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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. 252400/31/2026/21752

Tel. No. _____

Period of Insurance 10/06/2025 TO 09/06/2026
Claim No. _____

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

I. INSURED
(a) Name : Nandya Sgharni
(b) Address for correspondence : B9uliy 910-4 Post - Kaptanganj
(c) Telephone : 638622035

2. THE INSURED VEHICLE

Make & Year <u>05/2025</u>	Engine No. <u>HA11P7SHE75262</u> Chassis No. <u>MBLHAW482SHEC2016</u>	Registration No. <u>UP57BY</u> <u>3551</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? Home
(c) Was trailer attached?
(d) If a Motor Cycle/scooter Motor Cycle
1. Was a side-car attached front side
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 : Y
(b) Unladen Weight : Y
(c) Weight of goods carried/Load Challan No. : Y
(d) Nature of permit : Y
(e) Nature of goods carried : Y
(f) Was the vehicle plying for hire : Y
(g) If Lorry/Jeep/Tractor, was trailer attached? : Y
(h) Number of passengers carried : one
(i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rohul Sohoni
 (b) Age : 23 year
 (c) Address : Boulyy 9/104 Khatonj Khatonj
 (d) Is the Driver
 1. Owner :
 2. paid driver? : paid driver
 3. Owner's relative or friend? :
 (e) If paid driver, how long has he been in your employment : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : UP5720230018729
 (h) Issuing Authority : KUSHINAGAR
 (i) Date of Expiry : 31/07/2030
 (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 : 29/11/2025 शाम 2:00 बजे
 (b) Place : समोली बाजार
 (c) Speed of vehicle at the time of accident : कप्तानगंज से हाई पाल समुद्र समोली बाजार के पास
 (d) Give a short description of the accident : सामोली बाजार वाले के एक गाड़ी टिक टिक
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front Side
 (b) Estimated cost of repairs : Vajra, Hoshiy, Hoshiy, Hoshiy, Hoshiy
 (c) When and where can the damaged vehicle be inspected : 11/11/25

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : X
 (b) Address : X
 (c) Full Details of personal injury sustained : X
 (d) Name and address of any person/hospital giving medical attention to injured person : X
 (e) Full details of property damaged : X
 (f) Has notice of any claim been given to you? : X

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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

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To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

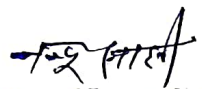
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Namdy Sohamy 6386 220 351
2	Vehicle No. / वाहन संख्या	UPS7 B/ 3551
3	Policy No. / पालिसी संख्या	252400/31/2026/21752
4	Period of Insurance / बीमा अवधि	10/06/2025 To 09/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/11/2025 शाम 9:00 बजे
6	Place of Accident / दुर्घटना का स्थान	मधोकी बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rahul Sohamy 6386 220 351 UPS7 202300/18729
8	Estimated Loss / अनुमानित हानि	11668/-
09.	Cause of Accident / दुर्घटना का कारण :	कप्तानगंज से हावा जाते समय मधोकी बाजार के पास सामने से वाहन वाले ने ठोका मार दिया तथा गाड़ी लेका गिरा गये तथा गाड़ी क्षतिग्रस्त हो गयी
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 / फोन नं.	Madhukhiya Automobile Ramkalya Road Kaptanj Kurbanj 962/661495-

Date / दिनांक : 03/12/2025
हस्ताक्षर


Signature of Insured / बीमाधारक के