

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.	Bisaza
2	Vehicle No. / वाहन संख्या	UP53FN2708
3	Policy No. / पालिसी संख्या	252400/31/2026/53351
4	Period of Insurance / बीमा अवधि	29/10/2025 To 28/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/04/2026 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	Haripur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rishu Kesh
8	Estimated Loss / अनुमानित हानि	10000 = 00
9.	Cause of Accident / दुर्घटना का कारण :	घर में सट्टनवा जा रहे थे हाट्टु चौक पर लागने से आही जोरलाइल से ठीक लगने से गाड़ी क्षतिग्रस्त हो गयी /
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 / फ़ोन नं.	Deep Chand Traders Katsahara Bazar Gorakhpur 7521065310

Date / दिनांक :
हस्ताक्षर

12/04/2026

Signature of Insured / बीमाधारक के

विशुजा



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. 252402/31/2026/53351

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 : Biraza
 (b) Address for correspondence : Rawatwar Po. Madanpura Ps. Harpur Bud hat
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HAIIFGSHF51143</u> Chassis No. <u>MBLHAW465SHF45985</u>	Registration No. <u>UP53FN</u> <u>2708</u>
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- (a) Was the vehicle in proper working condition? No
 (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:

- (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 : _____
- NA.

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rishi Kesh
 (b) Age : 02/02/1988
 (c) Address : Rawatpur Po. Madanpur Ps. Harpur Budhat
 (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 : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : UP5320190016719
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2037
 (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 : 12/04/2026
 (b) Place : Harpur
 (c) Speed of vehicle at the time of accident : 45
 (d) Give a short description of the accident : जधनवा. पो. डि. से बसु-नौट्टे पुल भंगने से
 (e) If any third party was responsible for this accident give the name and address : आ रही मोटरसाइकिल से ठक्कर लगने पर गार्डी क्षति हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Vision, Inner Panel Head Light, Winker
 (b) Estimated cost of repairs : Leg Guard Fuel Tank
 (c) When and where can the damaged vehicle be inspected : Deep Chand Traders

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 : NA.
 (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? X
(b) If yes, give full details X

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any X
(b) Did a Police Constable take particulars of The accident? X
(c) Was accident reported to Police? If not, Why? X
(d) If yes, to which Police Station? X
(e) Date and Diary No. X

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
- N.A.

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 12/04/2026

Signature of the insured VIRGII

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 10000/- Day of 12/04/2026
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 10000/-
(In words Rupees दस हजार रुपये)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP53FN278 insured under Policy No. 53351 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. 10000/-

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature T.R.G.I.
Occupation
Address
.....

Bank Account Number
Name of the Bank

Transport Department Gorakhpur RTO
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FN2708
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, . . 188-273001
 Owner Name : BIRAZA
 Full Address: (Permanent) : VILL-RAWATPAR, PO-MADANPURA, PS-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273212
 Full Address: (Temporary) : VILL-RAWATPAR, PO-MADANPURA, PS-HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273212
 Fitness UpTo : 01-Nov-2040
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Son
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2142502371
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F6SHF51143
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ XTEC (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK TORNADO GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 02-Nov-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAM GANESH
 Owner Serial No : 1
 Link Vehicle No :
 Nominee Name : VISHAL
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2141837040
 Month/Year of Manuf. : 06/2025
 Chassis No : MBLHAW465SHF45989
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 AC Fitted : NO

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 SHRIRAM FINANCE LTD, GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 31-Oct-2025.

Purchase dt : 31-Oct-2025
 Sale Amt : 77982/-
 OTT Date : 31-Oct-2025
 Amount/Rcpt No : 7799 / UP53D25110000856
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 18-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Nov-2025 to 01-Nov-2040

Date : 05-Dec-2025 12:41:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 05-Dec-2025

गोरखपुर

Q 6229583



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: POL0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 0121496378) (GSTIN: 09AAACT862TR4Z1)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)		
Policy No	252400/1/2026/33331	Policy Issued On	29-OCT-25
Agent/Broker Code	BA000151144	Proposed No. & Date	B/252400/51/2026/1064501982A & 29-OCT-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 13:22 ON 29/10/2025 TO MIDNIGHT OF 28/10/2026
Insured Name	BHARAZA (GSTIN:)	Policy Period (LIABILITY)	FROM 13:22 ON 29/10/2025 TO MIDNIGHT OF 28/10/2026
Insured Address	C/O RAM GANESHI, R/O VILL.- RAWATPAR, PO- MADANPURA, PS- HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH		
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	74083
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74083
Engine -Chassis No	HAI1F6SHF51143 - MBLHAW463SHF45889	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			
Schedule Of Premiums (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1241.63	Basic Third Party Liability	3851
Elect Accessories	0	Compulsory P.A Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	185.63	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extra (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premiums (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR1483	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premiums (A+B)	4037
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4763
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Insurance is the subject of the realization of cheque.	
Key Replacement	0	2. Considered Stamp Duty paid via Chassis No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	186	5. Subject to Endorsements IMT, 7, 10, 26.	
Nominee Details : Nominee Name, Age, Relation			
Payment Details : Payment Method, Cheque No./Transaction No., Bank Name, Amount			
Financer Type, Financer Name, Financer Branch, POS Name, POS ID, POS PAN NO/Aadhar No			
In the event of a claim under the policy exceeding the limit or a claim for refund of premium exceeding the limit, the insured will comply with the provisions of the A.M.I. policy of the Company. The A.M.I. policy is available in all our operating Offices as well as company's website.			
The insurance under the policy is subject to conditions, clauses, warranties, exclusions, DMTs 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 dishonesty of premium element(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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 this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorized by and on behalf of the company has/have hereon set his/their hands at 252400 on 29-OCT-25			
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".			
Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.			
Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license's license may also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.			
Limits of Liability Clause: Under section II-1 (i) of the policy -Death or body injury: Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy-Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0			
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the: The preceding year/20%; preceding two consecutive years/25%; preceding three consecutive years/35%; preceding five consecutive years/45%; preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.			
I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.			
* This insurance excludes all pre existing damage			
Approved By : UNIV@252400		For and on behalf of	
Approved On : 29-OCT-25		The Oriental Insurance Company Limited	
Place : ARI			
Printed On : 06-NOV-25		General Manager	
		Authorized Signature	


 भारत सरकार
Government of India

 बिरजा
Biraza
जन्म तिथि / DOB : 01/01/1975
पुरुष / Male




4482 6933 8943


आधार - आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: संबोधित: राम गनेश, रावतपार, Address: S/O: Ram Ganesh, Rawatpar,
मदनपुरा, गोरखपुर, मदनपुरा, उत्तर Madanpura, Gorakhpur, Madanpura, Uttar
प्रदेश, 273212 Pradesh, 273212

4482 6933 8943

 1947
1800 300 1947

 help@uidai.gov.in

 www.
www.uidai.gov.in

INDIAN UNION DRIVING LICENCE
ISSUED BY GOVERNMENT OF UTTAR PRADESH

UP53 20190016719



Issue Date
30-07-2019

Validity (NT)
31-12-2037



Date of First Issue 30-07-2019

Name : **RISHI KESH**


Date Of Birth : **01-01-1988** Blood Group: Organ Donor:

Son/Daughter/Wife of : **RAM SAKAL**

Present : **RAWATPAR MADANPURA GORAKHPUR, GORAKHPUR, UP 273212**



Holder's Signature

DL No. UP53 20190016719



ADPVEH No.(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	UP53	30-07-2019	NT			
	LMV	UP53	30-07-2019	NT			

Form 7 Rule 10 (2)

Licencing Authority
RTO, GORAKHPUR

Mobile Number: **9956958037**

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DEEP CHAND TRADERS
 NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India
 State Code: 9 Contact: 7054923970, ...
 GSTIN No: 09BKDPP2013C2ZN
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66816-03-REST-0426-2	Date	14-04-2026
Customer Name	BIRAZA	Contact No.	9794930168
VIN	MBLHAW465SHF45989	Model	SPLENDOR+ XTEC
Insurance Company	Motorsathi Solutions	Reg No.	UP53FN2708
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	ADHMS6A0050CCGS - VISOR FRONT NH-1(T6)	87141090	Paid	733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	865.00
2	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	420.00
3	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
4	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	83402ADH600S -PANEL INNER	87141090	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
6	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	505.00
7	ADHMS6A0020CCGS - FUEL TANK NH-1(T6)	87141090	Paid	4,813.56	1	9.00	9.00	0.00	0.00	0.00	0.00	5,680.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total												
Labour Details											0.00	9,324.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	800.00	9.00	9.00	0.00	0.00	0.00	0.00	944.00	
Jobs Total											0.00	944.00

Parts Total	9,324.00
Labour Total	944.00
SGST (Parts) 9%	711.15
CGST (Parts) 9%	711.15
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
Total	10,268.00

Rupees in Words: Ten Thousand Two Hundred Sixty Eight 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 delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only

66816 - Main W/S

आयकर विभाग
INCOME TAX DEPARTMENT

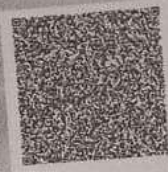


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IUQPB9767R



नाम / Name
BIRAZA

पिता का नाम / Father's Name
RAM GANESH

जन्म तिथि / Date of Birth
01/01/1975

हस्ताक्षर / Signature

13854