

To/सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेस 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
वस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Krishna Murari Verma 7755859275
2	Vehicle No. / वाहन संख्या	UPS3FK7181
3	Policy No. / पालिसी संख्या	252400/31/2026/32379
4	Period of Insurance / बीमा अवधि	11/08/2025 to 10/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/02/26 10:00 PM
6	Place of Accident / दुर्घटना का स्थान	Koni Mirzapur Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Krishna Murari Verma UPS3 20250036212 7755859275
8	Estimated Loss / अनुमानित हानि	12033
9	Cause of Accident / दुर्घटना का कारण	सिटी में मिर्जापुर जाड़ी लगे जा रहे थे कनी के पास सामने कुत्ता आ गया और उसके बाद जाड़ी रोड से साइड हुई जाड़ी और रोड के साइड में जाड़े में अनवॉलेंट हुई और गिर गई।
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 /फोन नं.	नया मार्ट चोरकपुर पेस 38 नं 273000 6386521346

Date / दिनांक : 04/03/26
हस्ताक्षर

कृष्ण मुरारी वर्मा

Signature of Insured / बीमाधारक के

कृष्ण मुरारी वर्मा





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- 1 02

MOTOR CLAIM FORM

Div. Br. Office Address: GORAKHPUR

Certificate/Policy No. 252400/31/2026/32379

Tel. No.

Period of Insurance 11/08/2025 TO 10/08/2026

Claim No. _____

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

INSURED
 (a) Name: Kathana Manan Verma
 (b) Address for correspondence: SAMUKOL URF MIRZAPUR Bagan UKP
 (c) Telephone: 7755859275

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11F7SHGK7981</u> Chassis No. <u>MBLHAW48XSHGJ8484</u>	Registra No. <u>UPS3 FK</u> <u>71B1</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 : Krishna Murari Verma
(b) Age : _____
(c) Address : Sahelwal wry Minzapur Bazar C.I.C.D
(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 : UP53 2025 0036 216
(h) Issuing Authority : UP Gorakhpur
(i) Date of Expiry : 05-06-2041
(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 : 28/02/26 10:00PM
(b) Place : Kan Minzapur Bazar
(c) Speed of vehicle at the time of accident : 0-50 kmph
(d) Give a short description of the accident : रिक्टर से मिली र ठोस ठाँ पर से आ
(e) If any third party was responsible for this accident give the name and address : काँ कान आ ठाँ अर ठोस ठाँ ठोस ठाँ

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATE
(b) Estimated cost of repairs : 12033
(c) When and where can the damaged vehicle be inspected : NAYD 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? : _____
- (b) If yes, give full details : _____

NA

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 foregoing statement every respect and I/We have made or in any further declaration the require in respect of the said accident, shall make any false or fraudulent statement of any sup concealment, the Policy shall be void and all rights to receive thereunder in respect of par accident shall be forfeited.

Date 11/03/2026 200

Signature of the insured

सुलभा सुपारी वसंत

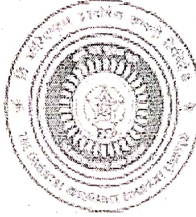


Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issi
Of



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 10 _____
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 _____ We give
the discharge receipt to the Company in full and final settlement of all my r claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One R
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When
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np
it
3000/-

Witness
Name
Signature
Address

Signature गुणेश्वरी ओम
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank