



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. 252400/31/2026/64401

Tel. No. _____

Period of Insurance 2-12-2025 To 1-12-2026

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 : Nagina devi
 (b) Address for correspondence : Mathrauli Mathura
 (c) Telephone : 8800911749

2. THE INSURED VEHICLE

Make & Year <u>Hero/2026</u> <u>SPL+</u>	Engine No. <u>HA11F6SHLM3266</u> Chassis No. <u>MBLHAW477SHLL3780</u>	Registration No. <u>UP-85-DA</u> <u>7954</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

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 : Babalu
 (b) Age : 26
 (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 :
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UPBS20200001656
 (h) Issuing Authority : UPBS Mathura
 (i) Date of Expiry : 30.06.2041
 (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 : 31.5.2026 4:30 PM
 (b) Place : Seerpalsobarsaha
 (c) Speed of vehicle at the time of accident : सामने से आ रहे ट्रक वालों से टकराए गए थे। जिससे गाड़ी क्षतिग्रस्त हो गई।
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 (f) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
 (b) Estimated cost of repairs : 31,000
 (c) When and where can the damaged vehicle be inspected : Radha Motors

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 : _____

N/A

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : _____

N/A

- (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. : _____

N/A

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 : _____

N/A

N/A

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 01-06-20026

Signature of the insured

[Handwritten Signature]

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 *J. M. Khanna*

Signature

Address

Signature *जाशवी देवी*

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.	Nagina devi 8800911749
2	Vehicle No. / वाहन संख्या	UP-85-DA-7954
3	Policy No. / पालिसी संख्या	252400/31/2026/64401
4	Period of Insurance / बीमा अवधि	2-12-2025 To 1-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31-5-2026 4:30 PM
6	Place of Accident / दुर्घटना का स्थान	Seeh Palsu Barsana Mathura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Bablu UP8520200001656
8	Estimated Loss / अनुमानित हानि	31,000
09.	Cause of Accident / दुर्घटना का कारण :	मेरा डेवर गाडी लेकर जा रहा था रास्ते में आगने से आ रहे मिट्टी के टुक वाले से टक्कर मार दि जिससे गाडी दाली झट्ट हो गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	n/y Radha Motoz Barsana Mathura 281405 7500412615

Date / दिनांक : 1-6-2026
हस्ताक्षर

Jonuhari

Signature of Insured / बीमाधारक के

Nagina Devi

Accident Department

Policy No. 252400/31/2026/6440/

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

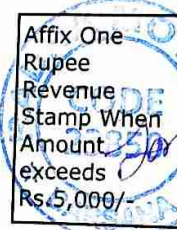
Rupees _____

in full payment of our Bill No. _____ dated _____

for repairs done to Motor Vehicle No. UP-85-DA-7954 belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

x सतीश कौर



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
सतीश कौर
Signature of Insured

V-55 BIL

The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA NIEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)	Policy Issued On	02-DEC-25
Policy No	252400/31/2026/64401	Proposal No. & Date	R/252400/31/2026/42938 & 02-DEC-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:59 ON 02/12/2025 TO MIDNIGHT OF 01/12/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:59 ON 02/12/2025 TO MIDNIGHT OF 01/12/2026
Insured Name	NAGINA DEVI (GSTIN:)		
Insured Address	C/O BRIJ MOHAN, R/O MAHRAULI PO, MAHRAULI, MATHURA, NA, Lead /Breakin No Insured State UTTAR PRADESH		

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	71250
Model & Variant	SPLENDOR +SELF DRUM ALLOY FI 135 BSV1	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	71250
Engine -Chassis No	HA11FGSHLM3266 - MBLHAW477SHLL3780	IME CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 - 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1194.15	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory P.A Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1194.15	Legal Liability (WC no driver (IMT-28)	0
Geographical Area Extn (IM1 -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4030
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1015	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1015	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4756
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	179		

- Note:
1. Policy Issuance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
 4. Voluntary excess Ratio
 5. Subject to Endorsements IMT.7.10.28,

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
			Amount
			4756

In the event of a claim under the policy exceeding Rs.1Lac or a claim for refund of premium exceeding Rs.1Lac 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, IMT) and ORC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.com or in an demand from the policy issuing office. We warrant that in case of dishonour of premium (cheques) the Company shall not be liable under the policy and the policy shall be void abinitio (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 the 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 here to set his hands at 252400 on 02-DEC-25

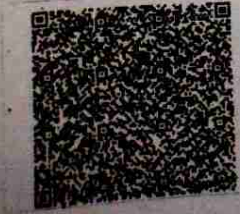
IMPORTANT NOTICE
The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate is in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN 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.

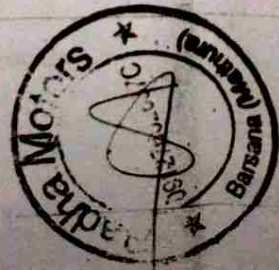
Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that must a person satisfies the requirement of Rule 3 of the Central Motor Vehicle 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 (i) 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 (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 four consecutive years: 45% preceding five consecutive years: 50% NCB 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, 1988.



Approved By : 659255MD
Approved On : 02-DEC-25
Place : MRT
Printed On : 02-DEC-25



For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature