



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. 252400/31/2026/24155  
 Tel. No. \_\_\_\_\_ Period of Insurance 22-6-2025 To 21-6-26  
 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

(a) Name : Ram Hans.  
 (b) Address for correspondence : Unchagaon Mathura  
 (c) Telephone : 9917910027

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u> <u>SPL+</u>	Engine No. <u>HA11F7SHE80010</u> Chassis No. <u>MBLHAW481SHEC6768</u>	Registration No. <u>UP-85-CX</u> <u>2450</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 : \_\_\_\_\_  
 (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 : \_\_\_\_\_

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ram hant  
(b) Age : 31  
(c) Address : Unchagaon Barabani Mathura  
(d) Is the Driver  
1. Owner : owner  
2. paid driver?  
3. Owner's relative or friend?  
(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 : UP8520160001875  
(h) Issuing Authority : UP85 Mathura  
(i) Date of Expiry : 26-1-2036  
(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 : 4-6-2026 1:30 PM  
(b) Place : Barabani Road  
(c) Speed of vehicle at the time of accident  
(d) Give a short description of the accident : सामने अचानक मिल गया आ गयी निमित्त व गति पर  
(e) If any third party was responsible for this accident give the name and address : गाडी मिले एकर डिरेक्टर का पता  
N/A

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage  
(b) Estimated cost of repairs : 9602  
(c) When and where can the damaged vehicle be inspected : Radha Motors

### 7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name  
(b) Address  
(c) Full Details of personal injury sustained : N/A  
(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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N/A  
(b) If yes, give full details : \_\_\_\_\_

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? : N/A  
(e) By whom discovered and reported? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Policy Station? : N/A  
(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 10-6- 20026

Signature of the insured 21/1/27

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 .....  
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.	Ram hand . 9914910027
2	Vehicle No. / वाहन संख्या	UP 85-CX-2450
3	Policy No. / पालिसी संख्या	252400/31/2026/24155
4	Period of Insurance / बीमा अवधि	22-6-2025 To 21-6-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4-6-2026 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	Barsana Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ram hand . UP 8520160001875
8	Estimated Loss / अनुमानित हानि	9602
9	Cause of Accident / दुर्घटना का कारण : गाड़ी में आगने अचानक एक मिल गया आ गया जिससे चाली पर एक आवा ब्रेक लगने पर गाड़ी स्लिप होकर सिरी हाथ के तरफ फिर कर दालिश्चर 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 : 10-6-2026

हस्ताक्षर

*Jamunahary*

राजेश

Signature of Insured / बीमाधारक के

Accident Department

Policy No. 252400/31/2026/24155  
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-CX-2450 belonging to the  
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

**Rs.** =====

**X**

Affix One  
Rupee  
Revenue  
Stamp When  
Amount  
exceeds  
Rs.5,000/-

**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**

**Signature of Insured**

पृथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास  
दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का उपक्रम)  
U66010DL1947GO1007158



PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA  
THE ORIENTAL INSURANCE COMPANY LIMITED  
(Govt. of India Undertaking)  
U66010DL1947GO1007158  
Report ID: PGIR092K  
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 MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (In Rs.)

Table with 2 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location.

Table with 2 columns: Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMT CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)

LIABILITY SECTION (B)

Table with 2 columns: Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A).

Table with 2 columns: Basic Third Party Liability, Compulsary PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMPDUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid.

- 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 Rs(0) 5. Subject to Endorsements IMT.7,10,28,

Table with 4 columns: Nominee Details, Payment Details, Financer Type, POS Name, Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, Financer Name, POS ID, Financer Branch, POS PAN NO/Aadbar No, Amount.

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, 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.

Warranted that in case of dishonour of premium cheque(s) 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.

I/We hereby certify that the information in 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 is authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 22-JUN-25

IMPORTANT NOTICE: The Insured is not to be indemnified if the vehicle is used otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MVA Act 1988 is a voluntary sum and shall not be the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Only for personal 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) Speed testing (5) Publicity trails

Driver's Clause: Any person claiming the insured shall be deemed 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 drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Death of or body injury: Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section 11-1 (1) of the policy - Damage to third party