



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 MEERU

Certificate/Policy No. 252400/31/2086/33221

Tel. No.

Period of Insurance 17/08/2025 TO 16/08/2026
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 : RANJEET SINGH
(b) Address for correspondence : CHAUTARHI, JALAN
(c) Telephone : 9919442729

2. THE INSURED VEHICLE

Make & Year <u>UP92AS3936</u> <u>HERO/2025</u>	Engine No. <u>JF17EVS6605084</u> Chassis No. <u>MBLJFN43556605691</u>	Registration No. <u>UP92AS3936</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Kanjeet Singh Yadav.
 (b) Age : 40 YEAR
 (c) Address : CHAUTARHAZ, JALAUN.
 (d) Is the Driver
 1. Owner : YES.
 2. paid driver? : NO
 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 : UP9220190004996
 (h) Issuing Authority : UP92 JALAUJ.
 (i) Date of Expiry : 09/05/2036.
 (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

5. DETAILS OF ACCIDENT

(a) Date and Time : 07/02/2026
 (b) Place : ORAI.
 (c) Speed of vehicle at the time of accident : 20 kmph
 (d) Give a short description of the accident : मोटर साइकिल से मोटर कार के सामने आकर बुरा घट्ट बन गया था।
 (e) If any third party was responsible for this accident give the name and address : ना. (मोटर कार चालक ने मोटर साइकिल को टक्कर मारी और मोटर कार चालक को घायल कर दिया।)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : 07/02/2026. ASER PER ESTIMATE.
 (b) Estimated cost of repairs : 5200 ₹.
 (c) When and where can the damaged vehicle be inspected : SURYANSHU AUTO MOBILES ORAI JALAUJ.

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? : _____

2 INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? _____ NP
(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? _____ NP
(d) If yes, to which Police Station? _____
(e) Date and Diary No. _____

10. THEFT

(a) Date and Time _____
(b) Place _____
(c) What was stolen? _____
(d) Estimated cost of replacement? _____
(e) By whom discovered and reported? _____ NP
(f) Has theft been reported to Police? _____
(g) When? _____
(h) Which Police Station? _____
(i) C.R. diary Number _____

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 past or future accident shall be forfeited.

Date 12/02/2006

Signature of the insured Ravindra

दावा में,
Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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

सा 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.	RANJEET SINGH 9919442729
2	Vehicle No. / वाहन संख्या	UP92AS3936
3	Policy No. / पालिसी संख्या	252400/31/2026/33221
4	Period of Insurance / बीमा अवधि	13/08/2025 To 16/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/02/2026, 5:30 Pm.
6	Place of Accident / दुर्घटना का स्थान	मौनी मन्दिर के पास उरई
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RANJEET SINGH YADAV UP9220190204216 9919442729
8	Estimated Loss / अनुमानित हानि	5200/-
09.	Cause of Accident / दुर्घटना का कारण :	मौनी मन्दिर से मोटी धातु खम्भा ओवर लॉक पर लगा लगा था / तभी एक ई-रिक्सा वाले ने ब्रेक कल दिया और रिक्सा मेरी स्कूटी से टकरा गया जिससे मेरी गाड़ी 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.	SURYANSHU AUTO MOBILES, OKAI- 11, GAHNDHE, NAGAR RATH, ROAD OKAI- 9935705353

Date / दिनांक :
हस्ताक्षर

Ryadul

Signature of Insured / बीमाधारक के

Ryadul

ACCIDENT DEPARTMENT

Date: _____

Branch
Office



The General Insurance Company Limited
Head Office: 1, 2/7, Market Street, New Delhi - 110 002

Received _____ Day of _____ 20__
From THE GENERAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
in words: _____
in full and final settlement of the loss under policy No. _____
policy number / Certificate No. _____ issued under Policy No. _____ of
the said company and accident which occurred on or about _____
the date, except to the Company in full and final settlement of all claims then
present or hereafter arising directly or indirectly in respect of the said accident.

To: _____

Branch
Office

Witness
Name: _____
Signature: _____
Address: _____

Signature: *Rajesh*
Occupation: _____
Address: _____

Bank Account Number: _____
Name of the Bank: _____

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/-

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank