



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 6793/14, banyal

Certificate/Policy No. MS/2025/7001/0/465751

Tel. No.

Period of Insurance 29/03/25 to 28/03/26  
 Claim No. 42/377

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

1. INSURED See py varshney  
 (a) Name :  
 (b) Address for correspondence : R/10 - Arjun Nagar, BGM delhi mathura  
 (c) Telephone : 9540056559

2. THE INSURED VEHICLE

Make & Year <u>HERO 2022</u>	Engine No. <u>JA06EWMHJ0921</u> Chassis No. <u>MBLJAW145MGK25183</u>	Registration No. <u>UP85CA7068</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? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached? NA  
 2. Was a pillion rider carried? NA

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

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

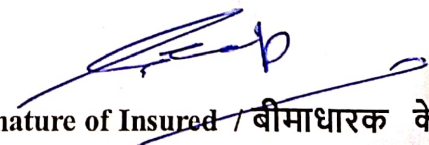
Sir / महोदय,

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.	Seeba Varshney - 9540056559
2	Vehicle No. / वाहन संख्या	UP 85 CA 70 68
3	Policy No. / पालिसी संख्या	MS/7001/0/46575/421377
4	Period of Insurance / बीमा अवधि	29/03/2025 to 28/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 (8:00 AM)
6	Place of Accident / दुर्घटना का स्थान	Bajray Road
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Seeba Varshney - UP 85 2011 0015000 30/10/2021
8	Estimated Loss / अनुमानित हानि	2418/-
09.	Cause of Accident / दुर्घटना का कारण:	पिंपरीपूर बाणंजी वाहन - लॉट रहना करते में पीछे से दमू वाले ने अरे वाहन में टक्कर मार के और मेरा वाहन बिरफ्त क्षतिग्रस्त हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Agarwal Auto Sales Bajray 79 83509302

13/12/2025

Date / दिनांक :  
हस्ताक्षर

  
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Deepu Vayshrey  
 (b) Age : 35  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : Owner  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : \_\_\_\_\_  
 (e) If paid driver, how long has he been in your employment : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP&S 20160015 680  
 (h) Issuing Authority : Mathura  
 (i) Date of Expiry : 30/10/2021  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NA  
 (l) Has he been involved in any accident before?: NA  
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 1/12/2025 (18:00AM)  
 (b) Place : Beena Road  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मोटर साइकिल चलाते वरिष्ठ गाडी चलाते वरिष्ठ गाडी चलाते  
 (e) If any third party was responsible for this accident give the name and address : वकील मी पोलिस मी दफ्तरी कार्यालय मी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate  
 (b) Estimated cost of repairs : 2418/-  
 (c) When and where can the damaged vehicle be inspected : Agrawal Auto sales Beema

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 notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_ NA  
(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 Policy 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 13/12/2028

Signature of the insured [Signature]

Accident Department

Policy No. MS/2025/700/0/46575/421377  
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. \_\_\_\_\_ belonging to the  
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

Insured's Countersignature

Affix One  
Rupee  
Revenue  
Stamp When  
Amount  
exceeds  
Rs. 5,000/-

Repairer's Stamp/Signature

I/We hereby acknowledge having received from \_\_\_\_\_

\_\_\_\_\_ my/our Motor Vehicle No. UP05CA7068

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

Signature of Insured

V-55 BIL

