

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.	Ram Sewak / 9236348991
2	Vehicle No. / वाहन संख्या	UP64BD4391
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	25/4/2026 To 07/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/11/26 / 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Ahrawan
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Abhay Koj / UP6320250008966
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मै दासाद जी मरी गाडी से अटॉरेश गय थी। रक इंसुरानस मैफिर के सोड पे सुई सासल से रक आंठी (टिस्पी) से टक्कर दी गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	MAHADEV AUTO SALES 8957601838

Date / दिनांक : 13/10/26
हस्ताक्षर

रामसेवक

Signature of Insured / बीमाधारक के

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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 _____

Tel. No. _____

Certificate Policy No. 25240039/2026/57250

Period of Insurance 07/11/2026
 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 : Ram Sewak
 (b) Address for correspondence : Majhgaon shameshpur, Chandauli
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIIF7S4J31417</u> Chassis No. <u>MBLHAW483S4J25556</u>	Registration No. <u>UP64804391</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? Personal
 (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: N/A

(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 A

रामसेवक

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Abhay Raj
(b) Age : 20
(c) Address : Bisheshcharpur Mathi Narayanpur, mzp
(d) Is the Driver
1. Owner : /
2. paid driver?
3. Owner's relative or friend? : Relative

(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 : UP6320250008966
(h) Issuing Authority : 18-7-2025
(i) Date of Expiry : 02-11-2046
(j) Was the licence temporary/permanent : 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 : 06/11/26 / 3:00 Pm
(b) Place : Abraur
(c) Speed of vehicle at the time of accident : 25 kmph
(d) Give a short description of the accident : MS d 30287 area d station Hill
(e) If any third party was responsible for this accident give the name and address : Appt /

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : 12931
(b) Estimated cost of repairs
(c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : M
(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 : A
(f) Has notice of any claim been given to you?

21/11/2026

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
- (b) If yes, give full details _____
- (a) Give names and addresses of passengers/other Witness, if any : N/A
- (b) Did a Police Constable take particulars of The accident? : N/A
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? : JA
- (e) Date and Diary No. : _____

9. WITNESS

10. THEFT

- (a) Date and Time : _____
- (b) Place : N/A
- (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 Police Station? : JA
- (i) C.R. diary Number : _____

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 18/01/26 200

Signature of the insured रामसेवन

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____
(In words Rupees _____, the sum of Rs. _____)

in full and final settlement of the loss and/or damage caused through the accident to my/our motor Car/Vehicle No UP2648D4391 insured under Policy No 252400184 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 763002120005170
Name of the Bank CANION BANK

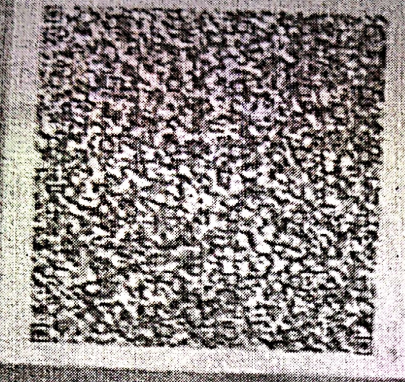
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी संचय संख्या कार्ड
Permanent Account Number Card
GFGPR8271P



नाम / Name
AMSEWAK

पिता / माता / पिता के नाम /
Father's Name
ABAU

जन्म तिथि / Date of Birth
01/01/1993

हस्ताक्षर / Signature

09013

DL No: UP63 20250008966

UPDL631000016665



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP63	UP63	18-07-2025	NI			
LMV	UP63		18-07-2025	NI			
MVSD							

Emergency Contact Number

3748194


Licensing Authority
UP63 MIRZAPUR

Indian Union Driving Licence Issued by Uttar Pradesh

UP63 20250008966



Issue Date 18-07-2025
Validity (NT) 02-11-2046

Validity (TR)*



Name:

ABHAY RAJ

Holder's Signature

Date of Birth: 03-11-2006

Blood Group:

Organ Donor: Y

Sex: Son/Daughter/Wife of:

OM PRAKASH

Address:

LL-BISHESHARPUR MAFI NARAINPUR
RAYANPUR CHUNAR MIRZAPUR UTTAR PRADESH
2305



आधार अधिकार
GOVERNMENT OF INDIA



रामसेवक

Ramsewak

जन्म तारीख/DOB:01/01/1993

पुरुष Male



2514 6976 8091

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: बबऊ, मझगावों

शमशेरपुर, शमशेरपुर,

चदौली

उत्तर प्रदेश, 232111

Address:

