

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.	PRINCE KUMAR MISHRA 7068754532
2	Vehicle No. / वाहन संख्या	UP53F56640
3	Policy No. / पालिसी संख्या	252400/31/2026/22523
4	Period of Insurance / बीमा अवधि	12-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-06-2026 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	गोरखपुर मिथा बाजार में
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRINCE KUMAR MISHRA UP5720250015455 7607907844
8	Estimated Loss / अनुमानित हानि	AS per estimate
09.	Cause of Accident / दुर्घटना का कारण : मोह दीपा से मिथा बाजार मार्केट करने जा रहे थे उसी समय मिथा बाजार में एक बड़े आगे चा पथियावाहन था जो एक बड़े ब्रेक द्वारा जिससे में पिछे से रोक नहीं पाया और सामने जाड़ी में टक्कर लग गयी जिससे मेंरी गाड़ी क्षतिग्रस्त होगयी। —	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S.P. AUTOMOBILES HATTA Kushinagar 9838770755

Date / दिनांक : 10-06-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Prince mishra



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : PRINCE KUMAR MISHRA  
 (b) Age : 15-08-2002  
 (c) Address : WILL-GAUNRIA ATHARATHA, HATA, Kushinaga  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? : owner  
 3. Owner's relative or friend? :  
 (e) If paid driver, how long has he been in your employment : No  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UP5720250015455  
 (h) Issuing Authority : Kushinaga  
 (i) Date of Expiry : 14-08-2042  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before? : No  
 (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 : 06-06-2026 12:30  
 (b) Place : मोहदीपुर से सिमा बाजार मार्केट करने जा रहा था उसी समय  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : सिमा बाजार से ही एक आगे जाते पहिले वाहन था जो एकलक  
 (e) If any third party was responsible for this accident give the name and address : एक गाडी जिससे मैं पिछे से सेक नही पाया उसे सम्पने गाडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS per estimate  
 (b) Estimated cost of repairs : ) ) )  
 (c) When and where can the damaged vehicle be inspected : T.P. AUTOMOBILES HATA Kushinaga  
 9830770755

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 : No  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_ **NO**  
(b) If yes, give full details : \_\_\_\_\_
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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? : \_\_\_\_\_ **NO**  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_
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10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : \_\_\_\_\_ **NO**  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Policy Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_
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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 10-06-2026 200

Signature of the insured

Prince Mishra

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 *Prince Mishra* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....