

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.	Ravindra 7837602310
2	Vehicle No. / वाहन संख्या	UP57CA 5735
3	Policy No. / पालिसी संख्या	252400/31/2026/45137
4	Period of Insurance / बीमा अवधि	17/10/25 to 16/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/25 5:30 PM.
6	Place of Accident / दुर्घटना का स्थान	Tampuh Raj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shaktiman Kumar / 8052857186 UP5720230017648
8	Estimated Loss / अनुमानित हानि	5412/-
09.	Cause of Accident / दुर्घटना का कारण : Wrong side se aa rahi gadi ne jakkar. Man de jis se gadi disbalance ho kar gir gyi	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Yash Automobils. Salempur / 7897481257.

Date / दिनांक : 17/12/25.
हस्ताक्षर

Signature of Insured / बीमाधारक के
हस्ताक्षर

MOTOR CLAIM FORM

Div. Br. Office Address _____

Tel. No. _____

Certificate/Policy No. 252400/31/2026/45137
 Period of Insurance 17/10/25 to 16/10/26
 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 : Ravindra
 (b) Address for correspondence : Vill + PO - Salergarh, Padrauna Kushinagar
 (c) Telephone : 7837607310

2. THE INSURED VEHICLE

Make & Year <u>2025/Hero</u>	Engine No. <u>HANF65H5LE964</u> Chassis No. <u>MBLHAW477SHJ12770</u>	Registration No. <u>UP57CA</u> <u>5735</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? NO
 (c) Was trailer attached?
 (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
 (g) If Lorry/Jeep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

/	NO
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3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shaktiman Kumar
 (b) Age : _____
 (c) Address : Migeola Salangar Kushinagar
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : relative
 (e) If paid driver, how long has he been in your employment : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP5720230017648
 (h) Issuing Authority : Kushinagar
 (i) Date of Expiry : 09-07-2041
 (j) Was the licence temporary/permanent : Permanent
 (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 : 10/12/25 . 5:30 PM .
 (b) Place : Tamkuchi Raj
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : front
 (e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Wrong side se aa rahi gadi me daffkar
 (b) Estimated cost of repairs : Mar hi jis se gadi dishabane ho kon gir gayi
 (c) When and where can the damaged vehicle be inspected : 5412/-
Yash Automobiles

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? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ / NA
- (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? : _____ NA
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

10. THEFT

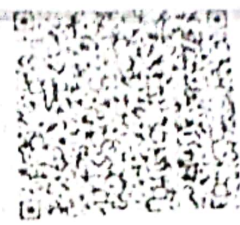
- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Police Station? : _____
- (i) C.R. diary Number : _____

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 17/12/25. 200

Signature of the insured [Signature]

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57CA5735
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
 Owner Name : RAVINDRA
 Full Address: (Permanent) : VILL-SALEMGARH, PO-SALEMGARH, PS-TARYA SUJAN, KUSHINAGAR, UTTAR PRADESH-274409
 Full Address: (Temporary) : VILL-SALEMGARH, PO-SALEMGARH, PS-TARYA SUJAN, KUSHINAGAR-UTTAR PRADESH-274409

Registration Date : 31-Oct-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAMAKANTA

Fitness UpTo : 30-Oct-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2140321458
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F6SHJL6964
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+BLACK&ACCE NT I3S(DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK AND ACCENT
 Other Criteria :
 Vehicle Purchase As : Fully Built

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2141824030
 Month/Year of Manuf. : 09/2025
 Chassis No : MBLHAW477SHJL2770
 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 w.e.f. .

Purchase dt : 17-Oct-2025
 OTT Date : 17-Oct-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 05-Dec-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 This certificate is valid from 31-Oct-2025 to 30-Oct-2040

Sale Amt : 74999/-
 Amount/Rcpt No : 7500 / UP57D25100011885
 Tax Exempted or Not : NOT EXEMPTED
 Previous RegNo :
 Entry Date :
 Conversion Date :

Date : 11-Dec-2025 13:10:45
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 11-Dec-2025



Q 6235709



Policy Schedule

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: 09AAACT0627R4U)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	17-OCT-25
Policy No	252400/31/2026/45137	Proposal No. & Date	R/252400/31/2026/35203 & 17-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:58 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 12:58 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Insured Name	RAVINDRA (GSTIN:)	Lead /Breakin No	
Insured Address	C/O RAMAKANTA, VILL+PO-SALEMGARH,PS-TARYA SUJAN DIST-KUSHINAGAR,PADRAUNA (Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	71250
Model & Variant	SPLENDOR +SELF DRUM ALLOY FI 135 BSVI	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	71250
Engine-Chassis No	HA11F6SHL6964 - MBLHAW477SHUL2770	IMF CONTRACT NO	Zone B - Rest of India
Cubic Capacity	100	Policy Type	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	1194.15	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1194.15	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -I)	0	Legal Liability to Employees (IMT-29)	NA
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%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4030
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	726
AAF Membership (IMT-8)	0	GST	0.00
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SFP Discount	1015	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1015	Kristal Kalyan Cess@0.50%	4756
Add-On Coverages		Gross Premium Paid	
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	179		
Net own Damage Premium(A)			
Nominee Details:		Age	Relation
Nominee Name			
Payment Method	Cheque No./Transaction No.	Bank Name	Amount
			4756
POS ID	NA	POS PAN NO/Aadhar No	NA
POS Name	NA		

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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, JMTs and DIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void abinitio (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.

In witness whereof the undersigned being authorised by and on behalf of the company has here to set his hand at 252400 on 17-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 MV 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

(3) 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-I (a) of the policy - Death of or body injury Such amount is necessary to meet their 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

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 premiums. 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, 1988.

* This insurance excludes all pre existing damages

Approved By: 6595215MMD
Approved On: 15-OCT-25
Place: MRT
Printed On: 22-NOV-25

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

Indian Union Driving Licence
 Issued by Uttar Pradesh

UP57 20230017648

Issue Date: 22-11-2023 Validity (NT): 09-07-2041 Validity (TR):



Name: SHAKTIMAN KUMAR
 Date of Birth: 10-07-2001 Blood Group: Organ Donor: N
 Son/Daughter/Wife of: KALPNATH GOND

Address:
 Chhaya Park Sahasrghati Kushinagar Uttar
 Pradesh 274409

DL No: UP57 20230017648



Invalid Carriage (Regn Numbers):

Invalidity Validity: Nil Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	UP57	22-11-2023	NT				
LHM	UP57	22-11-2023	NT				
MVSD							

Contact Number

UP57 KUSHINAGAR

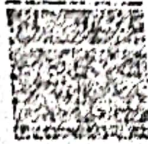


ਭਾਰਤ ਸਰਕਾਰ
Government of India

ਰਵਿੰਦਰ



Ravindra
ਜਨਮ ਮਿਤੀ/ DOB: 01/01/1985
ਮਰਦ / MALE



9697 0553 9987

ਮੇਰਾ ਆਧਾਰ, ਮੇਰੀ ਪਛਾਣ



Unique Identification Authority of India

ਪਤਾ:
ਰਾਮਾਕਾਂਤਾ, 299, ਸਲੇਮਗੜ੍ਹ,
ਕੁਸ਼ੀਨਗਰ,
ਉੱਤਰ ਪ੍ਰਦੇਸ਼ - 274409

Address:
S/O,Ramakanta, 299,
Sajemgarh, Kushinagar,
Uttar Pradesh - 274409

9697 0553 9987



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help@uidai.gov.in

www

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

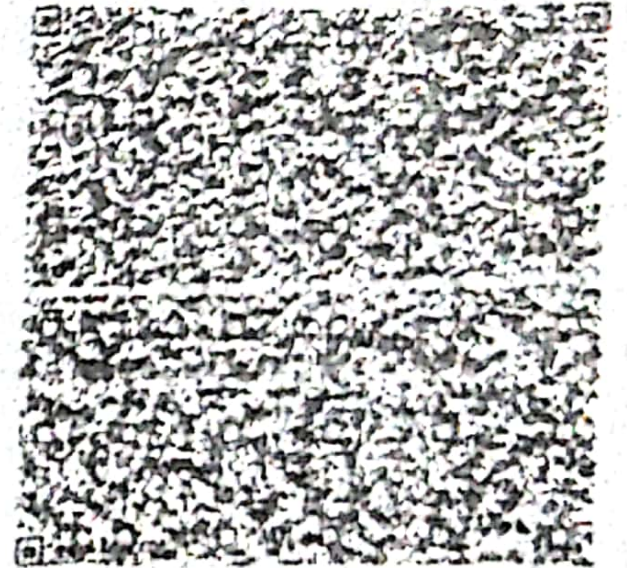


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


HVXPR6155L



नाम / Name
RAVINDRA

पिता का नाम / Father's Name
RAMAKANTA

जन्म की तारीख /
Date of Birth
01/01/1985


हस्ताक्षर / Signature

04102025