



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. 252400/81/2026/592867

Tel. No. 7303878551

Period of Insurance 14/11/2025 to 13/11/2026
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 : Mr. A. Lata
(b) Address for correspondence : 1st floor, 1st cross, 1st lane, 1st block, 1st phase, 1st colony, 1st area, 1st zone, 1st district, 1st state, 1st country
(c) Telephone : 7303878551

2. THE INSURED VEHICLE

Make & Year <u>2025</u> <u>AT 2341</u> <u>8-25TH</u>	Engine No. <u>JA07AZS9603417</u> Chassis No. <u>MBLJAW52559603459</u>	Registration No. <u>UP74 AQ</u> <u>3748</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? Going to market
(c) Was trailer attached?
(d) If a Motor Cycle/scooter X
1. Was a side-car attached X
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 : _____