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

Dv. Br. Office Address ARB

Tel. No.

Certificate/Policy No. 232400-31-2026-25423

Period of Insurance 30-6-2025 से 29-6-2026

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

(a) Name : [illegible]
(b) Address for correspondence : [illegible] पो० सुरवा क०गौण
(c) Telephone : 7388418754

2. THE INSURED VEHICLE

Make & Year	Engine No. = HATIF654E14666 Chassis No. = MBLHAL0460S4FCC045	Registration No.
HERO-2025		UP74AP 3789

(a) Was the vehicle in proper working condition? – NA
(b) For what purpose was the vehicle being used at the time of accident? – Personal
(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 trailor attached? :
(h) Number of passengers carried :
(i) Number of Passenger permitted :

NA

... refused ... of which is due as per the recom

3. DIRVER AT THE TIME OF ACCIDENT

(a) Name : Durgesh
(b) Age : 1-01-1999
(c) Address : [illegible]
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : ✓

(e) If paid driver, how long has he been in your employment :

(f) Was he under the influence of intoxication Liquor or drugs? : NA

(g) Driving Licence Number : UP7420240006567
(h) Issuing Authority : 23-7-2024
(i) Date of Expiry : 31-12-2038
(j) Was the licence temporary/permanent : Parmanent
(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 : 16-3-026 शाम 5:00
(b) Place : शुक्लागंज के पास
(c) Speed of vehicle at the time of accident : 30 K.M
(d) Give a short description of the accident : शुक्लागंज के पास [illegible]
(e) If any third party was responsible for this accident give the name and address : [illegible]

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : A8 - Per Estimated
(b) Estimated cost of repairs : 23415
(c) When and where can the damaged vehicle be inspected : [illegible]

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? :

NA

8. INJURY TO DRIVER OR ANY PASSENGER

(a) Was driver/any occupant injured?
(b) If yes, give full details — N/A

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? — N/A
(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? — N/A
(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 18-3-026 — Signature of the insured

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 ...उमेश चन्द्र.....
Occupation ...कृषि.....
Address .....
.....
.....

Bank Account Number .....
Name of the Bank .....

[illegible]
18151526

7518241653

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

Sir / महोदय ,

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

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.	उमेश चन्द्र (7388418754)
2	Vehicle No. / वाहन संख्या	UP 74AP 3739
3	Policy No. / पालिसी संख्या	252400-31-2026-25429
4	Period of Insurance / बीमा अवधि	30-6-2025 से 29-6-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16-3-2026 शाम 5:00
6	Place of Accident / दुर्घटना का स्थान	[illegible] के पास
7	Name of the Driver, D L No. & Mobile No / ड्राईवर का नाम, डी एल नं. & मोबाइल नं	Durgesh (UP74-20240006567)
8	Estimated Loss / अनुमानित हानि	23415

09. Cause of Accident / दुर्घटना का कारण : [illegible] के पास [illegible] से अचानक गाय [illegible] [illegible] पवकार से मेरी गाड़ी DIS-Balance होकर पेड़ से जाकर टकरा गयी. उस समय मेरी गाड़ी दुर्गेश चला रहे थे.

10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	तिवारी मोटर्स हीरो (9707698225)

Date / दिनांक : 18-3-2026

उमेश चन्द्र
Signature of Insured / बीमाधारक के हस्ताक्षर