



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, Anand Road, New Delhi, 110 002

MOTOR CLAIM FORM

Insured's Name and Address _____

Certificate/Policy No. 252400/31/2025/76121

Tel. No. _____

Period of Insurance From 14:54 on 05/01/2025 to
 Claim No. _____ midnight of
04/02/2026

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: Ajim Ali
 (b) Address for correspondence: R/S Awadhi Tola, Po-Kheri Town, PS-Kheri
 (c) Telephone: 8960306206

2. THE INSURED VEHICLE

Make & Year <u>Moscow Auto</u> <u>July, 2025</u>	Engine No. <u>HA1E7RHK33158</u> Chassis No. <u>MBLHAW222RHK15251</u>	Registration No. <u>UP31CJ7074</u>
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- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (d) If a Motor Cycle scooter
 - 1. Was a side-car attached
 - 2. Was a person other carried

III. 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

NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Ajim Ali
 (b) Address: Moh. Auda Tola Khari Town Thana
 (c) Is the Driver:
 1. Owner: X
 2. Driver? X
 3. Owner's relative or friend? X
 (d) If paid driver, how long has he been in your employment: X
 (e) Was he under the influence of intoxication (liquor or drugs): X
 (f) Driving License Number: UP31 20150012411
 (g) Issuing Authority: RTO Luckhimpur
 (h) Date of Issue: 29/12/2025
 (i) Was the license temporary/permanent: permanent
 (j) Details of endorsement/suspension, if any: X
 (k) Was he ever involved in any accident before?: X
 (l) Has his name changed by the policy? If so, Why?: X

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time: 04/12/2025, 11:00 AM
 (b) Place: लव्या के पास
 (c) Speed of vehicle at the time of accident: 30-40 km/h
 (d) Give a short description of the accident: स्वारी से लव्या के पास समूह लव्या के पास
 (e) Which third party was responsible for this accident: मयाबक सामान मालिक को लौटाओ और
 (f) Give the name and address of the party responsible: गाजी अतियारा होकर लव्या के पास 14 ब्रुक, 501
0122 103121

6. DAMAGE TO INSURED VEHICLE

(a) Extent of damage: as per estimate
 (b) Estimated cost of repairs: _____
 (c) Where and when was the damaged vehicle 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: _____
 (f) Has a claim been given to you: NA

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other _____
- (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) How/By whom reported to Police? _____
- (g) Where? _____
- (h) Which Police Station? _____
- (i) Date and 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 in policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 09/12/2025

Signature of the insured [Signature]

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.	Ajith Ali, 8960306206
2 Vehicle No. / वाहन संख्या	UP31CT7079
3 Policy No. पालिसी संख्या	252400/31/2025/76121
4 Period of Insurance / बीमा अवधि	From 14:54 on 05/01/2025 to Midnight of 01/02/2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	04/12/2025, 11:00 AM
6 Place of Accident / दुर्घटना का स्थान	लक्ष्मी के पास
7 Name of the Driver, DL No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajith Ali, UP3120150012 8960306206
8 Estimated Loss / अनुमानित हानि	
9 Cause of Accident / दुर्घटना का कारण:	श्री 9 के लहरपुर से जाते समय लक्ष्मी के पास अचानक सामने एक मालवाहक वाहन आ जाते हैं अतियत्न लेकर वाहन ब्रेक गिरकर दुर्घटना हो गई।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	X
12 Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Mosaram Automobiles, Meerapur Lakhimpur Khairi, 9151154095

Date / दिनांक : 09/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

Ajith Ali

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/-

Signature
Occupation
Address
.....
.....

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank