

में,
ental Insurance Co Ltd /
रएण्टल 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 वस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	सतीश चन्द्र सिंह 9839665009 /
2	Vehicle No. / वाहन संख्या	UP53-FJ4326
3	Policy No. / पालिसी संख्या	252400/31/2026/19863
4	Period of Insurance / बीमा अवधि	02/06/2025 to 01/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/2/2026 सुबह 9:30 बजे AM
6	Place of Accident / दुर्घटना का स्थान	मालहनपाल रोड
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सतीश चन्द्र सिंह 9839665009 UP53-20150005253
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	एकत्री ल माध्यम गाड़ी लेकट बा लेचे मालहनपाल से पास सामने से आती एक आटे वाले ने खली वाले को ठेका कि उतरे बाद धारी गाड़ी को ठेका बिले धारी गाड़ी सत गस्त ले गयी रहे उसे भेट लग गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	वजा मोरस गोरखपुर गे/एड 38 गठ - 273001 6386521346

Satish Chandra Singh

Date / दिनांक : 11/3/2026
हस्ताक्षर

Satish Chandra Singh
Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited

(Incorporated in India, subsidiary of General Insurance Corporation of India)

Regd. Office: Oriental House, P.B. No. 7037, A-25/25A, Park Road, New Delhi

MOTOR CLAIM FORM

Div. Br. Office Address GORRICHAPUR

Certificate/Policy No. 252900/31/2026/19863

Tel. No.

Period of Insurance 02/06/2025 to 01/06/2026
Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please answer All relevant questions fully

I. INSURED

(a) Name SATISH CHANDRA SINGH
(b) Address for correspondence VILL & POST - Anahijra, Dist. G.K.P
(c) Telephone mob no - 9839665009

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>JA07AZS3E15031</u> Chassis No. <u>MIBLJAL52559E10499</u>	Registration No. <u>UP53FJ 4326</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



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____ NR _____
- (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? _____
- (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 _____

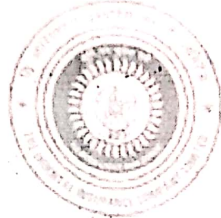
I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of past or future accident shall be forfeited.

Date 17/03/2026 2007

Satish Chandra Singh
Signature of the insured

Claim No. _____

Iss
Of



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

Received _____ Day of _____ 20____
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. _____

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Wher
Excec

Witness
Name :
Signature :
Address :

Signature *Satish Chandra Singh*
Occupation
Address
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Bank Account Number
Name of the Bank