



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 1193/9699d

Certificate/Policy No. MS/2025/7001/0/4658

Tel. No.

Period of Insurance 05/07/25 to 08/05/26 /43644
 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 Bhupendra Sharma
 (a) Name
 (b) Address for correspondence R/o - Darsi Nagar, Bajra dakh mathura
 (c) Telephone 86 504 93006

2. THE INSURED VEHICLE

Make & Year <u>HERO 2024</u>	Engine No. <u>HAN E7RHD 12940</u> Chassis No. <u>MBUAW223RHD 05021</u>	Registration No. <u>UP85C P0672</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? P.v. + work
 (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
- Nil

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Bhupendra Sharma 8650493006
2	Vehicle No. / वाहन संख्या	UP85CP0672
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/436414
4	Period of Insurance / बीमा अवधि	09/05/2025 to 08/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/12/2025 (0:00PM)
6	Place of Accident / दुर्घटना का स्थान	Bajna Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Bhupendra Sharma - UP8520230005
8	Estimated Loss / अनुमानित हानि	₹ 29 %
09.	Cause of Accident / दुर्घटना का कारण :	में शून्क शर्मा वाहन चला रहा था रास्ते में बने मोड़ पर वह तेज आवाज से ब्रेक लगाया किन्तु अचानक उसे बचाने के लिए ब्रेक में वाहन फिस में अचानक झटका हुआ 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.	Aggarwal Auto Sales Bhai 7983509302

24/12/2025
Date / दिनांक :
हस्ताक्षर

शून्क शर्मा
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Bhubendra Sharma
 (b) Age : 22
 (c) Address : _____
 (d) Is the Driver : _____
 1. 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 : UP05-20230005461
 (h) Issuing Authority : mathura
 (i) Date of Expiry : 07/11/2023
 (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 : 10/12/2025 (8:00 PM)
 (b) Place : Bajra Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मे 2427 2100 बीजेड - लाई ट्रेफ पार
 (e) If any third party was responsible for this accident give the name and address : राजेश मे वन मोटर से गुए से 31-1/17

फ्रील 1147 मिमला 30 (उसे पाने के चमक मे वाहक पर मे लम्बे

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 4829/-
 (c) When and where can the damaged vehicle be inspected : Agrawal Auto sales Bajra

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? : _____ 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? : _____ NA
(g) When? : _____
(h) Which Police 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 24/12/2028

Signature of the insured भूपेन्द्र शर्मा

Accident Department

Policy No. MS/2025/7001/0/46575/4364
Claim No. _____ 14

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

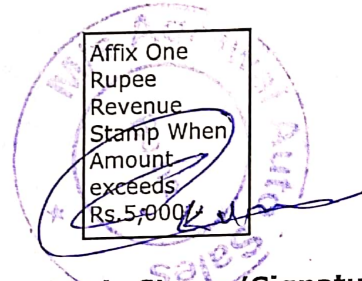
Received from THE ORIENTAL INSURANCE CO.LTD. the sum of
Rupees _____
in full payment of our Bill No. _____ dated _____
for repairs done to Motor Vehicle No. _____ belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

अपेक्ष शर्मा

Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
my/our Motor Vehicle No. CP087 CP0672
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 अपेक्ष शर्मा
Signature of Insured

V-55 BIL

