

/ सेवा में,  
The Oriental Insurance Co Ltd /  
दिए 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  
विवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	SANDHYA NISHAD 9198135957
2	Vehicle No. / वाहन संख्या	UP-53 FM 7862
3	Policy No. / पालिसी संख्या	252400/31/2026/08018
4	Period of Insurance / बीमा अवधि	1 साल 20-10-2025 TO 19-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/03/26 05:40 PM
6	Place of Accident / दुर्घटना का स्थान	नौरस
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	SURAJ NISHAD, (7239676843) UP53 20220020043
8	Estimated Loss / अनुमानित हानि	8085
09.	Cause of Accident / दुर्घटना का कारण :	सड़क दुर्घटना ( गोरखपुर से घट (सेवईवाजा) जाते वक्त में सुरज निषाद बाइक में सवार थे जो के साथ सामने से आया बाइक ने नौरस के पास सेक्रेट भाग में आटनेबाइक सेक्रेट गिर गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	ND
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	ND
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	नरेश मोटर्स गोरखपुर गो/नं 30.40 283001 6386521396

Date / दिनांक : 11/03/2026  
हस्ताक्षर

Sandhya Nishad

Signature of Insured / बीमाधारक के

Sandhya Nishad





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-110002

MOTOR CLAIM FORM

Div. Br. Office Address GORAKHPUR

Certificate/Policy No. 252400/31/2026/48018

Tel. No.

Period of Insurance 20-10-2025 TO 19-10-2026  
Claim No.

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

I. INSURED

(a) Name : SURAJ NISHAD  
(b) Address for correspondence : NAUSARH CHOURAHA  
(c) Telephone : 7239076843

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HA11A85SHK4389</u> Chassis No. <u>MBLHAW332SHK24285</u>	Registration No. <u>UP53 PM 7852</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
- ND

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SURAJ NISHAD
- (b) Age : \_\_\_\_\_
- (c) Address : VILL-NIBAHINDIA SAHASSI POST HARDI CHAK
- (d) Is the Driver : GORAKH PUR
- 1. Owner : SAMANVA
- 2. paid driver? : \_\_\_\_\_
- 3. Owner's relative or friend? : RELATIVE (BROTHER)
- (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 : UPS320220020043
- (h) Issuing Authority : GORAKHPUR
- (i) Date of Expiry : 31-12-2049
- (j) Was the licence temporary/permanent : PERMANANT
- (k) Details of endorsement/suspension, if any : \_\_\_\_\_
- (l) Has he been involved in any accident before? : N/A
- (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 : 06/2/25 (5:40PM)
- (b) Place : NEAR NIBAHINDIA CHOURAMA
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : \_\_\_\_\_
- (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 ESTIMATE
- (b) Estimated cost of repairs : 8085
- (c) When and where can the damaged vehicle be inspected : MANVA MOTORS CHOURAMA

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

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? \_\_\_\_\_ NA  
(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 Commission 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 past or future accident shall be forfeited.

Date 11/03/2020 2007

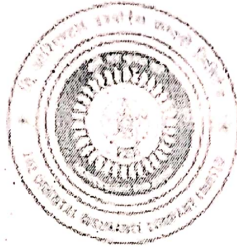
Signature of the insured: Sandhya Wished

Large Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issued	3
Office	



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

Received \_\_\_\_\_ Day of \_\_\_\_\_ 10 \_\_\_\_\_

THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs \_\_\_\_\_  
 in Rupees \_\_\_\_\_

and final settlement of the loss and/or damage caused through the  
 motor Car/Vehicle No. \_\_\_\_\_ insured under Policy No. \_\_\_\_\_

company and accident which occurred on or about \_\_\_\_\_  
 I hereby acknowledge the receipt to the Company in full and final settlement of all my  
 claims of future arising directly/indirectly in respect of the said accident.

accident to \_\_\_\_\_ of \_\_\_\_\_  
 We give \_\_\_\_\_  
 our claims

One Rupee	Stamp
When	at
Exceeds	5000/-

*Sandhya Nishaal*

Signature .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....