



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. MS/2025/7001/0/46575

Tel. No. _____

Period of Insurance 03/06/2025 To 443768
 Claim No. Midnight of

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY 02/08/2026
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Jhivnathayen
 (b) Address for correspondence : Sunshari Badagaonkhewi, Uttar Pradesh
 (c) Telephone : P-5-Shardanayen Khw

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp Ltd. 2024</u>	Engine No. <u>HATLECR HD 19992</u> Chassis No. <u>MBLHAWL42 RMD 73915</u>	Registration No. <u>UP32-CF 2229</u>
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- (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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- AAA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Suresh Kumar
 (b) Age : 26 years
 (c) Address : Gudariya P.S. Dhaurahara, Lakhimpur
Kheri
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Relative
 (e) If paid driver, how long has he been in your employment : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : UP3120220003240
 (h) Issuing Authority : RTO Lakhimpur
 (i) Date of Expiry : 08/08/2024
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any : X
 (l) Has he been involved in any accident before? : X
 (m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 27/09/2026, 3:30 PM
 (b) Place : लालपुर वॉरियल कंपनी
 (c) Speed of vehicle at the time of accident : गैर नियंत्रित
 (d) Give a short description of the accident : गैर नियंत्रित चालित वाहन में अतिव्यवहार लालपुर वॉरियल कंपनी के पास मथानक बाय बाय में
 (e) If any third party was responsible for this accident give the name and address : पिकप त. एम. कार. मार के निशाने वाले मतिपत्र त. एम. कार. वॉरियल वॉरियल गिर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : अति 1 as per estimate
 (b) Estimated cost of repairs : ₹ 4577/-
 (c) When and where can the damaged vehicle be inspected :

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 : No
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

Was driver/any occupant injured?
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?

_____ No

Was accident reported to Police? If not, Why? :

If yes, to which Police Station?

Date and Diary No.

10. THEFT

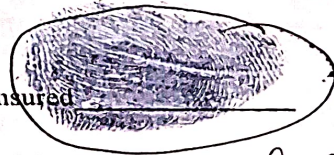
- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

_____ No

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 28/04/2006

Signature of the insured



Ar. 3016 (19-12-05)

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 *for 3110*
Occupation *3110-11047*
Address
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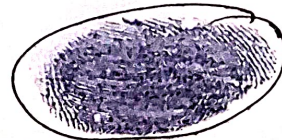
Bank Account Number
Name of the Bank

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे देये 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.	Shivnarayan, 9162 991506
2	Vehicle No. / वाहन संख्या	UP31 - CF - 2229
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/943768
4	Period of Insurance / बीमा अवधि	03/06/2025 to midnight of 02/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/04/2026, 3:30 AM (शुबह)
6	Place of Accident / दुर्घटना का स्थान	लालपुर बैरियल के पास /
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramesh Kumar, UP31 2022 00 0329 8736 989130
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	गोला से पंजित पुरुका भाति समूय लालपुर बैरियल के पास अचानक से दौरे आरुड से फिक भपुते चक्कर मार की जिससे गाडी अनियंत्रित होकर दौरे आरुड गिर गयी
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 Meerapur, Lakhimpur Kheri 9151154095

Date / दिनांक : 28/04/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के



शिव नारायण
बिमाधारक