



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

Basti

Certificate/Policy No.

252400/31/2025/97845

Tel. No.

Period of Insurance

27/03/2025 to 26/03/2026

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
(b) Address for correspondence
(c) Telephone

Shiv
Pauli Sangsamur Basti
97922 37812

2. THE INSURED VEHICLE

Make & Year <u>HML</u> <u>2025</u>	Engine No. <u>HA11EC5HC01240</u> Chassis No. <u>MBLHAW166SHG01140</u>	Registration No. <u>UP51BU</u> <u>8631</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? Personal
(c) Was trailer attached? No
(d) If a Motor Cycle/scooter
1. Was a side-car attached No
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/Jeep/Tractor, was trailer attached?
(h) Number of passengers carried
(i) Number of Passenger permitted

MPA