



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. 252400/31/2026/45317

Tel. No. \_\_\_\_\_

Period of Insurance 17.10.2025 To 16.10.2026

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  
 (a) Name : Akhilesh  
 (b) Address for correspondence : Barsana Mathura  
 (c) Telephone : 7983390995

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u> <u>SyPar</u>	Engine No. <u>J07AZ59606061</u> Chassis No. <u>MBLJAW52259605363</u>	Registration No. <u>UP-95-CZ</u> <u>3007</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  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried N/A

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 N/A  
 (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 N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Maheesh kumar  
(b) Age : 20  
(c) Address : Barsana Mathura  
(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 :  
(f) Was he under the influence of intoxication Liquor or drugs? : N/A  
(g) Driving Licence Number : UP8520240022472  
(h) Issuing Authority : UP 85 Mathura  
(i) Date of Expiry : 3-5-2026  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before?:  
(m) Has he been charged by the policy? If so, Why?: N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 15-5-2026 8:30 PM  
(b) Place : Barsana  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : आमने रंग रोक मोटरसाइकिल चाल  
(e) If any third party was responsible for this accident give the name and address : 24072 भाउ 18 गिरसने गाडी का निचले होना  
N/A

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :  
(b) Estimated cost of repairs : 18395  
(c) When and where can the damaged vehicle be inspected : राधा मोटर्स

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :  
(b) Address : N/A  
(c) Full Details of personal injury sustained :  
(d) Name and address of any person/hospital giving medical attention to injured person :  
(e) Full details of property damaged : N/A  
(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 : \_\_\_\_\_

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 19-5-2002

Signature of the insured [Signature]  
31/20/02/1

Discharge 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\_\_\_\_  
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 *[Handwritten Signature]*

Address .....  
*[Circular Stamp]*

Signature *[Handwritten Signature]*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

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.	AKhulesh 7983390995
2	Vehicle No. / वाहन संख्या	UP-85-CZ-3007
3	Policy No. / पालिसी संख्या	252400/31/2026/45317
4	Period of Insurance / बीमा अवधि	17-10-2025 To 16-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-5-2026 8:30 PM
6	Place of Accident / दुर्घटना का स्थान	Barsana
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mahesh Kumar UP 8520240022472
8	Estimated Loss / अनुमानित हानि	18395
09.	Cause of Accident / दुर्घटना का कारण :	आमने से उगा रहे मोटर आईकिल वाले ने टक्कर मार दि जिससे गाडी उल्टे हाथ कि कारण गिर कर क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Radha Motors. Barsana Mathura 281405 7500412615

Date / दिनांक : 19-5-2026

हस्ताक्षर

Signature of Insured / बीमाधारक के

Accident Department

Policy No. 252400/31/2026/45317

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

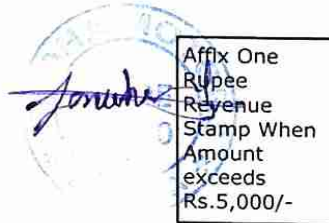
Rupees \_\_\_\_\_

in full payment of our Bill No. \_\_\_\_\_ dated \_\_\_\_\_

for repairs done to Motor Vehicle No. UP-25-CZ-3007 belonging to the  
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X



**Insured's Countersignature**

**Repairer's Stamp/Signature**

I/We hereby acknowledge having received from \_\_\_\_\_

\_\_\_\_\_ my/our Motor Vehicle No. \_\_\_\_\_

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 31/20/2017  
**Signature of Insured**

**V-55 BIL**



आकाश, सब की सुरक्षा हमारे पास

ओरिएण्टल इन्सुरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

The Oriental Insurance Company Ltd.

Policy Schedule

PRITHVI, AGNI, JAL, AAKASH, SUB KITS

THE ORIENTAL INSURANCE COMPANY LIMITED  
(Govt. of India Undertaking)

U66010DL1947G01007158  
TAX INVOICE/CERTIFICATE/CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN, INDIYA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)	
Policy Type BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On 17-OCT-25
Policy No 252400/31/2026/45317	Proposal No. & Date R/252400/31/2026/35317 & 17-OCT-2025
Agent/Broker Code BA0000155144	Policy Period (OWN DAMAGE) FROM 15:27 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Agent/Broker Name ABHINAV BHATI	Policy Period (LIABILITY) FROM 15:27 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Insured Name AKHILESH (GSTIN: )	
Insured Address C/O ATAR SINGH, R/O THHYA MOHALLA BARSANA(RURAL), MATHURA, NA.	Lead / Break In No /
	Insured State UTTAR PRADESH
<b>INSURED MOTOR VEHICLE DETAILS</b>	
Make HERO MOTOCORP	<b>INSURED DECLARED VALUE (IDV) (in Rs.)</b>
Model & Variant HERO SUPER SPLENDOR DRS XTECH	Vehicle 74687
Registration No NEW	Electrical Accessories 0
Year Of Manufacture 2025	Non Electrical Accessories 0
Engine - Chassis No JA07AZS9G06061 - MBLJAW522S9G05363	Total IDV 74687
Cubic Capacity 125	IMEI CONTRACT NO.
Seating Capacity 1 + 1	Policy Type Zone B - Rest of India
Type Of Body SOLO	Geographical Area INDIA
Type Of Fuel PETROL	
RTO Location	

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1251.75	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1251.75	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
<b>Deductibles</b>		Total Premium (A+B)	4039
Voluntary Deductibles (IMT 22A)	0	GST	728
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	SALES TAX	0.00
No Claim Bonus	0	Stamp Duty @ 10.50%	0
Discount for vehicle designed for handicapped	0	Stamp Duty @ 10.50%	0
Stamp Duty	1064	Stamp Duty @ 10.50%	0
Sub-Total Deductibles	1064	Stamp Duty @ 10.50%	0
<b>Add-On Coverages</b>		Total Premium	4767
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	188		

Nominee Details:		Nominee Name	Age	Relation
Payment Details:		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	HERO FINCORP LTD	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranty that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the Insured.

We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have hereunto set their hands at 252400 on 17-OCT-25

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any amount paid by the company by reason of wider terms appearing in the certificate in order to comply with the M.V Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

(7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury Such amount is necessary to meet these requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s), as per the The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding five consecutive years/50% of HCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1998.

\* This insurance excludes all pre-existing damages



For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature