

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.	साहित भाद्री 9653005070
2	Vehicle No. / वाहन संख्या	UP53FP 8159
3	Policy No. / पालिसी संख्या	252400/31/2026/66633
4	Period of Insurance / बीमा अवधि	12/12/2025 to 16/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/4/2026 05:00 PM
6	Place of Accident / दुर्घटना का स्थान	हरैया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रोहित कुमार 9653005070 UP5320210031177
8	Estimated Loss / अनुमानित हानि	7839
9	Cause of Accident / दुर्घटना का कारण:	पेवजपुल से ओवरब्रुक रोहित कुमार गाड़ी लेवर जा रहे थे। हरैया के पास सामने से मोटर साइकिल वाला गाड़ी को ठोकर मार दिया।
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.	नया मोर्टल गोरखपुर पिन 201302 273001 6386521346

Date / दिनांक : 21/04/2026
हस्ताक्षर

साहित भाद्री

Signature of Insured / बीमाधारक के

साहित भाद्री

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. 252400/31/2026/66633

Tel. No.

Period of Insurance: 17/12/2025 TO 16/12/2026

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 : Sahil Bharti
(b) Address for correspondence : Pevanpur, Gorakhpur
(c) Telephone : 9653005070

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>HA11F9SHM05724</u> Chassis No. <u>MBLHAWA98SHM05622</u>	Registration No. <u>UP53FP0159</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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name रोहित भारती
- (b) Age शिवमपुरा, गोरखपुरा
- (c) Address गोरखपुरा, गोरखपुरा
- (d) Is the Driver
 1. Owner गोरखपुरा
 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 UP5320210031177
- (h) Issuing Authority GORAKHPUR
- (i) Date of expiry 05-02-2043
- (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 18/12/2026 5:00 PM
- (b) Place 0-40 KM PH रोहित गृहमाल बाड़ी नैफल कारेके
- (c) Speed of vehicle at the time of accident रवाना के गोरखपुरा
- (d) Give a short description of the accident एडवा के पल पामने के मोड साइकिल दामा
- (e) If any third party was responsible for this accident give the name and address : अक्ष को दवा माल बिजा।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage AS PERFECTIMATE
- (b) Estimated cost of repairs 7839
- (c) When and where can the damaged vehicle be inspected : MAHARAJA'S GARAGE

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

K. INQUIRY INTO ACCIDENT OCCUPANT

MIA

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

(c) Give names and addresses of passengers, other WITNESS, if any.

(d) Did a Police Constable take particulars of the accident? MIA

(e) Was accident reported to Police? If not Why?

(f) If yes, to which Police Station? Date and Day, 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 it been reported to Police? MIA
- (g) Where?
- (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 thereunder in respect of 'part or future accident shall be forfeited.

Signature of the insured
एनिएन शर्मा

Date 21/04/2026

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office

The Oriental Insurance Company Limited
Head Office, A-25 27, Anand Road, New Delhi 110002

Received _____ Day of _____ 200__
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 Issued
Through the Agent

Witness
Name
Signature
Address

Signature Surinder Kaur
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank