



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 Changabadi

Certificate/Policy No. 252400/31/2026/575

Tel. No.

Period of Insurance 09/11/2025 to 08/11/2026  
 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 Ramkishay Koshik  
 (a) Name  
 (b) Address for correspondence R/O - Khera Mohalla Moradabad  
 (c) Telephone 7060362140

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>MA11F6 SHK 51965</u> Chassis No. <u>MBC1AW471 SHK63273</u>	Registration No. <u>UP85DA2860</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? P.V. 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.	Bhramkishor Koshik - 7060362141
2	Vehicle No. / वाहन संख्या	UP85DA 2860
3	Policy No. / पालिसी संख्या	252400/31/2026/57577
4	Period of Insurance / बीमा अवधि	09/11/2025 to 08/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/03/2026 (7:00 PM)
6	Place of Accident / दुर्घटना का स्थान	Nauhahul Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajvinod - UP85 20200014453 04/01/2039
8	Estimated Loss / अनुमानित हानि	12809
09.	Cause of Accident / दुर्घटना का कारण :	अचानक वाहन चल रहा था तब से अचानक के समय अचानक अचानक आ गया और उसे वाहने के - अचानक से वाहन डिवाइस से अचानक कारणित हो गया।
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

18/03/2026  
Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Arvind

(b) Age : 27

(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 : UP85-20200014459

(h) Issuing Authority : Mathura

(i) Date of Expiry : 04/01/2039

(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

5. DETAILS OF ACCIDENT

(a) Date and Time : 13/03/2026 (7:00 PM)

(b) Place : Mathura Road

(c) Speed of vehicle at the time of accident : 80 km

(d) Give a short description of the accident : अचानक गाड़ी रुकने के कारण सामने से आया गाड़ी का सामना सामान्य रूप से

(e) If any third party was responsible for this accident give the name and address : गैर जवाबदार

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per estimate

(b) Estimated cost of repairs : 12809/-

(c) When and where can the damaged vehicle be inspected : Agarwal 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? : \_\_\_\_\_
- (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 18/03/2006

Signature of the insured [Signature]

Accident Department

Policy No. 252400/31/2226/57-577  
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 \_\_\_\_\_

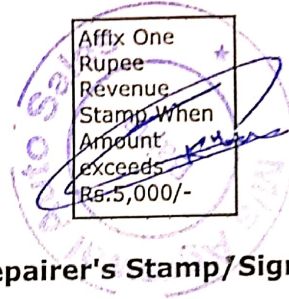
for repairs done to Motor Vehicle No. \_\_\_\_\_ belonging to the  
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

*[Handwritten signature in Hindi]*

**Insured's Countersignature**



**Repairer's Stamp/Signature**

I/We hereby acknowledge having received from \_\_\_\_\_

\_\_\_\_\_ my/our Motor Vehicle No. UP55DA2860

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 in Hindi]*

**Signature of Insured**

**V-55 BIL**