



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 _____

Certificate/Policy No. 252400/31/2025/93815
 Period of Insurance 18:37 on 11/03/2025 to midnight of 10/03/2026
 Claim No. _____

Tel. 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 : Rajendra
 (b) Address for correspondence : Surgipurua, Salhanapur PO-Patna P.S-Sharda
 (c) Telephone : 7233050274 Nagay,
Lakhimpur
Khur

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto corp LTD, 2025</u>	Engine No. <u>HALLERHM 76131</u>	Registration No. <u>UP31 EK 7258</u>
	Chassis No. <u>MBLHAW222RHM74368</u>	

- (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)

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

NA.

3. DRIVER AT THE TIME OF ACCIDENT

Name of Driver: Sandeep Kumar
 Age: 29 years
 Address: 46, Surajpura via Patana Khari, Uttar Pradesh
 Owner paid driver?
 Owner's relative or friend? Relative
 If paid driver, how long has he been in your employment? X
 Was he under the influence of intoxication Liquor or drugs?
 Driving Licence Number: UP3120240003625
 Issuing Authority: RTO Lakhimpur
 Date of Expiry: 02/05/2037
 Was the licence temporary/permanent? permanent
 Details of endorsement/suspension, if any:
 Has he been involved in any accident before?:
 Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

Date and Time: 18/01/2026, 11:00 बजे
 Place: मोसालपुरवा गाँव के पास
 Speed of vehicle at the time of accident: 30-40 km
 Give a short description of the accident: सुरजापुरवा से मोसालपुरवा जाते समय मोसालपुरवा गाँव में अचानक सामने मोटर साइकिल आ जाने से गाड़ी अतिव्रित होकर
 If any third party was responsible for this accident give the name and address:

6. DAMAGE TO INSURED VEHICLE

Full details of damage: as per estimate
 Estimated cost of repairs:
 When and where can the damaged vehicle be inspected:

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name:
 Address:
 Full Details of personal injury sustained:
 Name and address of any person/hospital giving medical attention to injured person:
 Full details of property damaged:
 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

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.

N/A

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 Policy Station?
(i) C.R. diary Number

N/A

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 21/01/2026

Signature of the insured

राजेश

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



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

Received _____ Day of _____ 200_____
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 _____ I/We give
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
When Amount
Exceeds Rs. 5000/-

राजिन्द

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

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

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

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.	Rajendra, 7233050274
2 Vehicle No. / वाहन संख्या	UP31 CK 7258
3 Policy No. / पालिसी संख्या	252400/31/2025/93815
4 Period of Insurance / बीमा अवधि	18:37 On 11/03/2025 To mid night of
5 Date of loss & Time / दुर्घटना का दिनांक & समय	18/01/2026, 11:00 AM 10/03/26
6 Place of Accident / दुर्घटना का स्थान	गोसवारतपुरवा गाँव में अचानक सामने मोटर -
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sandeep Kumar, UP312024000 3625 6306951300
8 Estimated Loss / अनुमानित हानि	5,203/-
9. Cause of Accident / दुर्घटना का कारण:	सुरजीपुरवा से गोसवारतपुरवा जाते समय गोसवारतपुरवा गाँव में अचानक सामने मोटर सामने ल आ गयी गाड़ी अतिचालित होकर बाई साइड गिरकर क्षतिग्रस्त हो गयी।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No.
11 Third Party Loss / तृतीय पक्ष हानि, FIR No.	X
12 Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Auto Sales, Muzpur Lakhimpur Kheri, 9151154095

Date / दिनांक : 21/01/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

राजेंद्र