



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 _____

Certificate/Policy No. 252900/31/2025/97501

Tel. No. _____

Period of Insurance 25/08/2025 To mid night of
 Claim No. 24/03/2026

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

1. INSURED
 (a) Name : Jaljit Mohan
 (b) Address for correspondence : Raini Khuri, PO-Samdeha PS-Dhaurahua
 (c) Telephone : 9989561915 Khuri, Uttar Pradesh

2. THE INSURED VEHICLE

Make & Year <u>Hero Motor Corp Ltd, 2025</u>	Engine No. <u>JA07A259E07995</u> Chassis No. <u>MBLTAW 51259C00590</u>	Registration No. <u>UP31-CK-8994</u>
---	---	---

- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (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. _____

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 Police 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 28/03/2020

Signature of the insured Jalil V. B. M. A.

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.	Lalit Mohan, 9984561415
2	Vehicle No. / वाहन संख्या	UP37-CK 8994
3	Policy No. / पालिसी संख्या	252400/91/2025/97501
4	Period of Insurance / बीमा अवधि	25/03/2025 to mid/2026 of 29/03/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/03/2026, 12:30.
6	Place of Accident / दुर्घटना का स्थान	मीरपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Lalit Mohan, UP37 2022003340 9984561415
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	सुलेमपुर की तरफ से रामपुर जाने समय, मीरपुर के पास अर्थात्क से सुलेमपुर की तरफ से आते हुए गाड़ी अचानक टिकर हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	X
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	X
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Auto Sales, Meerpur, Lakhimpur Khuri 9151154095

Date / दिनांक : 23/03/2026
हस्ताक्षर

Lalit Mohan
Signature of Insured / बीमाधारक के

Full Address: (Permanent)
Full Address: (Temporary)

Full Address: (Permanent) : R/O VILL- RAINI KHERI, PO- SAMDOHA, PS- DHAURAHRA, KHERI, UTTAR PRADESH- 262722
Full Address: (Temporary) : R/O VILL- RAINI KHERI, PO- SAMDOHA, PS- DHAURAHRA, KHERI, UTTAR PRADESH- 262722

BHARAT STAGE VI
A1040090715
3/2025
BJJAN511S9C00540
TROL
1.70
3.14

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Day of _____ 200 _____

Received _____
THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____

words Rupees _____
all and final settlement of the loss and/or damage caused through the accident to
our motor Car/Vehicle No. _____ insured under Policy No. _____ of
said company and accident which occurred on or about _____ I/We give
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.

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 500/-

Signature Jaljit Verma
Occupation
Address

Witness
Name
Signature
Address

Bank Account No
Name of the Bank