

MOTOR CLAIM FORM

Div. Br. Office: _____ Certificate/Policy No. 252400/31/2026/S27L
 Tel. No. _____ Period of Insurance 20-04-25 TO 19-04-26
 Claim No. _____

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

I. INSURED

(a) Name: JAHARUDDIN SHEKH
 (b) Address: VILL-MPTHOULI Kasia kushinagar
 (c) Telephone: _____

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>69744</u> Chassis No. <u>6S838</u>	Registration No. <u>4PSTB74S30</u>
---------------------------------	---	---------------------------------------

- (a) Was the vehicle in working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Personal use
 (c) Was traffic police involved? N/A
 (d) If a Motor Vehicle Accident Report (MVAR) is required:
 1. Was it filed? N/A
 2. Was it received? N/A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions are to be answered in commercial vehicles only:

(a) Registered weight	:	
(b) Unladen weight	:	
(c) Weight of load carried/Load Challan No.	:	
(d) Nature of load	:	
(e) Nature of vehicle	:	
(f) Was the vehicle being used for hire?	:	<u>N/A</u>
(g) If Lorry, was tractor attached?	:	
(h) Number of passengers carried	:	
(i) Number of passengers permitted	:	

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name: TAHRUDDIN SHEKH
- (b) Age: 2002
- (c) Address: VILL-mathrouli Kasia Kushinggar
- (d) Is the Driver
- | | | | |
|---|-----------------------------|---|-------------|
| 1 | Owner | : | |
| 2 | paid driver? | : | |
| 3 | Owner's relative or friend? | : | <u>SELF</u> |
- (e) If paid driver, how long has he been in your employment: _____
- (f) Was he under the influence of intoxication Liquor or drugs? NO
- (g) Driving Licence Number: 4PS720210013380
- (h) Issuing Authority: 4PS7
- (i) Date of Expiry: 1-09-2042
- (j) Was the licence temporary/permanent: Permanent
- (k) Details of endorsement/suspension, if any: _____
- (l) Has he been involved in any accident before?: N/A
- (m) Has he been charged by the policy? If so, Why?: _____

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time: 20-03-26 08:00Am
- (b) Place: मथरा
- (c) Speed of vehicle at the time of accident: 30-40 KPH.
- (d) Give a short description of the accident: कम्पा से दूर जा रहे थे बाजार के सामने से बाईपास
- (e) If any third party was responsible for this accident give the name and address: उम्क माट विला मिसमि गाडी लेफ्ट साइड ड्रैंगिंग करतुग

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage: Fr And L Side
- (b) Estimated cost of repairs: _____
- (c) When and where can the damaged vehicle be inspected: Vaishra motor Kushinggar

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? N/A

8 INJURY TO DRIVER/OCCUPANT

- (a) Was any occupant injured? : No
 (b) If yes, particulars : _____

9. WITNESS

- (a) Give names and addresses of passengers/other
 Witnesses : _____
 (b) Did a Police Officer take particulars of
 The accident? : _____
 (c) Was accident reported to Police? If not, Why? : N/A
 (d) If yes, in which Police Station? : _____
 (e) Date and time : _____

10. THEFT

- (a) Date and time : _____
 (b) Place : _____
 (c) What was stolen? : _____
 (d) Estimated value of replacement? : _____
 (e) By whom stolen and reported? : _____
 (f) Has theft been reported to Police? : N/A
 (g) When? : _____
 (h) Which Police Station? : _____
 (i) C.R. diary Number : _____

I/we the above named 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 23-03-26

Signature of the insured जसदीप शीख

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.	JAHARUDDIN SHEKH 8005136919
2	Vehicle No. / वाहन संख्या	4PS7B74S30
3	Policy No. / पालिसी संख्या	2S2400/31/2026/S271
4	Period of Insurance / बीमा अवधि	20-04-25 TO 19-04-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-03-26 08:00Pm
6	Place of Accident / दुर्घटना का स्थान	Kosia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JAHARUDDIN SHEKH 4PS720210013380
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	ऊतणा से घर आते नि वाजार कठे सामने से वाइक ने टक्का मार दीया जिससे गाडी लेफ्ट साइड में गिर कर टुर मशीन।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	VAISHNO MOTOR KUSHINAGAR 9161687734

Date / दिनांक : 23-03-26
हस्ताक्षर

जहरुद्दीन शेख

जहरुद्दीन शेख
Signature of Insured / बीमाधारक के

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. HP57B74S30 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 जसदीप शीखर
Occupation ..
Address ..
.....
.....

Bank Account Number ..
Name of the Bank ..