

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. | Dipak Vishwakarma 8799699774 |
| 2 | Vehicle No. / वाहन संख्या | UP57BZ7176 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/42181 |
| 4 | Period of Insurance / बीमा अवधि | 12/10/2025 TO 11/10/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 12/01/2024 / 02:15 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | पैकोली कचरा रोड नहर पर |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | मनोज विश्वकर्मा (9511093203) UP53 20210024675 |
| 8 | Estimated Loss / अनुमानित हानि | 10000 |
| 09. | Cause of Accident / दुर्घटना का कारण: | हाथसे वापस घर जा रहे थे तभी सड़क से रुक जाईक वाले ने टोकरा मार दी जिसके बाद इटिरखा डगा था जिससे गाड़ी तकराकर नहर में गिर गयी और कार क्षतिग्रस्त हो गयी |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | N/A |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No. | N/A |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | शिव जाटोबाबा, सुकरानी हाटान कुडमिगल (9519618008) |

Date / दिनांक : 22/01/2026
हस्ताक्षर दीपक विश्वकर्मा

Signature of Insured / बीमाधारक के
दीपक विश्वकर्मा



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. 252400/31/2026/42181

Tel. No. _____

Period of Insurance 12/10/2025 TO 11/10/2026
 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

- (a) Name : D/PAK Vishuag/Carma
 (b) Address for correspondence : Math Surajsir - Pindra - Hata - Kushinagar
 (c) Telephone :

2. THE INSURED VEHICLE

| | | |
|---------------------------------|---|--|
| Make & Year <u>HERO/2015</u> | Engine No. <u>63561</u> Chassis No. <u>70642</u> | Registration No. <u>UP57B2</u> <u>7176</u> |
|---------------------------------|---|--|

- (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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- | | |
|--|------------|
| (a) Registered laden weight | <u>N/A</u> |
| (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 | |

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Manoj Vishwakarma
 (b) Age : 24
 (c) Address : Chauri - Jolly Satgurunagar Poorbi
Chauri Chauri - GRP
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Yes
 (e) If paid driver, how long has he been in your employment :
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP52 202100246757
 (h) Issuing Authority :
 (i) Date of Expiry : 11-10-2021
04-02-2042
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 12-01-2021 / 02:15 PM
 (b) Place : पैकाना बस रोड नरसपुर
 (c) Speed of vehicle at the time of accident : 30-40 KPH
 (d) Give a short description of the accident : साइड से बस का बमों के वजह से टकरा कर मिला
 (e) If any third party was responsible for this accident give the name and address : गौरी हारिफर डेगरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : All Sides
 (b) Estimated cost of repairs : 10000
 (c) When and where can the damaged vehicle be inspected :

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 : N/A
 (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 : _____

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? : N/A
- (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? : N/A
- (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 thereunder in respect of part or future accident shall be forfeited.

Date 22/01 2026

Signature of the insured दीपक शिववर्मा