



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 619 319 69907

Certificate/Policy No. 252400/31-2025/93994

Tel. No.

Period of Insurance 12/03/2025 to 11/03/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED Jamat Ali

- (a) Name _____
- (b) Address for correspondence R/o - Nagaliya, Jadana Alizah
- (c) Telephone 6397-230610

2. THE INSURED VEHICLE

Make & Year <u>H/EK 08/2025</u>	Engine No. <u>HA11F1SHC04613</u> Chassis No. <u>MBCHAW408 SHC04632</u>	Registration No. <u>UP81DS4927</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? private use
- (c) Was trailer attached? NA
- (d) If a Motor Cycle/scooter
 - 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.	Jyamat Ali - 6397-230610
2	Vehicle No. / वाहन संख्या	UP81DS 4927
3	Policy No. / पालिसी संख्या	252400/31/2025/93994
4	Period of Insurance / बीमा अवधि	12/03/2025 to 11/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/02/2026 (7.00PM)
6	Place of Accident / दुर्घटना का स्थान	Rhain Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sakir Hussain - UP81 20190006840 30/04/2029
8	Estimated Loss / अनुमानित हानि	23,868 %
09.	Cause of Accident / दुर्घटना का कारण :	साफ़िद दुर्घटना वाहन चला रहा था शक्ति से अचानक से लकड़वा स्थान में नीलगाय निमलगाय आया और उसे लकड़वा के चक्कर में वाहन पड़, से लकड़वा कारिगस्त होगया
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.	Amawal Auto sales 7983509302

19/02/2026
Date / दिनांक :
हस्ताक्षर

जमात अली
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sakir Husain
 (b) Age : 26
 (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 : UPB120190006040
 (h) Issuing Authority : Aligarh
 (i) Date of Expiry : 30/04/2039
 (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 : 15/02/2026 (7:00PM)
 (b) Place : Khajur Road
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : गाड़ी रुकते ही चाली रहता था 21 किमी में
 (e) If any third party was responsible for this accident give the name and address :
 गाड़ी रुकते ही चाली रहता था 21 किमी में
 गाड़ी रुकते ही चाली रहता था 21 किमी में

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 23,868/-
 (c) When and where can the damaged vehicle be inspected : Agrawal Autosales

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? : Nil

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. : _____

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 19/02/2026

Signature of the insured GIRI 31 NA

Accident Department

Policy No. 252400/31/2025/93994

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 _____

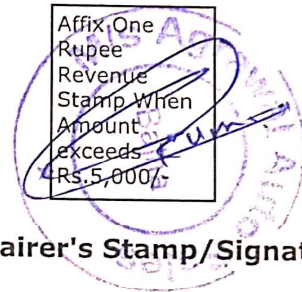
for repairs done to Motor Vehicle No. _____ belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

Handwritten signature

Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____

_____ my/our Motor Vehicle No. UP01DS 4927

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

Handwritten signature

Signature of Insured

V-55 BIL
