

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.	Vinod Kumar Yadav 9695457692
2	Vehicle No. / वाहन संख्या	UP 53 FM 1989
3	Policy No. / पालिसी संख्या	25240031/2026/44809
4	Period of Insurance / बीमा अवधि	16/10/2025 - 15/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/05/2026 - 3:45 PM
6	Place of Accident / दुर्घटना का स्थान	Mohaulapur, Gorakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gaurav Yadav, 9695457692 UP 53 20260014044
8	Estimated Loss / अनुमानित हानि	7450
09.	Cause of Accident / दुर्घटना का कारण : मोहड़कीपुर से पैलेगंज जाने समय मोहड़कीपुर के पास गाड़ी के सामने छुला आ गया जिसकी वजह से चालक में भी गाड़ी चालते वक़्त गिर कर शिवाग्र हो गई उस समय गाड़ी गैरियत चला रहे थे.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	D.P. MOTORS MM7 Egg College 9835410811

Date / दिनांक : 16/5/2026
हस्ताक्षर

Vinod Kumar Yadav

Vinod Kumar Yadav
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 _____ Certificate/Policy No. 252400/31/2026/44809
 Tel. No. _____ Period of Insurance 16/10/2025 - 15/10/2026
 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 Vinod Kumar Yadav
 (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>18/OCT/2025</u>	Engine No. <u>K5887</u> Chassis No. <u>J6886</u>	Registration No. <u>UP 53 P09</u> <u>1989</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
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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	_____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
 - (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? : NO
 - (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? : ATM
- (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 : _____

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 16/5/2026 200

Vinod Kumar Yadav
Signature of the insured

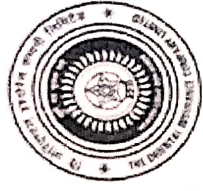
all reports/

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



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

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 _____ I/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 Siddhant Kumar Yadav
Occupation
Address

Bank Account Number
Name of the Bank