

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 depart the Spot / Final survey for the loss incurred. विवे
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.	किती देवी 8932955000
2	Vehicle No. / वाहन संख्या	UP53FH2992
3	Policy No. / पालिसी संख्या	25200 252400/31/2026/6946
4	Period of Insurance / बीमा अवधि	25/04/2025 TO 24/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/3/2026 . 8:30 PM
6	Place of Accident / दुर्घटना का स्थान	बाग/बा 31
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	आरिफ़ कुमर 8932955000 UP532080003269
8	Estimated Loss / अनुमानित हानि	6529
09.	Cause of Accident / दुर्घटना का कारण:	मरवडीच कडा के खिलाफ माडी लेकर आरिफ़ कुमर आरिफ़ के बाग/बा के पास अचानक सामन गाय आबाई ड्राइवर ने लडमाश गीर मश
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.	एवा मोरि गोखपुर मैस 30 ग 273001 6386521346

Date / दिनांक : 13/03/2026
हस्ताक्षर

Kivelli

Signature of Insured / बीमाधारक के

Kivelli





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

Dist. Br. Office Address GORAKHPUR Certificate/Policy No. 252400/81/2026/6946
 Tel. No. _____ Period of Insurance 25/04/2025 TO 24/04/2026
 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 Kisc : Kisiti Dive
 (b) Address for correspondence : Biskanpur, Gaya
 (c) Telephone : 8932955000

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11F1SHC20306</u> Chassis No. <u>MBLHAW40X3HC20153</u>	Registra No. <u>UP 53 FH</u> <u>2992</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 to 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: Aditya Kumar
- (b) Age: _____
- (c) Address: Bhilona G.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: UP5320B0003269
- (h) Issuing Authority: Gorakhpur
- (i) Date of Expiry: 1/04/2038
- (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: 8/03/2026 8:30 PM
- (b) Place: Bahadurpala
- (c) Speed of vehicle at the time of accident: 00300 KM PH
- (d) Give a short description of the accident: विकास गाड़ी ने बाइक को टक्कर मारी
- (e) If any third party was responsible for this accident give the name and address: विकास गाड़ी के मालिक का पता

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage: AS PER ESTIMATE
- (b) Estimated cost of repairs: 6529
- (c) When and where can the damaged vehicle be inspected: NANYA 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: NA
- (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

NO

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.

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?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

NO

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 Con 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 13/03/2026₂₀₀

Signature of the insured

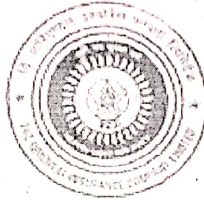
Kirell

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issd
Off



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 claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One R
Reven
When
Excee
5000/-

Witness
Name
Signature
Address

Signature *K. K. K.*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank