



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Issuing
Office

PEDAL CYCLE CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)
Please answer all questions fully. It will avoid unnecessary correspondence and
consequent delay in the settlement of claim

Name and Business of the Insured

Address

Policy Number

Period of Insurance From _____ to _____

When and to whom last premium paid

No. and description of Bicycle:

Name and address of Maker:

1. PARTICULARS OF ACCIDENT

1. State when the accident occurred:
2. Where did it occur:
3. How did it occur:
(This must be fully answered)
4. If caused by negligence of another party,
Give name and address:
5. Name and address of Witness of accident:
6. Nature of damage done to cycle:
7. Name and address of cycle repairers who
has cycle in hand to repair:

2. PARTICULARS OF THEFT

1. State when the theft occurred:
2. Where did it occur?
3. How did it occur?
4. Was cycle left unattended?
If so, for how long
5. What precautions were taken to protect cycle?
6. Name of the police station at which report has been lodged
7. State whether police have any clue.
8. State for what purpose cycle was being used Business or pleasure
9. Is cycle at present insured with any other Insurance Company
If so give details
10. Amount Claimed:

DECLARATION

I/we hereby declare that the foregoing particulars are true in every respect, and that cycle for which I/we am/are claiming is the same for which the above mentioned policy was taken out.

Witness:_____

Signature_____

Address:_____

Date_____

