



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. 252400/31/2025/80062

Rel. No. _____

Period of Insurance 24-1-2025 To 23-1-2026

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 : Channo
 (b) Address for correspondence : Hathiya Hathiyer Mathura
 (c) Telephone : 9798803060

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u> <u>HF DL4</u>	Engine No. <u>HA11E1R9J00519</u> Chassis No. <u>MBLHAW137R9J50501</u>	Registration No. <u>UP-85-CU</u> <u>8198</u>
--	--	--

- (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. : N/A
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (d) Is the Driver
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or friend?

channo
47

owner

(e) If paid driver, how long has he been in your employment

(f) Was he under the influence of intoxication Liquor or drugs?

NIA

- (h) Issuing Authority
- (i) Date of Expiry
- (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?:

UP8520210002626

UP85 Mathura

4-2-2031

Permanent

NIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time
- (b) Place
- (c) Speed of vehicle at the time of accident
- (d) Give a short description of the accident
- (e) If any third party was responsible for this

12-12-2025

6:30 PM

Barabaha chhatra Road

साथने अधानक गाथ आने के कारण गाडी 32वां स्टेशन पर
दो गिरने से गिरा

NIA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected

4150
Radha Motors

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?

NIA

NIA

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? :

(b) If yes, give full details :

N/A

9. WITNESS

(a) Give names and addresses of passengers/other

Witness, if any :

N/A

(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? :

(g) When? :

(h) Which Policy Station? :

(i) C.R. diary Number :

N/A

N/A

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 16-12-2002

Signature of the insured [Signature]

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

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.	Channo 9897803060
2	Vehicle No. / ताहन संख्या	UP-85-CU-8198
3	Policy No. / पालिसी संख्या	252400/31/2025/80062
4	Period of Insurance / बीमा अवधि	24-1-2025 To 23-1-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-12-2025 6:30pm
6	Place of Accident / दुर्घटना का स्थान	Barsana Chheta Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Channo UP8520210002626
8	Estimated Loss / अनुमानित हानि	4150
09.	Cause of Accident / दुर्घटना का कारण : अचानक सामने एक गाड़ी आने के कारण गाड़ी उससे टकराकर उल्टे धाबे की तरफ गिर कर क्षतिग्रस्त 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 . Barsana Mathura 281405 7500412615

Date / दिनांक : 16-12-2025

हस्ताक्षर

Signature of Insured / बीमाधारक के

Accident Department

Policy No. 252400/31/2025/80062
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

in full payment of our Bill No. _____ dated _____
for repairs done to Motor Vehicle No. UP-85-CU-8198 belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X रजदी



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

X



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID PGIR0928

Page No 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT.....01214063570... (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)	Policy Issued On	24-JAN-25
Policy No	252400 31 2025 80062	Proposal No. & Date	R 252400 31 2025 60009 & 24-JAN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:35 ON 24 01 2025 TO MIDNIGHT OF 23 01 2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 14:35 ON 24 01 2025 TO MIDNIGHT OF 23 01 2030
Insured Name	CHANNO (GSTIN: 0)	Lead / Breakin No	
Insured Address	C O MURARI RO HATHIYA HATHIYA, MATHURA, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle		62349	
Model & Variant	HERO HF DELUXE FI	Electrical Accessories		0	
Registration No	NEW	Non Electrical Accessories		0	
Year Of Manufacture	2025	Total IDV		62349	
Engine - Chassis No	HAI1E1R9J00519 - MBLHAW137R9J50501	TMF CONTRACT NO			
Cubic Capacity	100	Policy Type		Zone B - Rest of India	
Seating Capacity	1 - 1	Geographical Area		INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1044.97	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person OR Rs (0) each (IMT-16)	0
Basic Premium	982.97	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4102
AAI Membership (IMT-8)	0	GST	738
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	888	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	888	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4840
NIL Depreciation	156		
Return to Invoice	0		
Key Replacement	0		
Consumables	156		
Sub Total Add-on Coverages	251		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices, as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website. www.orientalinsurance.org or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception). Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured. I We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has hereon to set his their hands at 252400 on 24-JAN-25

IMPORTANT NOTICE
The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the M.V. Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social, domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials
(7) Any Purpose in connection with motor trade
Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.
Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A Cover under section III for owner-Driver is RS 50 lakhs.
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.
We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.
This insurance excludes all pre-existing damages.

For and on behalf of

The Oriental Insurance Company Limited

Approved By : 255002SAMID