

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस 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.	अभिमान्यू 6364424937
2	Vehicle No. / वाहन संख्या	U.P. 53 FF 1530
3	Policy No. / पालिसी संख्या	252400/81/2025/91162
4	Period of Insurance / बीमा अवधि	02-03-2025 TO 01-03-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25.02.2026 9 बजे सुबह AM
6	Place of Accident / दुर्घटना का स्थान	करमलिया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राम खेवल 6364424937 DL No → UP5320150031563
8	Estimated Loss / अनुमानित हानि	3038
09. Cause of Accident / दुर्घटना का कारण : करमलिया से राम खेवल गाडी लेकर मजानू चौराहे जा रहे थे करमलिया चौराहे के पास अचानक सामने बकरी भागती मिली कारण से चक्कर में गाडी लेकर गिर गया		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	10वां मील गोरखपुर मोबाइल नं. 98273

Date / दिनांक : 27-02-2026  
हस्ताक्षर : अभिमान्यू

Signature of Insured / बीमाधारक के :  
अभिमान्यू



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. 252400/31/2025/91162

Tel. No.

Period of Insurance 02-03-2025 TO 01-03-2026  
 Claim No. \_\_\_\_\_

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

I. INSURED

- (a) Name ABHIMANYU
- (b) Address for correspondence VILL. KRAJAWA PO. DOHARIY BAZAR. P.S. CHILWATI
- (c) Telephone 6384 42 49 37 GORAKHPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. Chassis No. <u>MBLHAW3A059B02076</u> <u>HA11E759B228117</u>	Registration No. <u>UP53BF</u> <u>1530</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
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAMSEVAK
- (b) Age : \_\_\_\_\_
- (c) Address : KARANJAWA JOHARIY BAZAR C.K.P.
- (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 20150031563
- (h) Issuing Authority : GORAKHPUR
- (i) Date of Expiry : 19.11.2035
- (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 : 25-02-2026 09:00 AM
- (b) Place : KARANJAWA
- (c) Speed of vehicle at the time of accident : 0-30 KM/H
- (d) Give a short description of the accident : DRIVE OF H/WAY - 2015 JUST APPROXIMATE
- (e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
- (b) Estimated cost of repairs : 3038
- (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? : \_\_\_\_\_

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?
- (c) Was accident reported to Police? If not, Why? :
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

NA

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 Police 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 27-02-2026 200

Signature of the insured

अतिशय



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  
Exceed Rs. 5000/-

Witness  
Name .....  
Signature .....

Address .....

Signature अभिषेक .....  
Occupation .....  
Address .....

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