

सेवा में,
The Oriental Insurance Co Ltd /
द ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	श्रीवती, 9984388043
2	Vehicle No. / वाहन संख्या	
3	Policy No. / पालिसी संख्या	UP53 FJ9568
4	Period of Insurance / बीमा अवधि	252400/31/2026/25084
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-06-2025 to 26-06-2026 07/03/26 @ 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	खलीलाबाद
7	Name of the Driver, DL No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	कृष्ण कुमार, MH1220240008509, Mob- 7521023069
8	Estimated Loss / अनुमानित हानि	8414
09.	Cause of Accident / दुर्घटना का कारण:	खलीलाबाद से गोरखपुर गाड़ी लेकर कृष्ण कुमार आ रहे थे खलीलाबाद ओवर ब्रिज के बाद सामने रुक बट्या आ गया उसको बचाने के ब्रिज में बैस्के मारते ओर गाड़ी ले कर गिर गये।
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 / फ़ोन नं.	एलमा मोटर्स गोरखपुर मि. 30 मठ 273001 6386521346

Date / दिनांक : 13/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

MOTOR CLAIM FORM

Div. Br. Office Address GORAKHPUR Certificate/Policy No. 252400/31/2026/25084
 Tel. No. _____ Period of Insurance 27-06-2025 TO 26-06-2028
 Claim No. _____

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

(a) Name INSURED
 (b) Address for correspondence Tilwani
 (c) Telephone Chahoda Shahpur, Ambedkar Nagar
7521023069

2. THE INSURED VEHICLE

Make & Year	Engine No. Chassis No.	Registrat No.
<u>Hero</u> <u>2025</u>	<u>JA07AZSGF08448</u> <u>MBLJAW52XSGF07</u> <u>360</u>	<u>UP53FJ</u> <u>9568</u>

- (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

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3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (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
- (h) Issuing Authority
- (i) Date of Expiry
- (j) Was the licence temporary/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?:

Krishna Kumar
Chahoda-Shahpur Ambedkarnag

Relative - (Son)

MH1220240008509
MH12 (PUNE)
19-09-2036
Permanent

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time
- (b) Place
- (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

07/03/2026, 3:00 PM
Khalilabad
30 KMPH

खलीलबाद से वाइरवपुर कृष्णा कुमार
गाड़ी लेकर आ रहे थे सामने स्कूलच्या आगिया
उत्तको वधाने के वकार मे वक्को मारे गाडी लेकर
गिर गये।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected

AS PER ESTIMATE
2414
ALVIRA MOTORS WORAKHAN

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?

N/A

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8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

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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.

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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

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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 13/03/2026

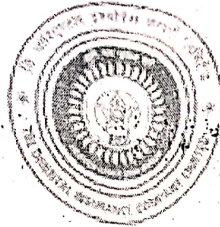
Signature of the insured 

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issued
Office



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

Received _____ Day of _____ 00 _____
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/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee stamp
When value exceeds 5000/-

Witness
Name
Signature
Address

Signature *J.P.*
Occupation
Address
.....
.....

Bank Account Number ..
Name of the Bank