

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.	SHAMSHER 7607198807
2	Vehicle No. / वाहन संख्या	UP31CJ6311
3	Policy No. / पालिसी संख्या	252400/31/2025/74964
4	Period of Insurance / बीमा अवधि	01/01/2025 TO 31/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/12/2025 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	NEAR OF MATUVA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHAMSHER UP3120150004649
8	Estimated Loss / अनुमानित हानि	RS. 9612
09.	Cause of Accident / दुर्घटना का कारण :	मैं मट्टेपुरा से तम्बोरु जारदा था शस्ते में मट्टुवा के पास अचानक कुत्ता आ गया जिससे मेरी गाड़ी असन्तुलित हुई से टकरा गयी और दाहिने तरफ गिरा क्षति वस्तु हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANSH AUTO SALES LRP ROAD BASADHIYA, LAKHIMPUR KHERA 9696131312

Date / दिनांक : 09/12/2025
हस्ताक्षर

Shamsher
Signature of Insured / बीमाधारक के



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. 252400/31/2025/74964

Tel. No. _____

Period of Insurance 01/01/2025 TO 31/12/2025
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : SHAM SHER
 (b) Address for correspondence : VILL, MUSEPUR AIRA KHERI
 (c) Telephone : 7607190807

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>HAIIFIRHM06111</u> Chassis No. <u>MBLHAW400RHM05447</u>	Registration No. <u>UP31CJ</u> <u>6311</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? NO
 (d) If a Motor Cycle/scooter NO
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

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? : NO
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

Shamsher

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHAMSHER
 (b) Age : 01/01/1995
 (c) Address : VILL. MUSEPUR
 (d) Is the Driver
 1. Owner : SELF
 2. paid driver? :
 3. Owner's relative or friend? : SELF
 (e) If paid driver, how long has he been in your employment :
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP3120150004649
 (h) Issuing Authority : ARTO LAKHIMPUR KHERI
 (i) Date of Expiry : 13/05/2015 TO 12/05/2025
 (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?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 07/12/2025 11:00 AM
 (b) Place : NEAR OF MATUVA
 (c) Speed of vehicle at the time of accident : 50 km/hour
 (d) Give a short description of the accident : मे मूवेक से तबबार ला रहा था दाहिने मटुवा के पास अचानक कुचा आ गया जिससे मेरी गाड़ी अचानक से टोका जाने लगेगी और कामे बर्फ का फल शक्ति गलत हो गई।
 (e) If any third party was responsible for this accident give the name and address :

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 :

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? : H/O

Shamsher

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ **NO**
(b) If yes, give full details : _____

9. WITNESS

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

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? : _____ **NO**
(h) Which Policy Station? : _____
(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 09/12/2005

Shanghu
Signature of the insured

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____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ 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 *ShanShu*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: P0100001

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, PIN-2011400370, (GSTIN: 09A5AC78627842U)

Policy Type	BUNDLED-POLICY (MOTORIZED TWO WHEELERS (3 Years))	Policy Issued On	01-JAN-25
Policy No	20240011/2025/74004	Proposal No. & Date	R/20240001/2025/94764376/01 & 01-JAN-2025
Agent/Broker Code	BA000133144	Policy Period (OWN DAMAGE)	FROM 17:05 ON 01/01/2025 TO MIDNIGHT OF 31-12-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:05 ON 01/01/2025 TO MIDNIGHT OF 31-12-2025
Insured Name	SHAMSHIR (GSTIN: 0)	Lead/Breakin No	09
Insured Address	CD IBRAHEEM, VILL MUSEPUR ATRA KHIRI ATRA ESTETE PS KHAMARIYA, DISTC LAKHIMPUR KHIRI, LAKHIMPUR KHIRI, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	79658
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	79658
Engine Chassis No	HA11F1RHM0111 - MBLHAW00RHM05447	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 * 1	Geographical Area	IND
Type Of Body	SOLO		
	Type Of Fuel: PETROL		
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1335.07	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person OF Rs (0) each (IMT-16)	0
Basic Premium	200.07	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (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 Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Thief Device (IMT-48)	0	Total Premium (A+B)	4051
AAI Membership (IMT-8)	0	GST	730
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIF Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4781
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realization of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan 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 Ra(0)	
Net own Damage Premium(A)	200	5. Subject to Endorsements IMT,7,10,28.	

Nominee Details:		Nominee Name	Age	Relation
Payment Details:		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	HERO FINCORP LTD.	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				Amount
				4781

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insured under the policy is subject to condition, claims, warranties, exclusions, IMTs and ORC 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 dishonor of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab-initio (from inception).

Claims are 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 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 herein to set his/their hands at 252400 on 01-JAN-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 MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitation as to 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Driver's Consent: 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 may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limit of Liability: Clamped/Lender section B-J (not the policy) - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section 11-1 (ii) of the policy - Damage to third party property as Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver as RS

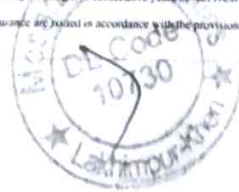
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s) as per the. The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive 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.

Warranty: Insured certifies 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.

Exclusions: (a) under all pre-existing damages



Approved By : VAIBH 252400
Approved On : 01-JAN-25
Place : MRI
Printed On : 01-JAN-25



For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature