





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 Meerut

Certificate/Policy No. 222400/31/2025/74431

Tel. No.

Period of Insurance 29/12/2024 - 28/12/2025  
 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 : Amrit Lal  
 (b) - Address for correspondence : Mannu Ram Ka Pura Jangal Ramnagar Dmeethi  
 (c) - Telephone : 0467024320

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>05/2024</u>	Engine No. <u>06027</u> Chassis No. <u>DD7554</u>	Registration No. <u>UP36X</u> <u>4152</u>
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- (a) Was the vehicle in proper working condition? NO  
 (b) For what purpose was the vehicle being used at the time of accident? NO  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NO  
 2. Was a pillion rider carried NO

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : Nil  
 (b) Unladen Weight : Nil  
 (c) Weight of goods carried/Load Challan No. : Nil  
 (d) Nature of permit : Nil  
 (e) Nature of goods carried : Nil  
 (f) Was the vehicle plying for hire : Nil  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : Nil  
 (h) Number of passengers carried : Nil  
 (i) Number of Passenger permitted : Nil



8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : Yes  
(b) Did a Police Constable take particulars of The accident? : Yes  
(c) Was accident reported to Police? If not, Why? : Yes  
(d) If yes, to which Police Station? : Yes  
(e) Date and Diary No. : Yes

10. THEFT

- (a) Date and Time : Yes  
(b) Place : Yes  
(c) What was stolen? : Yes  
(d) Estimated cost of replacement? : Yes  
(e) By whom discovered and reported? : Yes  
(f) Has theft been reported to Police? : Yes  
(g) When? : Yes  
(h) Which Policy Station? : Yes  
(i) C.R. diary Number : Yes

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 22/12/2025

Signature of the insured \_\_\_\_\_

अमरि लाल

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing  
DATE



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

Received \_\_\_\_\_ Day of \_\_\_\_\_ 2000  
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 \_\_\_\_\_  
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  
Extends to Rs. 5000/-

अमरिंद लाल

Witness  
Name .....  
Signature .....  
Address .....

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

Bank Account Number .....  
Name of the Bank .....