



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 Muz/abad Certificate/Policy No. 252400/31/2026/53728
 Tel. No. Period of Insurance 29/10/2025 to 28/10/2026
 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 Moul Chand
 (a) Name :
 (b) Address for correspondence : R/o Bhai nagor Baniq dehat mathura
 (c) Telephone : 971939 5675

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HAIIF7SHK37435</u> Chassis No. <u>MBLHAW407SHK57308</u>	Registration No. <u>UPR5DA0315</u>
---------------------------------	--	---------------------------------------

- (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. tuk
 (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 : _____



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

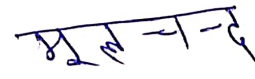
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Mulchand - 971939 5675
2	Vehicle No. / वाहन संख्या	UP85DA 0315
3	Policy No. / पालिसी संख्या	252400/31/2026 / 53728
4	Period of Insurance / बीमा अवधि	29/10/2025 to 28/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/2026 (8:00PM)
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	Kamal Kuma - UP8520210000 202 04/01/2031
8	Estimated Loss / अनुमानित हानि	16,022 y.
09.	Cause of Accident / दुर्घटना का कारण :	अचानक अज्ञात कारण - नलारस्ता पर रास्ते में घने मोड़ों से बचने से बीच रास्ते में अचानक रुक ने दिखा और उसे जाने के अज्ञात में घात दिखाई देने कारण कारग्रस्त होगी
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

15/01/2026
Date / दिनांक :
हस्ताक्षर


Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Kamal Kuma
 (b) Age : 46
 (c) Address : _____
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Relative
 (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 : UP85-207/0000 202
 (h) Issuing Authority : Mathura
 (i) Date of Expiry : 04/01/2031
 (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 : 10/01/2026 - (8:00PM)
 (b) Place : Bajaj Road
 (c) Speed of vehicle at the time of accident : 50km
 (d) Give a short description of the accident : _____
 (e) If any third party was responsible for this accident give the name and address : _____

सांस नहीं दिया और उन व्यक्ति को चलाकर मैं वाहन चला रहा था वाहन में चला रहा था वाहन से बाहर निकल गया था

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 16,022/-
 (c) When and where can the damaged vehicle be inspected : Agarwal Auto. Scales

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? : _____
- (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. : _____

NA

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 : _____

NA

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 15/01/2026

Signature of the insured [Signature]

Accident Department

Policy No. 252400/31/2026/53728

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 _____

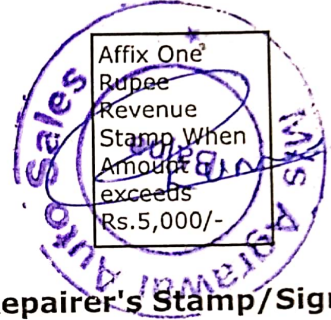
for repairs done to Motor Vehicle No. _____ belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

मूल-च-द

Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____

_____ my/our Motor Vehicle No. UP85 DA0315

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

मूल-च-द

Signature of Insured

V-55 BIL

