

THE ORIENTAL INSURANCE COMPANY LIMITED

REGD. OFFICE: "ORIENTAL HOUSE", P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi – 110 002.

Website: www.orientalinsurace.nic.in

MOTOR INSURANCE CLAIM FORM

(PRIVATE CARS / MOTORIZED 2 WHEELERS / COMMERCIAL VEHICLES)

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AN ADMISSION OF LIABILITY

Certificate Policy No. _____ Period Of Insurance : _____ to _____

1. DETAILS OF THE INSURED

Name _____
(First) (Middle) (Last)

Address: _____

Contact : _____ Email : _____ Gender _____ Date of Birth _____

2. DETAIL OF THE VEHICLE

1. Make Of Vehicle _____ 2. Model _____ 3. Year Of Mfg. _____

4. Regn No. _____ 5. Was the vehicle in good road worthy condition at the time of accident _____

6. Engine No. _____ 7. Chassis No. _____

8. Estimated cost repairs Rs. _____ 9. For what purpose was the vehicle used at the time of accident _____

1. When and where can the damaged vehicle be inspected _____

3. DETAILS OF THE DRIVER AT THE TIME OF THE ACCIDENT

1. Name _____
(First) (Middle) (Last)

2. Address _____

3. Tel No. _____ 4. Email _____ 5. Age _____ 6. Profession _____

7. Driver Is _____ 7.1 If Others, Specify _____ 7.2 If Paid Driver, Months Of _____ 8. Was He Under Influence
Owner _____ Paid Driver _____ Others _____ employment with you _____ of drugs/liquor **Y/N**

9. Driving Licence No. _____ 10. Issuing Authority _____ 11. Driving Licence Expiry Date _____

12. Type Of Vehicle Authorized To Drive _____ 13. Was The Licence Permanent **Y/N**

14. Details Of Licence Suspension, If Any _____ 15. Any Involvement In An Accident Before **Y/N**

16. Has been charged by the police: **Y/N** 16.1 Fir No. and Date: _____ 16.2 Sections Of IPC: _____

4. DETAILS OF THE ACCIDENT AND DAMAGE TO THE INSURED VEHICLE

1. Date _____ 2. Time _____ Am/Pm 3. Place _____

5. Cause of damage _____ Accident _____ Riot, strike, malicious act _____ Theft And Burglary _____ Flood, Storm, Tempest
_____ Fire explosion, self-ignition _____ Terrorism _____ Earthquake _____ In transit on Ship, ferry, train or lorry

6. At time of accident : 5.1 No. of occupants _____ 5.2 speed of the vehicle at the time of accident (kms/hr) _____

7. Give a short description of the accident _____

8. If any third party was responsible for the accident, give details below (IF SPACE IS SUFFICIENT USE ADDITIONAL SHEETS)

9. Name

_____ (First) (Middle) (Last)

10. Address: _____

11. Third Party Vehicle No. _____ 11. Type of vehicle _____

12. Full detail of damage _____

13. Was there any witness to the accident? Y/N 13.1 If yes, please give Name & Address _____

14. Was the accident reported to police? y/n 14.1 if yes, please give FIR No. & date

5. THIRD PARTY INJURY / PROPERTY DAMAGE

1. Name _____ (First) (Middle) (Last)

2. Address: _____

3. Full details of personal injury sustained _____

4. Name and Address of hospital / doctor giving medical attention of person _____

5. Address : _____

6. Full details property damaged _____ 7. Has a claim notice been given to you Y/N

6. INJURY TO DRIVER / OCCUPANT

1. Full details of property damaged _____ 7. Has a claim notice been given to you Y/N

7. THEFT

1. Date _____ 2. Time _____ Am/Pm 3. Pla _____

3. Item stolen _____ 5. Estimated cost of replacement Rs. _____

6 Who discovered and reported the theft _____

7. Has police been notified Y/N 7.1 If yes, FIR/TAR/Diary No. _____ 7.2 Date _____

7.3 Police Station Name & Address _____

8. DECLARATION

I/we the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and i/we agree that if i/we have made, or in any further declaration the company may require of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the policy shall be void and all right to recover there under in respect of past or future accidents shall be forfeited.

_____ Date _____ Place _____

_____ Signature of Insured _____