



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. _____
Tel. No. _____ Period of Insurance _____
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 : _____
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year	Engine No. Chassis No.	Registration No.
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- (a) Was the vehicle in proper working condition?
(b) For what purpose was the vehicle being used at the time of accident?
(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. : _____
(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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : _____
 - (b) Age : _____
 - (c) Address : _____
 - (d) Is the Driver : _____
 - 1. Owner : _____
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : _____
 - (e) If paid driver, how long has he been in your employment : _____
 - (f) Was he under the influence of intoxication Liquor or drugs? : _____
 - (g) Driving Licence Number : _____
 - (h) Issuing Authority : _____
 - (i) Date of Expiry : _____
 - (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?: _____
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4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : _____
 - (b) Place : _____
 - (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 : _____
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6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : _____
 - (b) Estimated cost of repairs : _____
 - (c) When and where can the damaged vehicle be inspected : _____
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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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____
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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. : _____
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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 : _____
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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 _____ 200

Signature of the insured _____