



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 1193/1 bhagat

Certificate/Policy No. 252400/31/2026/52428

Tel. No.

Period of Insurance 26/10/2025 to 25/10/202
 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 vishnu chandhary

- (a) Name : _____
- (b) Address for correspondence : R/O - Dhal Manhi - Baringa Mathura
- (c) Telephone : 8755034531

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>MA11FS55J00324</u>	Registration No. <u>UP8SDA 0015</u>
	Chassis No. <u>MBCHAW43155J5055</u>	

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? P.W. 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 : _____

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.	Vishwchandhary 8755034531
2	Vehicle No. / वाहन संख्या	UP85DA 0015
3	Policy No. / पालिसी संख्या	252400/31/2026 / 52428
4	Period of Insurance / बीमा अवधि	26/10/2025 to 25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/03/2026 (7:00 PM)
6	Place of Accident / दुर्घटना का स्थान	Bajina Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishwchandhary - UP852024000118 04/07/2024
8	Estimated Loss / अनुमानित हानि	117531/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं विष्णु चौधरी वाहन चला रहा था रास्ते में ऊँचे के समान सामने से आता है जो वाहन में से 'हमारे' कार की घिसले में वाहन फिर से रुकता है।
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.	Agarwal Autosales 7983509302

09/03/2026

Date / दिनांक :
हस्ताक्षर

विष्णु चौधरी
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vishnu Chaudhary
 (b) Age : 22
 (c) Address : _____
 (d) Is the Driver :
 1. Owner : Driver
 2. paid driver? : _____
 3. Owner's relative or friend? : _____
 (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 : UP85-20240001189
 (h) Issuing Authority : Mathura
 (i) Date of Expiry : 04/07/2024
 (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 : 06/03/2026 (7:00 PM)
 (b) Place : Barna Road
 (c) Speed of vehicle at the time of accident : 100 km/hr
 (d) Give a short description of the accident : Car accident on Barna Road
 (e) If any third party was responsible for this accident give the name and address : Not applicable

आपका ड्राइवर वाहन में सुरक्षा के लिए सतर्क रहना चाहिए

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 11,753/-
 (c) When and where can the damaged vehicle be inspected : Agyamal Auto Sales

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? : _____ NA
(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. : _____

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 : _____

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 09/03/2020

Signature of the insured

विठ्ठल चौधरी

Accident Department

Policy No. 252400/21/2025/52428

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

विष्णु चौधरी

Insured's Countersignature

Affix One
Rupée
Revenue
Stamp When
Amount
exceeds
Rs. 5,000/-

Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
_____ my/our Motor Vehicle No. UP 8 SDAG 0015
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

विष्णु चौधरी

Signature of Insured

V-55 BIL

