



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. MS/2025/7001/0/4657  
412019  
 Period of Insurance 03/03/2025 To midnight  
 Claim No. of 226/03/02

Tel. 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 : Balak Ram  
 (b) Address for correspondence : Mohalla - Mani har Tolla, Dhaba Baharu, Kheri  
 (c) Telephone : 9565449066

2. THE INSURED VEHICLE

Make & Year <u>Hercules Motor Corp Ltd. 2024</u>	Engine No. <u>HAHEORHA89970</u>	Registration No. <u>UP31CD7295</u>
	Chassis No. <u>MBLHAW233RHA3939</u>	

- (a) Was the vehicle in proper working condition? Yes.  
 (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 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  
 (f) Was the vehicle plying for hire  
 (g) If Lorry/Jeeep/Tractor, was trailor attached?  
 (h) Number of passengers carried  
 (i) Number of Passenger permitted

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Radhey Shyam
- (b) Age : 33 years
- (c) Address : Vill. Po Akathi Thaha Dharwadhara
- (d) Is the Driver
1. Owner : \_\_\_\_\_
  2. paid driver? : X
  3. Owner's relative or friend? : Relative
- (e) If paid driver, how long has he been in your employment : X
- (f) Was he under the influence of intoxication Liquor or drugs? : X
- (g) Driving Licence Number : UP3120200009434
- (h) Issuing Authority : RTO Dharwadhara
- (i) Date of Expiry : 02-07-2032
- (j) Was the licence temporary/permanent : permanent
- (k) Details of endorsement/suspension, if any : X
- (l) Has he been involved in any accident before? : X
- (m) Has he been charged 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 : 14/12/25, 10:00 बजे
- (b) Place : रामपुर, नहरिया के पास
- (c) Speed of vehicle at the time of accident : 30-40 km
- (d) Give a short description of the accident : मरकमपुर से रामपुर जाते समय नहरिया के पास उभरते हुए वाहन से टकरा कर
- (e) If any third party was responsible for this accident give the name and address : श्री. देवी लाल, आ. नहरिया, नहरिया, नहरिया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : as per the estimate
- (b) Estimated cost of repairs : 17,289/-
- (c) When and where can the damaged vehicle be inspected : X

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 : NA
- (e) Full details of property damaged : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : \_\_\_\_\_

B. 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 Witness, if any
- (b) Did a Police Constable take particulars of The accident?
- (c) Was accident reported to Police? If not, Why? ; **NA**
- (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

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 18/12/2025

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.	Balakram, 9565449066
2	Vehicle No. / वाहन संख्या	UP32 CD 7295
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/41202
4	Period of Insurance / बीमा अवधि	03/03/2025 midnight 02/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	रामपुर नहरिया क्रसिंग के पास /
7	Name of the Driver, DL No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Radhey Shyam, UP32 20200009939 9565449066
8	Estimated Loss / अनुमानित हानि	₹ 2,289/-
9	Cause of Accident / दुर्घटना का कारण:	लखीमपूर से रामपुर जाते समय नहर क्रसिंग के पास अचानक सामने मोटरसाइकिल आती है गाड़ी अचानक ब्रेक लगाकर वायें साइड गिरकर क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	X नही
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Auto Sales, Meerut Lakhimpur Khewi, 9151154095

Date / दिनांक : 18/12/2025  
हस्ताक्षर

Signature of Insured / बीमाधारक के

बालकुराम

