

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.	विवेक सौर्य 8485827083
2	Vehicle No. / वाहन संख्या	UP 53 FN 7075
3	Policy No. / पालिसी संख्या	252400/31/2026/57171
4	Period of Insurance / बीमा अवधि	17/11/2025 TO 16/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-05-2026 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	रावाहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अश्विनन्दन सौर्य, Mob:-8485827083 MH 1520120007162
8	Estimated Loss / अनुमानित हानि	5346
09.	Cause of Accident / दुर्घटना का कारण:	खजुरी बाबू से राजपुर गाड़ी लेकर जा रहे अश्विनन्दन सौर्य जा रहे थे, रावाहा चौक के पास सामने से दो पहिया वाला सामने से हमारे गाड़ी को उस सामने से लेकर 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.	नरेश मोटर्स गोरखपुर मोबाइल 38 283001 6386521346

Date / दिनांक : 24/05/2026
हस्ताक्षर

विवेक सौर्य

Signature of Insured / बीमाधारक के
विवेक सौर्य




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: Asraolapur Certificate/Policy No: OS2400/31/2026/57171
 Tel. No. _____ Period of Insurance: 17/11/2025 to 14/11/2026
 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: VIVEK BABBAR
 (b) Address for correspondence: KANSTRI BAHOO GORAKHPUR
 (c) Telephone: 985827083
 2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11F65H454338</u>	Registration No. <u>UP13FX</u> <u>7075</u>
	Chassis No. <u>MBLH044695H4UG69</u>	

(a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? NRVYA MOTORS
 (c) Was trailer attached? NR
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NR
 2. Was a pillion rider carried? NR

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/Tractor, was trailer attached? _____

(h) Number of passengers carried _____

(i) Number of Passenger permitted _____

NR

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (d) Is the Driver:

ABHI NANDAN MAURYA
OPP KANAKLAKHA M-JOSHI ENVASARK
Relative (Cousin)

- 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?

MH15 2012000 JJ62
MH15 2012108
20-02-2032
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

19-05-2026 11:30AM
GAWAHIA
60 kmph
24th city 2109gt 21st 05g bharti
1st waker 21019 21st 2nd 010101

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 ESTIMATES
5346
MAXVA MOTORS LUORAKHARA

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?

NA

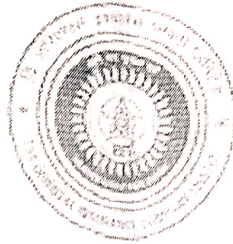


Discharge Voucher

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 _____ 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 ... विक मौर्या
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank