR

Certificate/Policy No 252400/31/2026/25550

Tel. No.

Period of Insurance 30-06-2025 TO 29-06-2026

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 : SWAPNIL RAI
(b) Address for correspondence : VILL- ETAUA MAHUARKOL, PS-JHANGHA, GORAKHPUR U.P.
(c) Telephone : 9631286781

2. THE INSURED VEHICLE

Make & Year	Engine No. / Chassis No.	Registration No.
HERO 2025	Engine No. JF17EUSGF06995 / Chassis No. MBLJFW724SGF06490	UP53FJ 9986

(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	SWAPNIL RAI
(b)	Age	
(c)	Address	ETAUA Chauri Chaura, Gorakhpur
(d)	Is the Driver	OWNER
	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	UP53 20200022975
(h)	Issuing Authority	GORAKHPUR
(i)	Date of Expiry	07-09-2037
(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, 10:45 PM
(b)	Place	TARAMANDAL
(c)	Speed of vehicle at the time of accident	0-30 KMPH
(d)	Give a short description of the accident	मोटर विद्युत के दायभाग गाड़ी दुर्घटना से
(e)	If any third party was responsible for this accident give the name and address	दायभाग दुर्घटना पाप आपसी टक्कर से माप अंतर सामने वाले गाड़ी से जानकारी नहीं।

6. DAMAGE TO INSURED VEHICLE

(a)	Full details of damage	AS PER ESTEMATE
(b)	Estimated cost of repairs	17657
(c)	When and where can the damaged vehicle be inspected	NAVYA 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? :
(b) If yes, give full details : NA

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? : NA
(e) By whom discovered and reported? :
(f) Has theft been reported to Police? :
(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 10/02/2026 200 Signature of the insured Swapnil Rao

)ischarge 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 Saurabh Roy.....
Occupation .....
Address .....
.....
.....

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