



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 Uttar Pradesh

Certificate/Policy No. 25240031/2026/49521

Tel. No.

Period of Insurance 22/10/2025 to 21/10/26
 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 Sanjeev Kumar

- (a) Name
 (b) Address for correspondence Plot - Shishpal Singh - R/O - Kanak Mathura
 (c) Telephone 7037533100

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HAI1F4S5E16057</u> Chassis No. <u>MBCMAW43959E77</u> <u>871</u>	Registration No. <u>UP 05CZ7865</u>
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- (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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Satish
- (b) Age : 29
- (c) Address : _____
- (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 : NA
- (f) Was he under the influence of intoxication Liquor or drugs? : No
- (g) Driving Licence Number : UP 85 2025 001 2277
- (h) Issuing Authority : Mathura
- (i) Date of Expiry : 09/02/2037
- (j) Was the licence temporary/permanent : Permanent
- (k) Details of endorsement/suspension, if any : NA
- (l) Has he been involved in any accident before? : NA
- (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 15/05/2026 (8:00 PM)
- (b) Place : Baina Road
- (c) Speed of vehicle at the time of accident : 60 km/hr
- (d) Give a short description of the accident : सड़क पर चलते वक्त बाईपास से आया गाड़ी का टक्कर मारा
- (e) If any third party was responsible for this accident give the name and address : सड़क पर चलते वक्त बाईपास से आया गाड़ी का टक्कर मारा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate
- (b) Estimated cost of repairs : 27,880/-
- (c) When and where can the damaged vehicle be inspected : Agrawal Auto Sales

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 : Nil
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____ NA

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? : _____ Nil
(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? : _____ Nil
(g) When? : _____
(h) Which Police 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 19/05/2026

Signature of the insured सजिव लुगर

Accident Department

Policy No. 252400/31/2026/49531
Claim No. _____

The Oriental Insurance Co.Ltd.

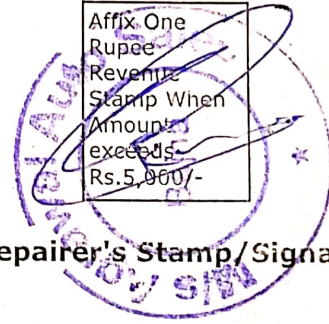
(INCORPORATED IN INDIA)
Subsidiary to General Insurance Corporation of India
Regd. Office : Oriental House, P.B.No. 7037,
A-25-27, Asaf Ali Road, New Delhi 110 002

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

संजीव कुमार
Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
_____ my/our Motor Vehicle No. UP85CZ7865
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 संजीव कुमार
Signature of Insured

V-55 BIL