



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Head Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Office Address _____

Certificate/Policy No. 252400/31/2026/37552

Period of Insurance 24-09-25 TO 23-09-26

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

Name

: Mangudi

Address for correspondence

:

VILL - PAWASUNI KHURD KUSHINAGAN

Telephone

:

2. THE INSURED VEHICLE

Model & Year <u>HERO/2025</u>	Engine No. <u>71570</u> Chassis No. <u>B2153</u>	Registration No. <u>UP57BZ3209</u>
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Was the vehicle in proper working condition? Yes

For what purpose was the vehicle being used at the time of accident? Personal Use

Was a trailer attached? N/A

Is it a Motor Cycle/scooter

Was a side-car attached? N/A

Was a pillion rider carried? N/A

ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

Registered laden weight

Unladen Weight

Weight of goods carried/Load Challan No.

Nature of permit

Nature of goods carried

Was the vehicle plying for hire

If Lorry/Jeep/Tractor, was trailer attached?

Number of passengers carried

Number of Passenger permitted

	<u>N/A</u>	



8. INJURY TO DRIVER/OCCUPANT

Was driver/any occupant injured? : NO
If yes, give full details : _____

9. WITNESS

Give names and addresses of passengers/other
Witness, if any : _____
Did a Police Constable take particulars of
the accident? : _____
Was accident reported to Police? If not, Why? : N/A
If yes, to which Police Station? : _____
Date and Diary No. : _____

10. THEFT

Date and Time : _____
Place : _____
What was stolen? : _____
Estimated cost of replacement? : _____
By whom discovered and reported? : _____
Was theft reported to Police? : N/A
When? : _____
Which Police Station? : _____
P.R. diary Number : _____

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the statement every respect and I/We have made or in any further declaration the Company may 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 claims shall be forfeited.

01-09-26 200

Signature of the insured Manju Devi

3. DRIVER AT THE TIME OF ACCIDENT

Name: ANKIT RAJ YADAV
Age: 2009
Address: Parvathipuram kushinagan
Is the Driver:
Owner:
paid driver?:
Owner's relative or friend?: Relative
If paid driver, how long has he been in year employment:
Was he under the influence of intoxication Liquor or drugs?: NO
Driving Licence Number: UPS720260000303
Issuing Authority: UPS7
Date of Expiry: 07-12-2044
Was the licence temporary/permanent: Permanent
Details of endorsement/suspension, if any:
Has he been involved in any accident before?: N/A
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

Date and Time: 27-03-16 07:30 Pm
Place: SRPANA
Speed of vehicle at the time of accident: 30-40 KPH
Give a short description of the accident: मुझे हाईवे को ले जाते वहाँ का जाइवा चारु पिडे से उभरा आये
If any third party was responsible for this accident give the name and address: ये टम्बर भाद विला मिता गयी हावे रापिगाए हो गयी।

6. DAMAGE TO INSURED VEHICLE

Full details of damage: Rear and Front Right
Estimated cost of repairs:
When and where can the damaged vehicle be inspected: Vaishna motor kushinagan

7. THIRD PARTY INJURY/PROPERTY DAMAGE

Name:
Address:
Full Details of personal injury sustained:
Name and address of any person/hospital:
Is any medical attention to injured person:
Full details of property damaged:
Has notice of any claim been given to you?: N/A

Insurance 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____
THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
Rupees _____)

and final settlement of the loss and/or damage caused through the accident to
my motor Car/Vehicle No. UPS7623209 insured under Policy No. _____ of
_____ and 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
of future arising directly/indirectly in respect of the said accident.

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Signature Maryu Devi.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

सेना से,
Oriental Insurance Co Ltd /
ऑरिएण्टल इश्योरेंस कंपनी लिमिटेड

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

As per details below, kindly arrange to depute the Spot / Final surveyor / नीचे
विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	MANGU DEVI 9839392194
Policy No. / वाहन संख्या	4P52B23209
Policy No. / पालिसी संख्या	252400/31/2026/32552
Period of Insurance / बीमा अवधि	24-09-25 To 23-09-26
Date of Loss & Time / दुर्घटना का दिनांक & समय	27-08-26 07:30Pm
Location of Accident / दुर्घटना का स्थान	Sopka
Name of the Driver, DL No. & Mobile No / चालक का नाम, डी एल नं. & मोबाइल नं	4P5220260000303 ANIKT RAST YADAV
Estimated Loss / अनुमानित हानि	
Date of Accident / दुर्घटना का कारण : सपका से हा आ दे में एगा करिभा अचानक भीरु बि अकार अचिरे उकर आर कीक बिमसे गाडी रखर सहर से बिदे बि अकार अचिरे उकर आर कीक बिमसे गाडी रखर सहर से आरि अरु हाथ धारिगार हो गयी।	
Surveyor / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
Party Loss / तृतीय पक्ष हानि / FIR No.	
Name of the Workshop, Address & Contact कारखाना का नाम, पता & मोबाइल / फोन	VARISHMO MOTOR KASHI NAGAR 9161682234

Date : 01-04-26

Mangju Devi

Mangju Devi
Signature of Insured / बीमाधारक के