

To/ सेवा में,
The Oriental Insurance Co Ltd /
दि 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 व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	अविनाश प्रताप सिंह 9838086125
2	Vehicle No. / वाहन संख्या	UP53FH 2648
3	Policy No. / पालिसी संख्या	252460/31/2026/6483
4	Period of Insurance / बीमा अवधि	23-04-2025 TO 22/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07.03.2026 9:30 - AM
6	Place of Accident / दुर्घटना का स्थान	तेलौरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	प्रशान्त कुमार सिंह- 9838086125 UP53 20032292622
8	Estimated Loss / अनुमानित हानि	9047
9	Cause of Accident / दुर्घटना का कारण:	चड़चड़ से तेलौरा गाड़ी लेकर प्रशान्त कुमार सिंह जा रहे थे तेलौरा गाँव के पास रोड पर सामने कुला आ गया उसका बचाने के चक्कर में ब्रेक भारे और गाड़ी लेकर खर गिर गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	नया मोटर्स- जलसिंधु जिला- 273001 6386521346

Date / दिनांक : 13/03/2026
हस्ताक्षर Avinash Singh

Avinash 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-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address GORAKHPUR Certificate/Policy No. 252400/31/2026/6483
 Tel. No. _____ Period of Insurance 23-04-2025 TO 22-04-2026
 Claim No. _____

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

1. INSURED
 (a) Name आविनाश प्रताप सिंह
 (b) Address for correspondence 25 म व पी 0 - 25 पी 9, लखनवा, गोरखपुर
 (c) Telephone 9838686125

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>ECD00186B05545</u> Chassis No. <u>MALCEW043S6B03310</u>	Registration No. <u>UPS3-FH-2648</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? NA
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

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? _____ NA
- (c) Was accident reported to Police? If not, Why? : _____
- (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? _____
- (g) When? _____
- (h) Which Police 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 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 the sum insured in respect of part or whole of the accident shall be forfeited.

Date 13/03/2026 200

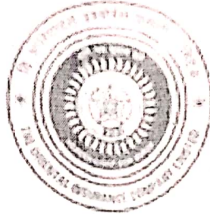
Signature of the insured Avinash Singh

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



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

Rs. _____

One Rupee
Revenue stamp
When amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Avinash Singh
Occupation
Address

Bank Account Number
Name of the Bank