

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

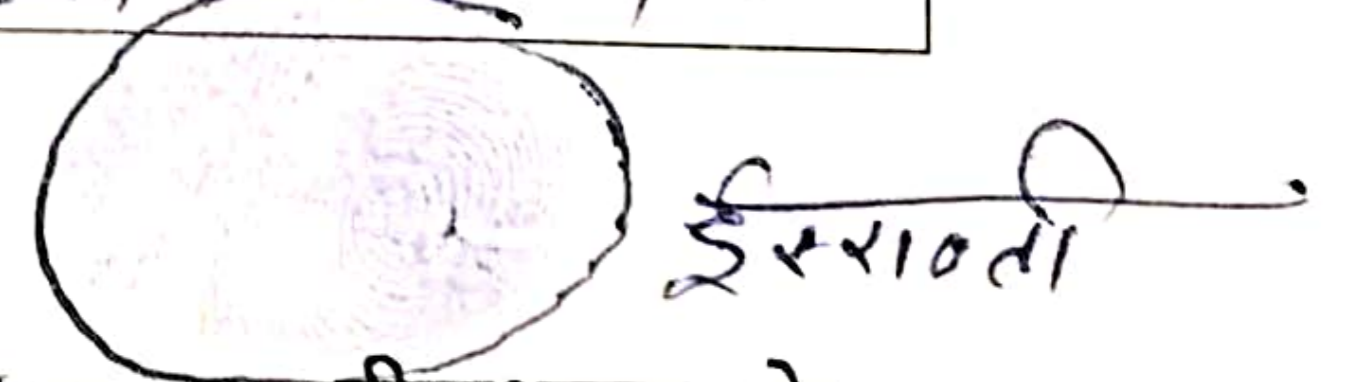
Sir / महोदय .

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.	Israwate' Devi 9915481472
2	Vehicle No. / वाहन संख्या	UP57BW7386
3	Policy No. / पालिसी संख्या	252400/31/2025/90825
4	Period of Insurance / बीमा अवधि	28/02/2025 to 27/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/2025 , 06.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Gaushahi Ram.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jai Ram Prasad, UP57 20210012 542 7565813185
8	Estimated Loss / अनुमानित हानि	10250/-
09.	Cause of Accident / दुर्घटना का कारण : मेरी बार्क लेकर मेरे देवर जयशम प्रसाद गौशीशम बाजार करने गये थे तभी एक बार्क वाले ने सामने से मेरी बार्क में टक्कर मार दिया मेरी बार्क बाधे साईड गिरने से क्षतिग्रस्त हो गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197198 Anupma Automobiles Pachwan

Date / दिनांक : 15/12/25
हस्ताक्षर

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. 252402/31/2025/90825

Tel. No. _____

Period of Insurance 28/09/2025 to 27/09/2026

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 : Srawati Devi
 (b) Address for correspondence : _____
 (c) Telephone : 9915401472

2. THE INSURED VEHICLE

Make & Year <u>H200/2025</u>	Engine No. <u>HA11E0PH176080</u> Chassis No. <u>MBLHAW23XPH110938</u>	Registration No. <u>UP57B</u> <u>7386</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 use
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter
 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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N/A
(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? : N/A
(e) Date and Diary No. : _____

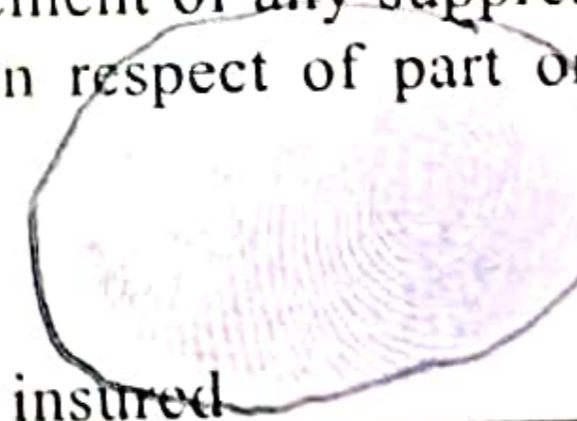
10. THEFT

- (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? : N/A
(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 15/12/25 200

Signature of the insured

 Seriani

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office

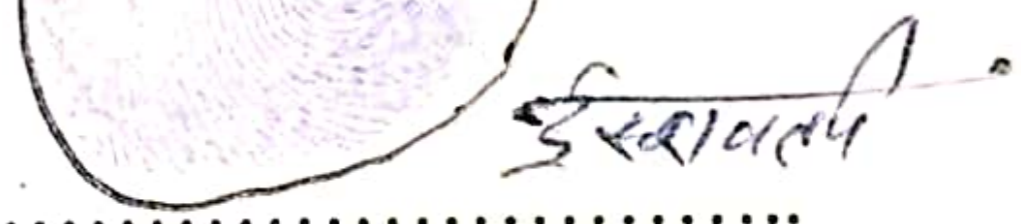


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)



FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BW7386
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : ISRAWATI DEVI
 Full Address: (Permanent) : VILL-GAGALWA, POST-GAURISHRIRAM, THANA-BISHUNPUR, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL-GAGALWA, POST-GAURISHRIRAM, THANA-BISHUNPUR, KUSHINAGAR-UTTAR PRADESH-274302
 Fitness UpTo : 29-Feb-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2120214297
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8PHH76080
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : SPORTS RED BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 01-Mar-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : OMPRAKASH
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2118216262
 Month/Year of Manuf. : 08/2023
 Chassis No : MBLHAW23XPHH18938
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 AC Fitted : NO

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 WHEELS EMI PVT LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 01-Mar-2025.

Purchase dt	: 28-Feb-2025	Sale Amt	: 77026/-
OTT Date	: 28-Feb-2025	Amount/Rcpt No	: 7703 / UP57D25030000070
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 24-Apr-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Mar-2025 to 29-Feb-2040

Date : 10-May-2025 15:06:54
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 10-May-2025

Q 3351131



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

With E-signature & Digital Signature
Signed By: Mr. Chaitanya Kumar
Company: THE ORIENTAL INSURANCE COMPANY LIMITED
Date: 28/02/2025 16:08:56 (IST)
Location: Gurgaon, Haryana

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 316 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	28-FEB-25
Policy No	252400/31/2025-90825	Proposal No. & Date	R/252400/31/2025/97126636/21 & 28-FEB-2025
Agent Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:36 ON 28/02/2025 TO MIDNIGHT OF 27/02/2026
Agent Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 18:36 ON 28/02/2025 TO MIDNIGHT OF 27/02/2030
Insured Name	ISRAWATI DEVI (GSTIN :)	Lead / Breakin No	/
Insured Address	C/O OMPRAKASHI, R/O VILL. GAGALWA POST GAURISRIRAM, THANABISHIUNPURA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA, 0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTO CORP	Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	73175
Engine - Chassis No	HA11F8PH1176080 - MBLHAW23XPH118938	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 Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1226.41	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	111.41	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4145
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	746
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	4891
Add-On Coverages	183	Gross Premium Paid	
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	183	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	294	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT, 7, 10, 28,	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4891
Financer Type	Financer Name	WHEELS EMI PVT LTD	Financer Branch	PADRAUNA	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	

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 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 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.

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 authorised by and on behalf of the company has hereunto set his/hand at 252400 on 28-FEB-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.

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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II (1) of the policy - Death of or bodily injury Such amount is necessary to meet their requirement of the motor vehicle act 1988 Under Section II (1) of the policy - Damage to third party property is Rs 7.5 lakhs. PA 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 four 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.

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, 1998.

* This insurance excludes all pre-existing damages.

Approved By : 151V/257500
Approved On : 28 FEB 25
Place : MPT
Printed On : 25 FEB 25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20210012542

Issue Date	Validity (NT)	Validity (TR)#
26-10-2021	31-12-2033	



Holder's Signature

Name: JAIRAM PRASAD

Date of Birth: 01-01-1994 Blood Group: Organ Donor: N

Son/Daughter/Wife of: SAN A PRASAD

Address:
VILL. GAGLAWA GAURI SHRIRAM PS VISHUNPURA
TE. MUNDIWARUSHPUR, DIST. UP 274302

(26-10-21-21)

DL No: **UP57 20210012542**

UPDL0000097



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 [#]
	MCYNG	UP57	26-10-2021	NT			
	LMV	UP57	26-10-2021	NT			
	MVS						
	MPSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Israwati Devi
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No ✓
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 15/12/25
Place : Radraund

Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.



भारत सरकार
Government of India



इसरावती देवी
Israwati Devi
जन्म तिथि / DOB : 01/01/1979
महिला / Female



7114 9764 9979

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
अर्धांगिनी: ओमप्रकाश, गंगलवा,
गंगलवा, कुशीनगर, गौरी श्रीराम,
उत्तर प्रदेश, 274302

Address:
W/O: Omprakash, gaganwa,
Gaganwa, Kushinagar, Gauri
Sriram, Uttar Pradesh, 274302

7114 9764 9979

1947
1600 300 1947

help@uidai.gov.in

www.uidai.gov