



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. 252400/31/2025/77890
 Tel. No. _____ Period of Insurance 15-1-2025 to 14-1-2026
 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 : Yunus
 (b) Address for correspondence : Nagla Kishan Pura Hathiyal
 (c) Telephone : 6396140983

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u> <u>SPL + 135</u>	Engine No. <u>HA11E7RHL82661</u> Chassis No. <u>MBLHAW222RHL79227</u>	Registration No. <u>UP-85-CU</u> <u>6451</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? Private
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : N/A
 (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 : N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : AASAM
(b) Age : 31
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment : _____
(f) Was he under the influence of intoxication Liquor or drugs? : N/A
(g) Driving Licence Number : UP8520160005563
(h) Issuing Authority : UP85 Mathura
(i) Date of Expiry : 14-3-2036
(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?: 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 : 5-12-2025 3:00 PM
(b) Place : Jarela nagda Barsana
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : साथने चल रही गाडी मे जा चुकी जिससे काफी शरक हो गयी
(e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____
(b) Estimated cost of repairs : 25380
(c) When and where can the damaged vehicle be inspected : Radha Motors Barsana

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : _____
(b) Address : _____
(c) Full Details of personal injury sustained : N/A
(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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N/A
(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? : N/A
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : N/A
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : N/A
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : N/A
(g) 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 7-12-2002

Signature of the insured [Signature]

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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 कागस स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें .

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Yunab. 6396140983
2	Vehicle No. / वाहन संख्या	UP-85-CU-6451
3	Policy No. / पालिसी संख्या	252400/31/2025/77890
4	Period of Insurance / बीमा अवधि	15-1-2025 To 14-1-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5-12-2025 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Jarela nagda Barabaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AAGAM UP8520160005563
8	Estimated Loss / अनुमानित हानि	25380-
09.	Cause of Accident / दुर्घटना का कारण :	गाँव से जाते समय रास्ते में आने चल रही गाड़ी वाले ने रुक साका ब्रेक लगा दे जिससे गाड़ी मोड़ भाई गाड़ी में धुस गयी और सिधे दावा कि तरफ गिर गयी जिससे वह हालत बुरा हो गयी /
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	Radha Motors. Barabaha Mathura 281405 7500412615

Date / दिनांक : 7-12-2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

Accident Department

Policy No. 252400/31/2025/77890

Claim No. _____

The Oriental Insurance Co.Ltd.

(INCORPORATED IN INDIA)

Subsidiary to General Insurance Corporation of India

Regd. Office : Oriental House, P.B.No. 7037,

A-25-27, Asaf Ali Road, New Delhi 110 002

Received from THE ORIENTAL INSURANCE CO.LTD. the sum of

Rupees _____

in full payment of our Bill No. _____ dated _____

for repairs done to Motor Vehicle No. UP-89-CU-6451 belonging to the hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

युगा



Insured's Countersignature

Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____

_____ my/our Motor Vehicle No. _____

which has been repaired to my/our satisfaction, and I/We admit that the payment of Rs. _____ made by THE ORIENTAL INSURANCE COMPANY LIMITED for such repairs is in the full discharge of my/our claim upon the said Company under its Policy No. _____ in respect of the damage caused to the said Motor Vehicle in an accident that occurred on or about the _____ day of _____ 20

Dated this _____ day of _____ 20

The Insured is requested to sign at two places marked as : X

X

युगा

Signature of Insured

V-55 BIL



भारत सरकार का उपक्रम (Policy Scheme) (Govt. of India Undertaking) 066010DL1947GOI007158 TAX INVOICE/CERTIFICATE OF POLICY SCHEME

(FORM 51 OF THE CENTRAL MOTOR VEHICLE ACT, 1989) (GSTIN: 09AAACT0627R4ZU)

Divisional Office, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MARKET, Lucknow, U.P. 226003. Policy No: 066010DL1947GOI007158. Insured: SUNAN (GSTN: 09). Vehicle: HERO MOTORCYCLE, HERO SPLENDOR PLUS F1. Insured Declared Value (IDV): 75,000.

Schedule Of Premium Amount in Rs. Table with columns: OWN DAMAGE SECTION (A), LIABILITY SECTION (B), and Total Premium. Includes sub-sections like Vehicle, Electrical Accessories, and Basis Third Party Liability.

Customer Details: Name: SUNAN, Address: 1/11, ASTAM, R/O NAGLA KISHAN PURA NAGALA KISHAN PURA HATHWA, MATHEGWA, N.A., UTTAR PRADESH. Policy No: 066010DL1947GOI007158.

Conditions of the policy exceeding Rs.100/- or a claim for refund of premium exceeding Rs.100/-... The insured under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC... The Insured is not to be held liable for the insured Sec the clause headed 'AVOIDANCE OF CERTAIN AND HIGHLY RISKY OPERATIONS'.



Approved By: 6592588MD, Approved On: 15-JAN-25, Place: MBT, Printed On: 15-JAN-25

For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature