





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. 252400/31/2026/32980

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

Period of Insurance 1/8/25 to 7/8/26

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 : Nahane  
 (b) Address for correspondence : Agarwala Math  
 (c) Telephone : 9076930026

2. THE INSURED VEHICLE

Make & Year <u>new</u> <u>13/AUG/2025</u>	Engine No. <u>HA11F6S9G34642</u> Chassis No. <u>MBLHA047XS9AS3S75</u>	Registration No. <u>UP05CX9240</u>
---	--	---------------------------------------

- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? NO  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter NO  
 1. Was a side-car attached NO  
 2. Was a pillion rider carried NO

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 : \_\_\_\_\_

नाहने

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sughad Singh
- (b) Age : \_\_\_\_\_
- (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 : NO
- (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_
- (g) Driving Licence Number : UPDS 20220015289
- (h) Issuing Authority : Mathura
- (i) Date of Expiry : 2019/3/22
- (j) Was the licence temporary/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? : \_\_\_\_\_

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 2/6/26 8:21 PM
- (b) Place : Mathura
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : \_\_\_\_\_
- (e) If any third party was responsible for this accident give the name and address :   
The driver of the vehicle was not wearing seat belt and was driving at a high speed. The driver of the vehicle was not wearing seat belt and was driving at a high speed.   
The driver of the vehicle was not wearing seat belt and was driving at a high speed.   
The driver of the vehicle was not wearing seat belt and was driving at a high speed.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimated
- (b) Estimated cost of repairs : 10750/-
- (c) When and where can the damaged vehicle be inspected : Jain New Company

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? : \_\_\_\_\_

Mathura

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 21/01/20 200

Signature of the insured \_\_\_\_\_  
नकुन

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 .....



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. HILMISTAN CINEMA MEERUT, U.P., PIN-221006 (GSTIN: 09AAAC0627R4ZL)

Table with 2 columns: Field Name and Value. Fields include 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), and Insured State.

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS and INSURED DECLARED VALUE (IDV) (IN RS.). Fields include Make, Model & Variant, Registration No, Year of Manufacture, Engine/Chassis No, Cubic Capacity, Seating Capacity, Type of Body, Type of Fuel, Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, TMI CONTRACT NO, Policy Type, and Geographical Area.

Schedule Of Premium (Amount in Rs.)

Table with 2 columns: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). It lists various premium components like Vehicle, Etc Accessories, Basic Premium, Driving Tuition Loading, and sections for Basic Third Party Liability, Compulsory PA Cover Premium, and Net Liability Premium.

Table with 2 columns: Nominee Details and Payment Details. It includes fields for Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, Financer Branch, POS Name, POS ID, and POS PAN NO.

Legal disclaimer text starting with 'In the event of a claim under the policy...' and 'The Insured hereby certifies that the policy...' containing terms and conditions, limitations, and disclaimers.

Approval details: Approved By: 9221378M07, Approved On: 08-AUG-25, Place: MUM, Printed On: 15-08-25

For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature

Handwritten signature in blue ink.