



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. 252400/31/2026/19334

Tel. No. _____

Period of Insurance 31/05/2025 - 30/05/2026
 Claim No. _____

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

(a) Name : ^{INSURED} Raj Kishor Chhatar Yadav
 (b) Address for correspondence : Vill - Ram Nag as Totu - Pokharipur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HEROMA TOCORP</u> <u>2025</u>	Engine No. <u>21191</u> Chassis No. <u>01106</u>	Registration No. <u>UP52 CT7613</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? personal used
 (c) Was trailer attached? _____
 (d) If a Motor Cycle/scooter N/A
 1. Was a side-car attached N/A
 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	_____
(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

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.	Rajkishor Chhatav Yadav 9987382471
2	Vehicle No. / वाहन संख्या	VP52CF7613
3	Policy No. / पालिसी संख्या	252400/31/2026/19334
4	Period of Insurance / बीमा अवधि	31/05/2025 - 30/05/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/05/26 23/05/26 Time=05:20 Pm
6	Place of Accident / दुर्घटना का स्थान	Kotwa Misir
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Surendra Yadav MH1420140034674
8	Estimated Loss / अनुमानित हानि	18000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा मित्र मेरा गाड़ी लेकर Kotwa कुदू काम से जा रहे थे। Kotwa Misir Mod के पास मोती वक्त अचानक सामने रुक आया टिकशा वल न आ गया। जिससे मेरा गाड़ी उससे टकरा कर गिर गई। और हात गस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	B.K Automobiles Pathardewa (7215552909)

Date / दिनांक : 23/05/26
हस्ताक्षर

राज किशोर यादव
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Surendra Yadav
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Friend
 (e) If paid driver, how long has he been in your employment : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : _____
 (g) Driving Licence Number : MH14 201400 34674
 (h) Issuing Authority : 14/08/2014
 (i) Date of Expiry : _____
 (j) Was the licence temporary/permanent : Permanent 13/08/2024
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before?: N/A
 (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 : 23/05/26 05:20 PM
 (b) Place : Kotwaru
 (c) Speed of vehicle at the time of accident : 20-30 kph
 (d) Give a short description of the accident : मेरा गिला मेरा गाड़ी नेकर
 (e) If any third party was responsible for this accident give the name and address : Kotwaru कागसे जी रहे की Kotwaru पुरी
 (a) Full details of damage : Front
 (b) Estimated cost of repairs : 18000
 (c) When and where can the damaged vehicle be inspected : B.K/Automobiles

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

N/A

mod के पास झटले वक्त अचानक सामने 200 लगी रिकशा वाले बोसा गया। पीछी मेरा गाड़ी उससे टकरा का थी 25 और धाड़िस्त 20 गड़

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
(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? : N/A
- (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? : N/A
- (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 23/05/2006

राज किशोर यादव
Signature of the insured _____

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
Address

Signature राज किशोर यादव
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank