



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 _____
 Tel. No. _____

Certificate/Policy No. 252900/31/2026/39354
 Period of Insurance 01-10-25 TO 30-09-26
 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 : VIPIN SINGH.
 (b) Address for correspondence : Bairia Raja kushinagar
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>64654</u> Chassis No. <u>B3472</u>	Registration No. <u>UP57BZ4908</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? NIA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NIA
 2. Was a pillion rider carried? NIA

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	<u>PIA</u>
(g) If Lorry/Jeep/Tractor, was trailer attached?	_____
(h) Number of passengers carried	_____
(i) Number of Passenger permitted	_____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name ABHISHEK SINGH
- (b) Age 2004
- (c) Address Ward No 17 Manipuram Bairia Raja
- (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 _____
- (f) Was he under the influence of intoxication Liquor or drugs? NO
- (g) Driving Licence Number UPST 2029 0008882
- (h) Issuing Authority UPST
- (i) Date of Expiry 08-7-2022
- (j) Was the licence temporary/permanent Permanent
- (k) Details of endorsement/suspension, if any _____
- (l) Has he been involved in any accident before? NIA
- (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 02-02-26 06:30pm
- (b) Place बिरिया-बौरिया
- (c) Speed of vehicle at the time of accident 35-40KPH
- (d) Give a short description of the accident बौरिया-बौरिया ही एका लडाईतून मला मला घातले
- (e) If any third party was responsible for this accident give the name and address वास्तविक मला कोणता निसर्ग गरीब लोकांसाठी केलेले कोडु गरीब

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage Fr'nd L Side
- (b) Estimated cost of repairs _____
- (c) When and where can the damaged vehicle be inspected Vishwa motor kushinagar

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 NIA
- (e) Full details of property damaged _____
- (f) Has notice of any claim been given to you? _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(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 09-2-26

Signature of the insured विपिन सिंह

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. UP 57B74909 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/-

Witness

Name

Signature

Address

Signature ... विपिन सिंह ...

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	VIPIN SINGH 8174028330
2	Vehicle No. / वाहन संख्या	4P57B74908
3	Policy No. / पालिसी संख्या	282400/31/2026/39854
4	Period of Insurance / बीमा अवधि	1-10-26 TO 30-09-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2-02-26 06:30 Pm
6	Place of Accident / दुर्घटना का स्थान	बैरिया चौड़ाहाट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MBHISHAK SINGH 4P5720240008882
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बैरिया चौड़ाहाट से छाव लड्डा घूम रहा था तभी से बाइक ने मुकदमा घिसा जिससे गाड़ी सॉफ्ट साइड में जाकर टूट गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	VAISHNO MOTOR Kushinagar 9161687734

Date / दिनांक : 04-02-26
हस्ताक्षर

विपिन सिंह

विपिन सिंह

Signature of Insured / बीमाधारक के

