



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

Insured's Office Address Basti

Policy No. 99569396007

Certificate/Policy No. 252460/31/2025/75936

Period of Insurance 08-25

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

I. INSURED

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

RADHA
Vill - Turkapur - Thana - Dubauliya Basti
6280813997

2. THE INSURED VEHICLE

Make & Year <u>12-2024</u> <u>Hero</u>	Engine No. <u>HA14EBRHM62710</u> Chassis No. <u>MBLHAW231RHM B1752</u>	Registration No. <u>UPS1BU1116</u>
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- (a) Was the vehicle in proper working condition?
(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) NA

The following questions need be answered in commercial vehicles only:

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