



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. 252400/31/2026/29910

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

Period of Insurance 27.7.2025 To 26.7.2026  
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 : GoPal
- (b) Address for correspondence : Unchagaon Mathura
- (c) Telephone : 7662605303

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u> <u>SPL+</u>	Engine No. <u>HA11F7561F12362</u> Chassis No. <u>MBLHAW484561F12327</u>	Registration No. <u>UP-85-CX</u> <u>7179</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. : N/A
- (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 : N/A
- (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Yogendra  
(b) Age : 32  
(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 : UP-8S20180006716  
(h) Issuing Authority : UP 8S Mathura.  
(i) Date of Expiry : 25-5-2038  
(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 : 15-6-2026 2:00 PM  
(b) Place : Barbana  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : 29 डी गाडी में खूब तेजी वाला रफ़्तक में गाडी टिकरले  
(e) If any third party was responsible for this accident give the name and address : गाडी धरती टकर होना  
: N/A

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : \_\_\_\_\_  
(b) Estimated cost of repairs : 10622  
(c) When and where can the damaged vehicle be inspected : Radhey Motors - Barbana

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

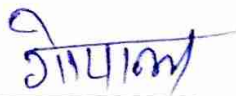
- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_ N/A  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : \_\_\_\_\_  
(d) If yes, to which Police Station? : \_\_\_\_\_ N/A  
(e) Date and Diary No. : \_\_\_\_\_
- 

10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_ N/A  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_ N/A  
(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 16-6-20026

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 .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....

*Signature*

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.	Gopal 7608605303
2	Vehicle No. / वाहन संख्या	UP-05-CX-7179
3	Policy No. / पालिसी संख्या	252400/31/2026/29910
4	Period of Insurance / बीमा अवधि	27-7-2025 7026-7-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-6-2026 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	Barbana
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Yogendra UP 0520180006716
8	Estimated Loss / अनुमानित हानि	10622
09.	Cause of Accident / दुर्घटना का कारण:	बाजार में दुकान के सामने खड़ी हुई गाड़ी में खूब डी रिजसा वाहन लेक करने में टक्कर मार दी जिससे गाड़ी उल्टे घब के कारण गिर कर क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Rodha Motoz Barbana Mathura 281405 7500412615

गोपाल

Signature of Insured / बीमाधारक के

Date / दिनांक : 16.6.2026

हस्ताक्षर

  
20250  
BARBANA

Accident Department

Policy No. 252400/31/2026/29910

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 \_\_\_\_\_

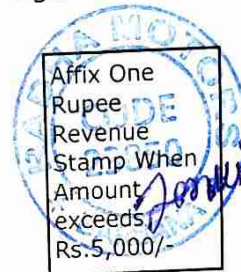
in full payment of our Bill No. \_\_\_\_\_ dated \_\_\_\_\_

for repairs done to Motor Vehicle No. UP-85-CX-7179 belonging to the  
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

*[Handwritten Signature]*



*[Handwritten Signature]*

**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

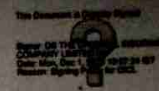
The Insured is requested to sign  
at two places marked as : X

