

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.	RIJAWAN AHAMAD Mob: No 9450668672
2	Vehicle No. / वाहन संख्या	UP57 BS 1383
3	Policy No. / पालिसी संख्या	MIS-2625/700/10/46575/448392
4	Period of Insurance / बीमा अवधि	11-06-2025 - 10-6-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-12-25 7:30 PM
6	Place of Accident / दुर्घटना का स्थान	तमकुही राज (बिजनेस)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RIJAWAN AHAMAD UP53200300/9548 9450668672
8	Estimated Loss / अनुमानित हानि	730824
09.	Cause of Accident / दुर्घटना का कारण:	अज्ञान से अचानक तमकुही - बिजनेस - पकड़ने के कारण गाड़ी का नियंत्रण खो गया, तभी उसी जगह पर दुर्घटना घटित हुई। - गाड़ी को एअरब्रेक के साथ ही रुकवाया गया - एक मिनट के भीतर गाड़ी रुक गई। - गाड़ी को रुकवाया हुआ है। अचानक ही अचानक ही 12/12/25 सुम 7:30 PM
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	ANNO MOTORS. TAMKUHIRAJ. KUSINI NAGAR, 9415278119.

Date / दिनांक : 14-12-25
हस्ताक्षर

RKS's

रीजवान अहमदी
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 Mander

Certificate/Policy No. _____

Tel. No. _____

11-06-2025 - To - 10-06-2026
 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: RIJAWAN AHAMAD
 (b) Address for correspondence: VILL - HARIHAR PUR, Post - TAMKUNIBAD.
 (c) Telephone: Dist. KUSHIABAD 9450668672

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. Chassis No. <u>HA 11E 7PHB19412</u> <u>MBLHAW224PHB053</u>	Registration No. <u>UP57BS</u> <u>1383</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? NO
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter yes
 1. Was a side-car attached? NO
 2. Was a pillion rider carried? NO

III. 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

N/A

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name: RIZWAN AHMAD
 (b) Age: 40
 (c) Address: VILL. HARIHAR PUR. KUSHI NAGAR
 (d) Is the Driver:
 1 Owner
 2 paid driver?
 3 Owner's relative or friend?
 1
 (e) If paid driver, how long has he been in your employment: N/A
 (f) Was he under the influence of intoxication Liquor or drugs? N/A
 (g) Driving Licence Number: UP5320930019548
 (h) Issuing Authority: KUSHI NAGAR
 (i) Date of Expiry: 05.10.23
 (j) Was the licence temporary/permanent: PD
 (k) Details of endorsement/suspension, if any: No
 (l) Has he been involved in any accident before?: No
 (m) Has he been charged by the policy? If so, Why?: No

4 OTHER INSURANCE

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

5 DETAILS OF ACCIDENT

(a) Date and Time: 12.12.2023
 (b) Place: TAMKOH NAGAR (RDS)
 (c) Speed of vehicle at the time of accident: 40
 (d) Give a short description of the accident: ...
 (e) If any third party was responsible for this accident give the name and address: ANNU MOTORS.

6 DAMAGE TO INSURED VEHICLE

(a) Full details of damage: ...
 (b) Estimated cost of repairs: 730820
 (c) When and where can the damaged vehicle be inspected: ANNU MOTORS. TAMKOH NAGAR.

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: N/A
 (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? _____
(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? _____
(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? _____
(h) Which Police 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 14/12/25 200

Signature of the insured _____

शिवशंकर अता

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. UPC 7 BS 1383 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. 7308250

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

Witness
Name प्रदीप कुमार झा
Signature _____
Address ग्राम - हरदरपुर
जिला - ताकसैरा
जिला - कुशीनारा

Signature रीजवान अली
Occupation _____
Address ग्राम - हरदरपुर
जिला - ताकसैरा
जिला - कुशीनारा
Bank Account Number _____
Name of the Bank _____

The Oriental Insurance Company Ltd
Policy Schedule

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE
(FORM 1 OF THE CENTRAL MOTOR VEHICLES RULES 1989)

DIVISIONAL OFFICE, 346 KHAR NAGAR OPP. FULMISTAN CINEMA MEERUT, GSTIN: 09AAAC106276471

Policy Type: UNDELETED POLICY (MOTORISED TWO WHEELERS-5 Years)
 Policy No: 12006 110002 2217
 Agent/Broker Code: 1A000015144
 Agent/Broker Name: ABHINAV BHATT
 Insured Name: RUDWAN AHAMAD GUSTIN
 Insured Address: C/O ANGAR, RO VILL, HARDHARPUR, PO & P.S. TAMKUH RAJ, PADRAUNA, KUSHINAGAR, N.A.D.
 Policy Issued On: 17.11.24
 Original No. & Date: R/2524001/1/2023/903/4339/6 & 17.11.24
 Policy Period (OWN DAMAGE): FROM 17.11.24 TO 17.11.25
 Policy Period (LIABILITY): FROM 17.11.24 TO 17.11.25
 Lead / Breakin No: 0
 Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make: HERO MOTOR CORP
 Model & Variant: SPLENDOR (SELF DREM ALLOY) PLUS BSVI
 Registration No: SEW
 Year Of Manufacture: 2024
 Engine - Chassis No: HX11E7R0308412 - SBIJHAW224R1H05305
 Cyl. Capacity: 160
 Seating Capacity: 2+1
 Type Of Body: SOLEO
 Type Of Fuel: PETROL
 Location: ...

INSURED DECLARED VALUE (IDV) (IN RS.)

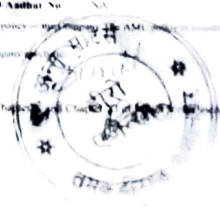
Vehicle: 1963
 Electrical Accessories: 0
 Non Electrical Accessories: 0
 Total IDV: 1963
 TMS CONTRACT NO:
 Policy Type: Zone II - Rest of India
 Geographical Area:

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	0	Basic Third Party Liability	1853
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Electrical Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMI-16)	0
Basic Premium	1813	Legal Liability (WC) to driver (IMI-28)	0
Geographical Area Extra (IMI-14)	0	Legal Liability to Employees (IMI-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMI-46)	NA
Sub-Total Additions	1813	Driving Tuition Loading On TP Premium (60%)	0
Deductibles:		PA Paid Driver, Conductor, Cleaner-GRI6B3	0
Voluntary Deductibles (IMI-22A)	0	Net Liability Premium (B)	1863
Anti-Theft Device (IMI-18)	0	Total Premium (A+B)	1782
AI Membership (IMI-8)	0	GST	680
Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
TP Discount	0	Swachh Bharat Cessat 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cessat 0.50%	0
Add-On Coverages		Gross Premium Paid	1482
OD Depreciation			
Return to Insurer			
TP Replacement			
TP Insurables			
Sub-Total Add-on Coverages			
Net Own Damage Premium (A)	1813		

Insured Details	Insurer Name	Age	Relation	Amount
Payment Method	Branch No./Transaction No.	Bank Name		1482

Insurer Type: ...
 Insurer Name: ...
 POS ID: ...
 Financer Name: ...
 Financer Branch: ...
 POS PAN No. Author No: ...

Handwritten notes in Hindi: "यह बीमा पॉलिसी, जारी करने के लिए है।" (This insurance policy is issued for this purpose.)



Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
					Cubic Capacity	Vehicle Type
ASHU	1988-01-01	9450660672	S/O ASGAR	Year of Mfg	SP11N1K0R PL113	
	Vehicle Regn. No.	Engine No.	Chassis No.	2024	1W	
	UP57DS1383	HA11F7RHB19412	MBLHAW224RHB05108	Total ADV		
Side Car ADV		Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	58000.00	
NA		0.00	0.00	0.00	Offered Payment (incl. GST)	
Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	1382.96		
IN ASGAR	State	City / District	Pin Code	Uttar Pradesh		
Address			PADRAUNA (KUSHINAGAR)	274407	Package End Date	
U-HARDIARPUR, PO & P.S- TAMKUH RAJ			Package Start Date		Midnight of 2026-06-10	
	Nominee Gender	Nominee Age	Nominee Relation	2025-06-11 16:40		
	Male	55	FATHER	Total with GST(A) 1050.20		

44 TCR: 277.76 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1050.20
 Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @ 9% + SGST @ 9%): 0.00 Total with GST(D): 332.76

est(D): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 0.00 Total MS Services with GST(C): 0.00
 202.00 AHTC: 0.00 DOC & Additional External Tyre Cover(AETC): 0.00 Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 50.76 Total with GST(D): 332.76

Offered Price After Discount: 1383	2025-06-11 To 2026-06-10	2026-06-11 To 2027-06-10	2027-06-11 To 2028-06-10	2028-06-11 To 2029-06-10	2029-06-11 To 2030-06-10
58000	NIL	NIL	NIL	NIL	NIL
1 Year	NIL	NIL	NIL	NIL	NIL

COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-06-17 (DETAILS ARE AS CUSTOMER)

TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade

including covered individual. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding of License. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Motor Vehicle Rules, 1989

STABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event. Up to Rs - 100000. Note: Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or

package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, disclosure of material fact or non-co-operation of the coverage

RENDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website

PLEASE PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: Toll Free Phone No. 7941050643

IMPORTANT NOTICE: The coverage is not maintained 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh

Rs 1382.96 ON 2025-06-11 from Mr./Ms. RIJAWAN AHMAD against the ARN No. INC P00448392
 (or details) (consolidated Stamp Duty Paid Endorsements) IMT - 22.16.18
 Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20030019548



Issue Date: 02-10-2003
Validity (NT): 02-08-2030
Validity (TR): 02-08-2030



Date of issue: 02-10-2003

Holder's Signature

RIYAN AHMAD

Name:

Date of Birth: 03-03-1982

Blood Group: M

Organ Donor: M

Son/Daughter/Wife of: ASGAR ALI

Address:

ALLAHABAD PUR POTAMUNH RAJASTHANA
200025 RAJASTHANA

DL No: UP53 20030019548

UPDL571000025334



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	05-07-2003	NT				
LMV	UP53	05-07-2003	NT				
TRANS	UP53	01-04-2008	TR				
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार
Government of India



रिजवान अहमद
RIJAWAN AHAMAD
जन्म तिथि/DOB: 01/01/1988
पुरुष/ MALE

8308 0493 9340

VID : 9185 5083 5882 1582

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
संबोधित: अस्गर, हरिहरपुर, कुशीनगर,
उत्तर प्रदेश - 274407

Address:
S/O: Asgar, Hariharpur, Kushinagar,
Uttar Pradesh - 274407



8308 0493 9340

VID : 9185 5083 5882 1582

