

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	RAJMANJAL VISHWAKARMA 9517332148
2	Vehicle No. / वाहन संख्या	UPS7CB284
3	Policy No. / पालिसी संख्या	252400/31/2026/62879
4	Period of Insurance / बीमा अवधि	26/11/2025 TO 25/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/04/2026 T: 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	परलावल रोड.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PUNJIL SHARMA 7238013838
8	Estimated Loss / अनुमानित हानि	21622
09.	Cause of Accident / दुर्घटना का कारण:	धुधली से आ रहे थे परलावल वाले रोड पर अन्यायक फुल अवि के वजह से हमारी वाहन को खसोडरे से गर और राडर शाडड गिर गये
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.	SHRIJANIT HGR0 9811434797

Date / दिनांक : 15/4/2026

हस्ताक्षर

Rajmangal Vishwakarma

Rajmangal Vishwakarma
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. 252400/31/2026/62879
Tel. No. _____ Period of Insurance 26/11/2025 TO
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 : RAJMANGAL VISHWAKRMA
(b) Address for correspondence : PURANI KUSHI NAGAR
(c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>U 2025</u>	Engine No. <u>H111FB SHL 20509</u> Chassis No. <u>MBLHAW 336 SHL 20517</u>	Registration No. <u>UP57 CB 3284</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? YES
(c) Was trailer attached?
(d) If a Motor Cycle/scooter YES
1. Was a side-car attached YES
2. Was a pillion rider carried YES

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 : PUNJIL SHARMA
 (b) Age : 28
 (c) Address : AT HARANA
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : RELATIVE
 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 : UP57 20190011750
 (h) Issuing Authority : KUSHINAHAR
 (i) Date of Expiry : 05-2-2038
 (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?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 15-09-2016
 (b) Place : परनावल रोड.
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : दुधली से आ रहे के परनावलवाले
 (e) If any third party was responsible for this accident give the name and address : रोड पर अज्ञानक कृना अति के कारण से हमारी वाहन का सम्पर्क हो गया और राडर भाग

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : ASIPER ESTIMATE
 (b) Estimated cost of repairs : 21622
 (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 :
 (e) Full details of property damaged : N/A
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

NA

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

NA

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? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

NA

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 15-04-2026.

Signature of the insured Rajmangal Vignesh

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 Rasmangal Vishwakarr
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank