



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 MEERUT

Certificate/Policy No. 252400/81/2026/20363

Tel. No.

Period of Insurance 04/06/2025 TO 03/06/2026
 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 : SHUBHAM SINGH
 (b) Address for correspondence : 10, MOHANA, JALAUN.
 (c) Telephone : 8887679027

2. THE INSURED VEHICLE

Make & Year <u>HERO / 2025</u>	Engine No. <u>HA1F7SHE79762</u> Chassis No. <u>MBLHALW480SHEL6535</u>	Registration No. <u>UP92AS0762</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 USE
 (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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHOBHAM SINGH
 (b) Age : 32 YEARS,
 (c) Address : 18, ODHANA, JALAN.
 (d) Is the Driver
 1. Owner :
 2. paid driver? : YES,
 3. Owner's relative or friend? : NO
 (e) If paid driver, how long has he been in your employment : NO
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP 92 2015000 296 B
 (h) Issuing Authority : UP 92 JALAN.
 (i) Date of Expiry : 23/03/2035.
 (j) Was the licence temporary/permanent : PERMANENT.
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before?:
 (m) 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

(a) Date and Time : 01/02/2026
 (b) Place : HARICHANDRAPUR Ke PAS.
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : कौरास गोहरा जले समन हरच-डपुर के घाट
 (e) If any third party was responsible for this accident give the name and address : राज ब्राह्मण बाल ने भी 3138 सायडुवमक गा. की 10 मी केरी बाईड 25 म लपल कल क्षतिगस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : ASER ESTIMATE.
 (b) Estimated cost of repairs : 4070
 (c) When and where can the damaged vehicle be inspected : SURYANSHU AUTOMOBILES, ODHANA - JALAN.

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? :

दावा मं.
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.	SHUBHAM SINGH. 8887679027
2	Vehicle No. / वाहन संख्या	UP92AS0762
3	Policy No. / पालिसी संख्या	252400/31/2026/20363
4	Period of Insurance / बीमा अवधि	04/06/2025 TO 03/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026, 4:30 pm.
6	Place of Accident / दुर्घटना का स्थान	हरनपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHUBHAM SINGH. UP9220150002968 8887679027
8	Estimated Loss / अनुमानित हानि	4670
09.	Cause of Accident / दुर्घटना का कारण : कुदौरा से गेरना भाते रजम हरनपुर डलके वक वकत नले ने छुडी आउट ले सफुड से रजम गलदी जिलस मेरी वाइड रोड पर गिर कर क्षतिग्रस्त हो गई ।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल फ़ोन नं.	SURYASHU AUTO MOBILES ORAI. 11, MANDHI, HAJAR, RATH Road ORAI. Jh 9935005353

Date / दिनांक : 02/02/2026
हस्ताक्षर

शुभम सिंह

शुभम सिंह
Signature of Insured / बीमाधारक के

Exchange Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Anaf 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 Assessed
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature सुखराम सिंह
Occupation
Address

Bank Account Number
Name of the Bank