



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. 25-2400/31/2025/81109

Tel. No. _____

Period of Insurance 28-01-25 TO 24-01-26
 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 : KOSHILA DEVI
 (b) Address for correspondence : VILL - BHIMSHIP SODR Tok Hetimpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>18320</u> Chassis No. <u>44688</u>	Registration No. <u>4PS7BW3633</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? Personal use
 (c) Was trailer attached? NIA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NIA
 2. Was a pillion rider carried? NIA

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 | _____ |

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name Mr. Vijay Nishad
 (b) Age 2005
 (c) Address Braishadautola Helimpur kushinagar
 (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? NO
 (g) Driving Licence Number 4PST20230018485
 (h) Issuing Authority 4PST
 (i) Date of Expiry 07-03-2025
 (j) Was the licence temporary/permanent Permanent
 (k) Details of endorsement/suspension, if any _____
 (l) Has he been involved in any accident before? N/A
 (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 09-12-25 07:30Pm
 (b) Place Helimpur
 (c) Speed of vehicle at the time of accident 30-40 kmph
 (d) Give a short description of the accident दो गजों की दूरी पर चलते हुए दो गाड़ी एक-दूसरे को टक्कर मारी
 (e) If any third party was responsible for this accident give the name and address हिमा अ. शर्मा, गौरी गंज, गौरी राउत मार्ग, गौरी राउत मार्ग, गौरी राउत मार्ग

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage Fr. Dnd R. Side
 (b) Estimated cost of repairs _____
 (c) When and where can the damaged vehicle be inspected Vaishra motor kushinagar

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. _____

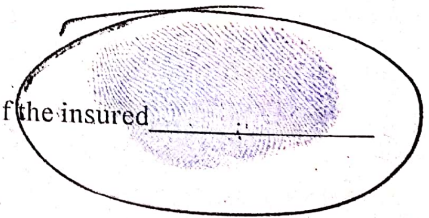
10. THEFT

- (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 11-12-25 200

Signature of the insured _____



Koshikademi

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office

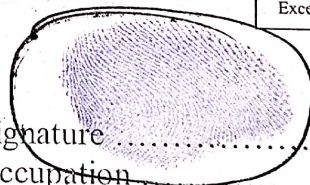


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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. 4PS7BW3633 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/-



Koshiladevi

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

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 :-

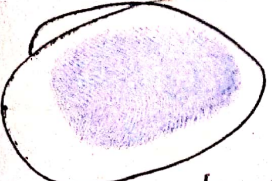
1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Koshiladevi 7390984909
2	Vehicle No. / वाहन संख्या	4PS7BW38363
3	Policy No. / पालिसी संख्या	2S2400/31/2025/81109
4	Period of Insurance / बीमा अवधि	28-1-25 TO 27-01-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09-12-25 07:30Pm
6	Place of Accident / दुर्घटना का स्थान	Hetimbur
7	Name of the Driver, D L No. & Mobile No./ ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIJAY NISHAD 4PS720230018485
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	हेतिमपुर से दामाव लुटम बाजार के छे आड़े के सामने से बाइक से टकरात मार गितते गाड़ी साइड के गिर कर दुर गली।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	VAISHNO MOTOR KUSHINGAN 9161687734

Date / दिनांक : 11-12-25
हस्ताक्षर



Koshiladevi

Signature of Insured / बीमाधारक के


Koshiladevi