



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 619 3/9699d

Certificate/Policy No. 2524 00/31/2026/002

Tel. No.

Period of Insurance 04/04/25 to 03/04/26
 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 Momraj Singh

- (a) Name
- (b) Address for correspondence
- (c) Telephone

R/o - Mambery Katan Teh - Khair Aligarh
2610405039

2. THE INSURED VEHICLE

Make & Year <u>HERO 2015</u>	Engine No. <u>JAO7AMRJK 05067</u> Chassis No. <u>MBLJAW398R0K0135</u>	Registration No. <u>UPR1059438</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? Pvt use
- (c) Was trailer attached? NA
- (d) If a Motor Cycle/scooter NA
 - 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
- N/A

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.	मोमनजु शर्मा - 7618405039
2	Vehicle No. / वाहन संख्या	UP81DS 9438
3	Policy No. / पालिसी संख्या	252400/31/2026/802
4	Period of Insurance / बीमा अवधि	04/04/2025 to 03/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/2025 to (7:00PM)
6	Place of Accident / दुर्घटना का स्थान	Gomat Road
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ashish - UP812025 0017590 01/07/2046
8	Estimated Loss / अनुमानित हानि	145/500 /
9	Cause of Accident / दुर्घटना का कारण:	आशिश वाहन चलाने के दौरान ब्रेक फेल हो जाने के कारण हादसा हुआ है। जो घने मोड़ पर था वहाँ से ब्रेक रोकने में सफलता मिली दिखाई नहीं आती। ब्रेक फेल होने के कारण वाहन ने अचानक जो वाहन पेंडिंग इंश्योरेंस करवाया है।
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 Bina 7983509302

22/12/2025
Date / दिनांक :
हस्ताक्षर


Signature of Insured / बीमाधारक के

8. INJURY TO DRIVER/OCCUPANT

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

NA

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? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

Nil

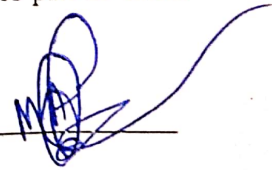
10. THEFT

- (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 Police Station? : _____
- (i) C.R. diary Number : _____

Nil

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 1/2/2005

Signature of the insured 

Accident Department

Policy No. 252400/31/2026/802

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 _____

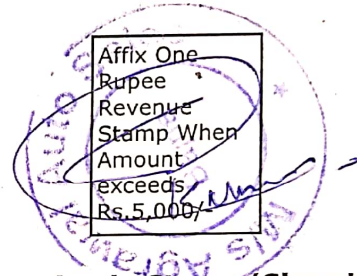
in full payment of our Bill No. _____ dated _____

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



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____

_____ my/our Motor Vehicle No. UP 01D 59438

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