S/O: Babau, MAJHGAWAN
Shamaserpur, Shamshepur,
Chandauli

Uttar Pradesh, 232111



MAHADEV AUTO SALES

IMLIYA CHATTI,, CHUNAR, MIRZAPUR, 231304, UP, India

State Code: 9 Contact: 5009390764,, ,

GSTIN No: 09ABPFM0841D1ZA

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	67086-03-REST-0126-1	Date	15-01-2026
Customer Name	RAMSEWAK .	Contact No.	9118670346
VIN	MBLHAW483S4J25556	Model	SPLENDOR +
Insurance Company		Reg No.	UP64BD4391
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
2	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
5	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
7	83401KCC900SS -VISOR FRONT (BLACK)	87141090	Paid	468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	553.00
8	SPDFFSO02SS -HERO GENUINE FRONT FORK OIL (160 ML)	27101989	Paid	72.03	2	9.00	9.00	0.00	0.00	0.00	0.00	170.00
9	91255189000RS -OIL SEAL 30X42X11	40169330	Paid	84.75	2	9.00	9.00	0.00	0.00	0.00	0.00	200.00
Parts Total											0.00	10,081.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	889.83	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	1,525.42	9.00	9.00	0.00	0.00	0.00	0.00	1,800.00	
Jobs Total											0.00	2,850.00

Parts Total	10,081.00
Labour Total	2,850.00
SGST (Parts) 9%	768.89
CGST (Parts) 9%	768.89
SGST (Labour) 9%	217.37
CGST (Labour) 9%	217.37
Total	12,931.00

Rupees in Words: Twelve Thousand Nine Hundred Thirty One Only

Authorised Signatory

1. Terms Cash

2. Prices & statutory levies prevailing at the time of delivery shall be charged

3. Vehicles in this workshop are handled/driven and kept at owner's risk.

4. Customers are requested to satisfy themselves with the quality of work done before taking the

67086 - Main W/S

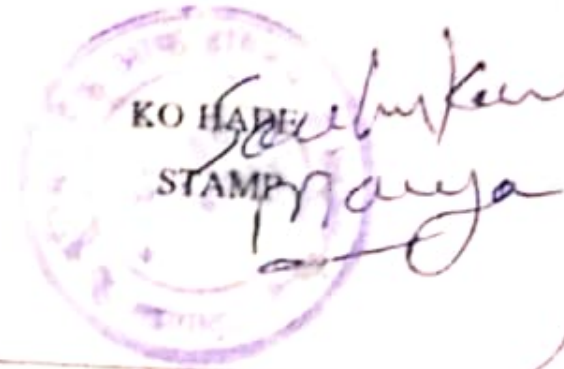


Identity Card / पासबुक

Account numbers : 763002120005170
IFSC Code : UBIN0576301
Branch Name : NAUGARH
Account holder Name : RAMSEWAK
S/O BABAU
Aadhar No : 2514 6976 8091
Address : MAJAHAGWAN , SHAMASHERPUR
NAUGARH CHANDAULI 232111



KO Name : SACHIN KUMAR MAURYA
KO ID : 576301-0757630101
KO location : MAJHAGAWAN





The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Table with 2 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with 2 columns: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes sub-totals and GST/Service Tax/Stamp Duty.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,28.

Table with 4 columns: Nominee Details, Payment Method, Financer Name, POS ID, Bank Name, Financer Branch, POS PAN NO/Aadhar No, Amount.

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs.1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in a operating Offices as well as company's website. The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception). Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured. I/We hereby certify that the policy to which the certificate relates as well as the company has/have herein to set his/their hands at 252400 on 08-NOV-25 In witness whereof the undersigned being authorised by and on behalf of the company has/have appearing in the certificate in order to comply with IMPORTANT NOTICE The Insured is not Indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Approved By: UNIV@252400 Approved On: 08-NOV-25 Place: MRT Printed On: 08-NOV-25 For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature



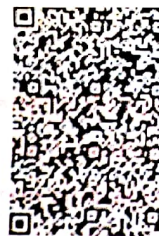


GOVERNMENT OF UTTAR PRADESH

Transport Department SONBHADRA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP64BD4391 Registration Date : 13-Nov-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : VINDHAYA AUTO SALES, PIPARI ROAD, SONEBHADRA, , 200-231216
 Owner Name : RAMSEWAK Son/wife/daughter of : S/O BABAU
 Full Address: (Permanent) : MAJHGAWAN SHAMASERPUR, SHAMSERPUR, , CHANDAULI, UTTAR PRADESH-232
 Full Address: (Temporary) : ROBERTSGANJ, ROBERTSGANJ, , SONBHADRA-UTTAR PRADESH-231216
 Fitness UpTo : 12-Nov-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2142595891 Rear HSRP No : AA2142007738
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW483S4J25556
 Engine No : HA11F7S4J31417 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, ROBERTSGANJ, , Sonbhadra, Uttar Pradesh-231216 w.e.f. 12-Nov-2025.

Purchase dt : 12-Nov-2025 Sale Amt : 73764/-
 OTT Date : 12-Nov-2025 Amount/Rcpt No : 7377 / UP64D25110003455
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Dec-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 13-Nov-2025 to 12-Nov-2040

Date : 17-Dec-2025 11:55:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 17-Dec-2025

कर/पंजीयन अधिकारी
 मोटर वाहन विभाग
 सोनभद्र

Q 5406762

(Handwritten signature and number 85)

(Handwritten signature)