X

*[Handwritten Signature]*

**Signature of Insured**

**V-55 BIL**



**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)

<b>Policy Type</b>	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	<b>Policy Issued On</b>	27-JUL-25
<b>Policy No</b>	252400/31/2026/29910	<b>Proposal No. &amp; Date</b>	R/252400/31/2026/22390 & 27-JUL-2025
<b>Agent/Broker Code</b>	LC000000660	<b>Policy Period (OWN DAMAGE)</b>	FROM 16:02 ON 27/07/2025 TO MIDNIGHT OF 26/07/2026
<b>Agent/Broker Name</b>	M/S POLICYBAZAAR INSURANCE BROKERS PVT LTD	<b>Policy Period (LIABILITY)</b>	FROM 16:02 ON 27/07/2025 TO MIDNIGHT OF 26/07/2030
<b>Insured Name</b>	GOPAL (GSTIN: )		
<b>Insured Address</b>	C/O HETRAM, R/O VILIGE-UNCHAGAON UNCHAGAON, MATHURA, NA,		<b>Lead /Brenkin No</b> <b>Insured State</b>
			UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
<b>Make</b>	HERO MOTOCORP			<b>Vehicle</b>	75312
<b>Model &amp; Variant</b>	HERO SPLENDOR PLUS E20			<b>Electrical Accessories</b>	0
<b>Registration No</b>	NEW			<b>Non Electrical Accessories</b>	0
<b>Year Of Manufacture</b>	2025			<b>Total IDV</b>	75312
<b>Engine -Chassis No</b>	HA11F7SGF12362 - MBLHAW484SGF12327			<b>TMF CONTRACT NO</b>	
<b>Cubic Capacity</b>	100			<b>Policy Type</b>	Zone B - Rest of India
<b>Seating Capacity</b>	1 + 1			<b>Geographical Area</b>	INDIA
<b>Type Of Body</b>	SOLO	<b>Type Of Fuel</b>	PETROL		
<b>RTO Location</b>					

**Schedule Of Premium (Amount in Rs.)**

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
<b>Vehicle</b>	1262.23	<b>Basic Third Party Liability</b>	3851
<b>Elec Accessories</b>	0	<b>Compulsory PA Cover Premium</b>	0
<b>Non-Elec Accessories</b>	0	<b>PA Cover for 0 Person Of Rs (0) each (IMT-16)</b>	0
<b>Basic Premium</b>	1187.23	<b>Legal Liability (WC)to driver (IMT-28)</b>	0
<b>Geographical Area Extn (IMT -1)</b>	0	<b>Legal Liability to Employees (IMT-29)</b>	0
<b>Driving Tuition Loading On OD Premium (60%)</b>	0	<b>Legal Liability to Passenger (IMT-46)</b>	NA
<b>Sub-Total Additions</b>	0	<b>Driving Tuition Loading On TP Premium (60%)</b>	0
<b>Deductibles</b>		<b>PA Paid Driver, Conductor, Cleaner-GR36B3</b>	0
<b>Voluntary Deductibles (IMT 22A)</b>	0	<b>Net Liability Premium (B)</b>	3851
<b>Anti- Theft Device (IMT-10)</b>	0	<b>Total Premium (A+B)</b>	4153
<b>AAI Membership (IMT-8)</b>	0	<b>GST</b>	748
<b>No Claim Bonus</b>	0	<b>SERVICE TAX</b>	0
<b>Discount for vehicle designed for handicapped</b>	0	<b>STAMPDUTY</b>	0.00
<b>SIP Discount</b>	1073	<b>Swachh Bharat Cess@0.50%</b>	0
<b>Sub -Total Deductibles</b>	1073	<b>Krishti Kalyan Cess@0.50%</b>	0
<b>Add-On Coverages</b>		<b>Gross Premium Paid</b>	4901
<b>NIL Depreciation</b>	188		
<b>Return to Invoice</b>	0	<b>Note:</b>	
<b>Key Replacement</b>	0	1. Policy Issuance is the subject to the realisation of cheque	
<b>Consumables</b>	188	2. Consolidated Stamp Duty paid via Challan No	
<b>Sub Total Add-on Coverages</b>	188	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
<b>Net own Damage Premium(A)</b>	302	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT.7.10.28.	

<b>Nominee Details :</b>	<b>Nominee Name</b>	<b>Age</b>	<b>Relation</b>
<b>Payment Details :</b>	<b>Payment Method</b>	<b>Cheque No./Transaction No.</b>	<b>Bank Name</b>
			<b>Amount</b>
			4901
<b>Financer Type</b>	<b>Financer Name</b>	<b>HERO FINCORP LTD.</b>	<b>Financer Branch</b>
<b>POS Name</b>	<b>POS ID</b>	<b>NA</b>	<b>POS PAN NO/Aadhar No</b>
			<b>NA</b>

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 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/have herein to set his/their hands at 252400 on 27-JUL-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 in order to comply with the MV 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

g) 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 their requirement 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/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/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.  
\* This insurance excludes all pre existing damages

Approved By : 922137SMD  
Approved On : 27-JUL-25  
Place : MRT  
Printed On : 01-DEC-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature