

Motor Claim Form

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory

Personal Details of Claimant (Owner) To be filled in BLOCK LETTERS

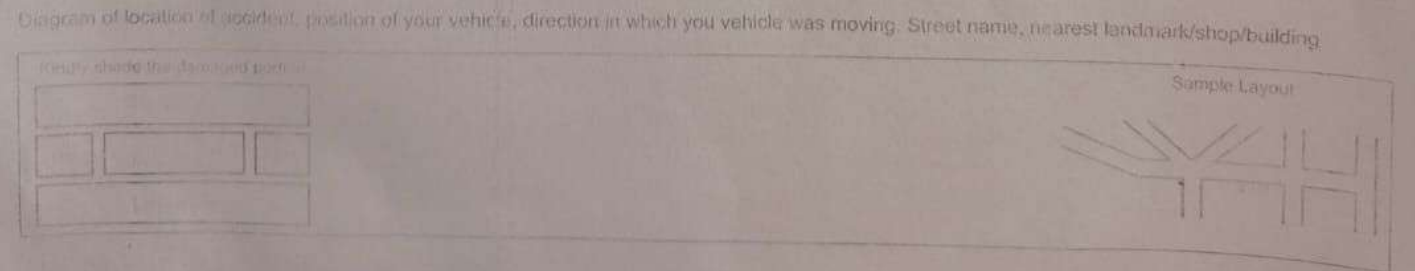
Policy No. 110422523750038066 Cover Note No. R251025145005
Policy Period From 25/10/2025 To 24/10/2026
Full Name Mr./Mrs./Ms. ROZIMIRZA
Address for Communication
Flat Building
Road/Street/Sector
Nearest Landmark
Taluka/Village/District/City CHAKRUPITYA-GORAKHPUR Area URUWABAZAR Pin Code 273407
State UTTAR PRADESH
Change of the contact Details [] Yes, I wish to change my contact details. [X] There is no change in my contact details
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status, Policy Renewal.
Phone No. Mobile No. 8400985479
Alternate Phone No. Alternate Mobile No.
Email ID D.O.B 10/12/2003
Aadhaar (UIDAI) No. PAN No. 1UKPM0737G
Insured Profession [] Private Service [] Self Employed [] Politician [] Retired [X] Student [] Government Service [] House Wife
Monthly Income [] Upto ₹ 20,000 [] ₹ 20,001 to ₹ 50,000 [] ₹ 50,001 to ₹ 1,00,000 [] ₹ 1,00,001 and above
Any claims made in last two insurance policies [] Yes [X] No If yes, please specify

Vehicle Details

Registration No. UPS3FM1793 Date of Registration 31/10/2025
Date of Purchase of Vehicle 25/10/2025 Expiry of Temp. Reg. in state
Chassis No. MBLJFW60XP6G05581 Engine No. JF16EPPGJG07083
Make HERO Model X00MXTEC
Class of Vehicle [X] Pvt. [] Two Wheeler [] Commercial
Financers [] Yes [] No If yes, Name of Financier
Vehicle fitted with LPG/CNG [] Yes [] No Vehicle fitted with Anti theft device [] Yes [] No

Details of accident

Date 17/06/2026 Time 05:00 am/pm [X] Vehicle Speed 30 KMPH
Place of accident DHURNAPAR Odometer reading 2509
Police FIR No. / GD Entry Name of Police Station
Name of Garage SHAMI HERO Garage Ph. No. 9266828275
Estimate of Loss 3000
No. of persons traveling at the time of accident excluding driver
Description of the accident (Please attach a separate sheet if needed)
पर दूसरी तरफ से आ रहे वाहन वाले ने राइट साइड में ठोकर मार दिया जिससे स्कूटी में नुकसान हो गया।
For what purpose was the vehicle being used at the time of accident? [X] Personal [] For Hire of Passenger [] Carriage of Goods
Vehicle was plying from to
Was any third party involve in the accident [] Yes [X] No If Yes, Vehicle No. and details



Driver at time of accident

Name: MIRZA ARSHAD BEG
 Correspondence Address: CHAKRUPYA PACHPEDAWA GKP UP
 Telephone Number: 8400985479 Gender: Male / Female
 Date of Birth: 20091997 Licence No.: UP5320200013618
 Licensing Authority: ... Valid upto: 19092037
 Type of Vehicle authorised to Drive: HGV Transport LMV Motor Cycle Scooter Without Gear
 Is the Driver: Owner Paid Driver Any Other Person, please specify Brother
 Was the driver under the influence of alcohol: Yes No Type of Licence: Permanent Learner
 Driver involve in any other accident in last two years: Yes No. If yes, please provide details _____

Details required only for Commercial Vehicle

Nature of load carried at time of accident: N.A G. R. Date and No. _____
 No. of passengers carried at time of accident: N.A Permit No. X N.A
 Permit valid upto: _____ Permit Issuance Date: _____
 Fitness valid upto: _____

If there is a third party property damage or injury

Type of T. P. Loss	Injury / Death / Property damage	Status of victim	Passenger / Driver / Third person
<u>N.A</u>	<u>N.A</u>	<u>N.A</u>	<u>N.A</u>

Additional information required for theft claim

Place of theft: _____ Time noticed: _____ Date of Theft: 01/01/2018
 Police Station: _____ FIR No.: _____
 Date of FIR: _____
 By whom it was first noticed and when: N.A Time: _____ am/pm
 Witnesses Name & Address: _____ Witness Contact No.: _____
 Details of person in whose possession the vehicle was at the time of theft: _____
 Relationship: _____ Purpose: _____

Add On's

Do you wish to opt a claim for add on cover if opted under the policy Yes No
 Cover for Nil Depreciation (U1) Motor Secure Plus (U2)(U3)(U5) Motor Secure Premium (U2)(U3)(U4)(U5) NCB Retention cover
 Easy Monthly Instalment (EMI) Protection Cover: Plan I - 1 EMI Plan II - 2 EMIs Plan III - 3 EMIs
 Total Cover
 Details of any other insurance covering this vehicle (Name of Insurance Company): _____
 Policy No.: _____ Period of insurance: _____

Bank Details for NEFT payment (For Reimbursement Claims)

Name of the Bank Account Holder: Mr. Mrs. Ms. P. T. R. S. T. M. P. D. D. S.
 Bank Account No.: _____ Account: Saving Current
 Name of the Bank: _____ Branch: _____
 MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank): _____
 IFSC Code (11 character code appearing on your cheque leaf): _____
 I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.
 *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.
 Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars

Aadhaar based payment (For Reimbursement claims)

Aadhaar Card No.: _____ (Note: Self attested Aadhaar card copy to be submitted)
 I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card, I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form.

Place: _____ Date: _____ Signature of the Insured: _____

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
IUKPM0737G



नाम/ Name
ROZI MIRZA

पिता का नाम/ Father's Name
MIRZA AKARAM BEG

जन्म की तारीख/
Date of Birth
10/12/2003

ROZI MIRZA
हस्ताक्षर/ Signature

04112023

NOTHING

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FN1793 Registration Date : 31-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , 188-273010
 Owner Name : ROZI MIRZA Son/wife/daughter of : D/O: MIRZA AKARAM BEG
 Full Address: (Permanent) : URUA BAZAR POST PACHPERWA VILLAGE, CHAKRUPAIYA, , GORAKHPUR, UTTAR PRADESH-273407
 Full Address: (Temporary) : URUA BAZAR POST PACHPERWA VILLAGE, CHAKRUPAIYA, , GORAKHPUR-UTTAR PRADESH-273407

Fitness UpTo : 30-Oct-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 : AA2142496972 Rear HSRP No : AA2141831317
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2023
 No of Cylinders : 1 Chassis No : MBLJFW60XPGG05581
 Engine No : JF16EPPGG07083 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : XOOM (ZX) Wheel base : 1300
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : MATT ABRAX ORANGE Laden/GV Wt (kgs) : 239
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, GORAKHPUR, New Delhi, Delhi-110001 w.e.f. 26-Oct-2025

Purchase dt	25-Oct-2025	Sale Amt	: 78299/-
OTT Date	: 25-Oct-2025	Amount/Rept No	: 7830 / UP53D25100018877
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 14-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 31-Oct-2025 to 30-Oct-2040

Date : 27-Nov-2025 15:09:06

Taxation Particulars / Advance Registration Mark Fee Details

कर्मचारी अधिकारी
 Signatures of Registering Authority
 मोटर वाहन विभाग
 Date : 27-Nov-2025
 गोरखपुर

Q 6217310

BELGHAT

10:15 06.18.26

Documents required for processing of a claim

General Documents applicable for all type of losses

	Own Damage	Theft of vehicle	Personal Accident Claim
Claim Form filled-up completely & duly signed*	✓	✓	✓
Policy Copy	✓	✓	✓
RC with RTO Tax Receipt**	✓	✓	✓
Driving Licence Copy**	✓	✓	x
Original Estimate of Repair	✓	x	x
Original Repair Invoice and payment receipt	✓	x	x
FIR Copy (in case of major loss and theft)	✓	x	x
Fire Brigade report for fire loss	✓	✓	x
Cancelled Cheque for fund transfer or Self attested Aadhaar Card Copy (if opted)	✓	x	x
KYC document for high value claim	✓	✓	✓
Bank details for the payment for EMI protector	✓	✓	✓
Loan documents for EMI payment for EMI protector	✓	x	x
Auto Loan Account No.	✓	x	x
Purchase Invoice Copy	✓	x	x
Vehicle Fitness Certificate Copy***	✓	✓	x
Vehicle Permit and Authorisation Copy***	✓	✓	x
Load Challan for goods vehicle***	✓	x	x
Passenger list for passenger carrying vehicle***	✓	x	x
Non Traceable report	x	✓	x
All Original Keys	x	✓	x
Letter of subrogation and indemnity	x	✓	x
Loan account statement from the Financier	x	✓	x
NOC from the Financier (if hypothecated)	x	✓	x
Form 35 duly signed	x	✓	x
Form 28, 29 and 30 duly signed	x	✓	x
Letter to RTO intimating them of the theft	x	✓	x
Hospital Certificate/documents	x	x	✓
Death Certificate	x	x	✓
Post Mortem Certificate	x	x	✓
Legal Heir Certificate/Will/Proof of nomination	x	x	✓
Affidavit on non judicial stamp paper	x	x	✓
Certificate of disablement in case of a permanent partial disability	x	x	✓

OWN DAMAGE

Additional documents for Theft of vehicle

Personal Accident Claim

*Stamp required in case of company
 **Original document to be produced for verification of the driver at the time of accident.
 ***Applicable for commercial vehicles only
 In case if necessary, additional documents may be require for processing of a claim

Track your claim status

- You can always track your claim status -
- ▶ On our website - www.reliancegeneral.co.in, in the 'Claims' section or
 - ▶ Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at 1800 3009 (toll free) or
 - ▶ SMS claimstatus<space><claim number> at 9268334477 to get the claim status.

Registered & Corporate Office Address

IRDAI Registration No. 103.
Reliance General Insurance Company Limited. Registered Office: H Block, 1st Floor, Dhruvhai Ambani Knowledge City, Navi Mumbai - 400710.
Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055
 For any assistance call 1800 3009 (toll free)

Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my/our claim, I/We hereby accept from Reliance General Insurance Company Limited the sum of ₹ _____ in full and final settlement of my/our claim.

I/We hereby voluntarily give discharge receipt to the company in full and final settlement of all my/our claims present or future arising directly indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No. _____ Signature of Insured _____
 Policy No. _____ Name of Insured _____
 Date of loss _____ Date: _____

in case of firm/company owned vehicles stamp & sign of authorized signatory is required
 Issuance of the voucher is subject to the receipt of all documents



भारत सरकार

Government of India



Aadhaar no. issued: 17/03/2017



रोज़ी मिर्ज़ा

Rozi Mirza

जन्म तिथि/DOB: 10/12/2003

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication, or scanning of QR code / offline XML).

2533 7850 4955

मेरा आधार, मेरी पहचान



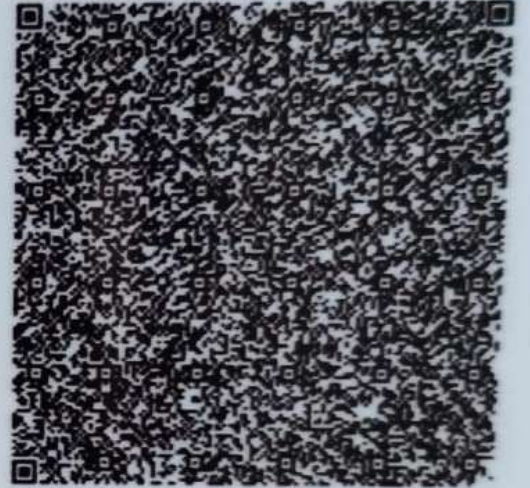
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:

आत्मजा: मिर्जा अकरम बेग, गांव चकरुपैया, पोस्ट पचपेड़ा,
उरुआ बाज़ार, उरुवा बाज़ार, गोरखपुर,
उत्तर प्रदेश - 273407



Address:

D/O: Mirza Akaram Beg, Village Chakrupaiya, Post
Pachperwa, Urua Bazar, PO: Uruwa Bazar, DIST:
Gorakhpur,
Uttar Pradesh - 273407

2533 7850 4955

VID : 9111 1538 7861 1797

1947

help@uidai.gov.in

www.uidai.gov.in

Details as on: 11/03/2026

NOTHING

25MMF/15/1/145 150100

RELIANCE

**GENERAL
INSURANCE**

A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in

1800 3009

Claim Procedure: Step-by-Step Guide for Claims

Registration of Claim

Claim has to be intimated with our Call Centre at 1800 3009 (toll free)

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

First Step

- ▶ Please provide your mobile no. for sending SMS about your claim status from time to time.
- ▶ If there has been any injury to any passengers or a head on collision resulting in major damages or vehicle not in a motorable condition due to accident please report the matter to Police and seek a spot survey immediately before shifting the vehicle from the accident spot.
- ▶ Please rush the injured to the hospital.
- ▶ You can seek the help of our Call Centre Executives in identifying a cashless network garage* close to the location of loss.
- ▶ Decide on the repairer and inform us immediately once the vehicle is left at the garage.
- ▶ Please try to produce the vehicle for inspection as early as possible as the policy does not pay for consequential/aggravated damages on account of delay.
- ▶ Submit all documents listed on time for a speedier claim settlement**
- ▶ Keep original documents ready for verification by our loss assessor.
- ▶ Produce the vehicle for re-inspection after repairs. If the loss is above Rs.20,000. Submit bills and cash receipt within 10 days from the date of repair.
- ▶ To pay the difference bill amount over and above the liability of the insurance company before taking delivery of the vehicle from our cashless network garage which can be on account of depreciation, salvage, excess, consumables etc.
- ▶ We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) or Aadhaar based payment for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- ▶ In case of a loss due to riots inform police immediately.
- ▶ If loss is on account of fire, intimate fire brigade immediately and try to minimise loss.
- ▶ In case of a theft claim, report the loss immediately to the insurance company and also the police. Informing insurers immediately helps us co-ordinate with the police for tracing of the vehicle through the investigator.
- ▶ To co-operate with the investigator in a theft claim and provide necessary information sought by him.
- ▶ If you would like to lodge a claim under the personal accident cover of the policy for death or permanent total disablement or loss of limbs or eyes*** do intimate the call centre executive of the same.

*Conditions apply

**Claim amount shall be subject to the policy terms and conditions and there shall be deduction for depreciation, excess, salvage etc. as laid down in the policy terms. Please go through the policy document

***Please refer Section III of the policy document

Documents to be kept ready at the time of registration of a claim

- ▶ Policy Copy
- ▶ Registration Book
- ▶ Driving License

You may have to inform the insurer of the following at the time of intimation of a claim:

- ▶ How the accident took place
- ▶ The damages suffered by the vehicle
- ▶ Location of the accident
- ▶ Location, where the vehicle is available for inspection
- ▶ Injuries to passengers/driver/third parties if any
- ▶ Name and particulars of driver who was driving the vehicle at the time of accident

Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License

Vehicle repair satisfaction voucher (For Cashless Settlement)

Claim No. _____

I/We hereby acknowledge having received from _____

Name of the garage _____

garage my/our _____

vehicle _____

Repair Registration Number _____

which has been repaired to my/our satisfaction and I/we admit that the payment of ₹ _____

on account of such repair by Reliance General Insurance Company Limited to the above garage is in full discharge of my/our claim upon the said company under

Policy No. _____

in respect of the damage caused to the above mentioned vehicle in an accident which occurred on _____

Place _____

Signature of the Insured _____

Date _____

Name of Insured _____

IRDAI Registration No. 103, Reliance General Insurance Company Limited, Registered Office: H Block, 1st Floor, Dhrubhai Ambani Knowledge City, Vashi, Mumbai - 400 071

BELGHAT

Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 058

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under License: RGM/C/MCO/MO1/02/OLM-FM/Var.1/060617

An ISO 9001:2008 Certified Company
1242 06.18.26

DL No: **UP53 20200013618**

UPDL000002964800



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	UP53	19-06-2020	NT			
	LMV	UP53	19-06-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP

UP53 20200013618



Issue Date	Validity (NT)	Validity(TR)#
19-06-2020	19-09-2037	-----



Holder's Signature

Name: **MIRZA ARSHAD BEG**

Date of Birth: **20-09-1997** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **MIRZA AKARAMBEG**

Address:
**VILL CHAK RUPAIYA PO PACHPEDAWA PS
 BELGHAT Gorakhpur, UP 273407**