



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 Hazratnagar
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/52429
 Period of Insurance 26/10/25 to 25/10/2026
 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 Salmi Khan
 (a) Name :
 (b) Address for correspondence : R10-Meharshi Untarshi Baryaj Algenh
 (c) Telephone : 7618625965

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HAIIFB SH5146929</u>	Registration No. <u>UP01DY3120</u>
	Chassis No. <u>MBLHAWJ37 SHG1894</u>	

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? private 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

Nil



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.	Salmu Khan - 7618675365
2	Vehicle No. / वाहन संख्या	UP 81DY3120
3	Policy No. / पालिसी संख्या	252400/31/2026/52429
4	Period of Insurance / बीमा अवधि	26/10/2025 to 25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/04/2026 (7:00 PM)
6	Place of Accident / दुर्घटना का स्थान	Khamy Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Salmu Khan - UP 8120180005427 22/03/2038
8	Estimated Loss / अनुमानित हानि	15,829/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे सलमु खान बीमाधारक 9187-1 रक्षा या रास्ते में आधारे के समय दुर्घटना से आकारा कि पार मिललकर आधा और उले घनाने के नामर से 918: पड में हमरामर करिगलर हो गिया।
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.	Ajmal Auto Sales 7983509302

09/04/2026
Date / दिनांक :
हस्ताक्षर

Salmu
Signature of Insured / बीमाधारक के



8. INJURY TO DRIVER/OCCUPANT

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

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 : _____

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 09/04/2006

Signature of the insured [Signature]

Accident Department

Policy No. 252404/31/2026/52429
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

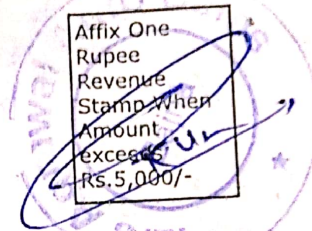
Received from THE ORIENTAL INSURANCE CO.LTD. the sum of

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

2108
Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____

_____ my/our Motor Vehicle No. UP 01 D Y 3120
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

2108
Signature of Insured

V-55 BIL

