

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

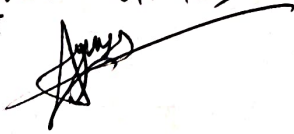
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Bhawani Shankar Ojha 7703028920
2	Vehicle No. / वाहन संख्या	UP320 H1003
3	Policy No. / पालिसी संख्या	252400/31/2025/82609
4	Period of Insurance / बीमा अवधि	03/02/25 to 02/02/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/25 8:00 Am
6	Place of Accident / दुर्घटना का स्थान	Near Aniyari Ghat
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Bhawani Shankar Ojha 7703028920 UP4120210011884
8	Estimated Loss / अनुमानित हानि	16330
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी गाड़ी, मेकर Subeha को रूढ़ा रा शस्ती में Aniyari Ghat के पास सामने से आती गाड़ी से टक्कर मचदी और मेरी गाड़ी सड़क किनारे आडिप में दुस गाड़ी /
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.	Rishan Auto Mobiles Shukral Bazar Amethi 70074 07856

Date / दिनांक : 16/12/25
हस्ताक्षर



Bhawani
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. 252400/31/2025/02609

Tel. No. _____

Period of Insurance 03/02/25 to 02/02/26
Claim No. _____

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

INSURED.
(a) Name : Bhawani Shankar Jha
(b) Address for correspondence : Paote Jha Rohana Meerapur Borsabanki
(c) Telephone : 7703028920

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HAITE7RHL 14200</u> Chassis No. <u>MBLHAN 222 RHL00331</u>	Registration No. <u>UP320H</u> <u>1003</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? Personal use
(c) Was trailer attached? NA
(d) If a Motor Cycle/scooter
1. Was a side-car attached NA
2. Was a pillion rider carried NA

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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Bhagani Shaker Ojha
 (b) Age : 22
 (c) Address : Poore Jhau Rohana meera Pur
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : NA
 3. Owner's relative or friend? : NA
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NA
 (g) Driving Licence Number : UP4120210011884
 (h) Issuing Authority : Bareilly
 (i) Date of Expiry : 24/12/2047
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before? : NA
 (m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 11/12/25 8:00 Am
 (b) Place : Near Aniyari Udan
 (c) Speed of vehicle at the time of accident : 30 Km/hr
 (d) Give a short description of the accident : 3147 जीस, पलक ला रहे था सस्ता 2 सीमेंट
 (e) If any third party was responsible for this accident give the name and address : आता जीस देवाना होती

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate
 (b) Estimated cost of repairs : 16330
 (c) When and where can the damaged vehicle be inspected : Kishan Auto Mobiles

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? : _____



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
- (b) If yes, give full details : _____

INA

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. : _____

NA

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 Policy Station? : _____
- (i) C.R. diary Number : _____

NA

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 16/12/25 200

Signature of the insured Bhawan

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 *Shrivani*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

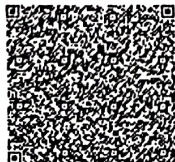


The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : POIR0928

Page No : 1

This Document is Digitally Signed
Signer: RAJIV KUMAR GUPTA
Date: Mon, Feb 3, 2025, 12:29:38 IST
Reason: Signing Policy for OCL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE																							
(FORM 81 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)																							
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-01114063970, (GSTIN: 09AAACT0637R4ZU)																							
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	03-FEB-25																				
Policy No	25240031/2025-82609	Proposal No. & Date	2/25240031/2025/62431 & 03-FEB-2025																				
Agent/Broker Code	BA0000135144	Policy Period (OWN DAMAGE)	FROM 18:20 ON 03/02/2025 TO MIDNIGHT OF 02/02/2026																				
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18:20 ON 03/02/2025 TO MIDNIGHT OF 02/02/2026																				
Insured Name	BHAWANI SHANKAR OJHA (GSTIN: 0)	Lead/Breakin No	/																				
Insured Address	C/O UMA SHANKAR OJHA, POORB JHAU ROHANA MEERA PUR SUBBHA BARABANKI 227302, C/O RAHUL PAL 0012211 JAGPALKHIERA GOMIT NAGAR CHOTA BIHARVARA KHARGAPUR PO: MALESEMAU, LUCKNOW, NA.	Insured State	UTTAR PRADESH																				
INSURED MOTOR VEHICLE DETAILS																							
Make	HERO MOTOCORP	Vehicle	74448																				
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	74448																				
Engine -Chassis No	HA11E7RHL14200 - MBLHAW222RHL80331	TMF CONTRACT NO																					
Cubic Capacity	100	Policy Type	Zone B - Rest of India																				
Seating Capacity	1 + 1	Geographical Area	INDIA																				
Type Of Body	SOLO	Type Of Fuel	PETROL																				
RTO Location																							
Schedule Of Premium (Amount in Rs.)																							
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)																					
Vehicle	1247.75	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	1173.75	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- Theft Device (IMT-10)	0	Total Premium (A+B)	4150																				
AAI Membership (IMT-8)	0	GST	748																				
No Claim Bonus	0	SERVICE TAX	0																				
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00																				
SIP Discount	1061	Swachh Bharat Cess@0.50%	0																				
Sub -Total Deductibles	1061	Krishi Kalyan Cess@0.50%	0																				
Add-On Coverages		Gross Premium Paid	4898																				
NIL Depreciation	186																						
Return to Invoice	0																						
Key Replacement	0																						
Consumables	0																						
Sub Total Add-on Coverages	186																						
Net own Damage Premium(A)	299																						
<table border="1"> <tr> <td>Nominee Details :</td> <td>Nominee Name</td> <td>Age</td> <td>Relation</td> </tr> <tr> <td>Payment Details :</td> <td>Payment Method</td> <td>Cheque No./Transaction No.</td> <td>Bank Name</td> </tr> <tr> <td>Financer Type</td> <td>Financer Name</td> <td>HERO FINCORP LTD.</td> <td>Financer Branch</td> </tr> <tr> <td>POS Name</td> <td>POS ID</td> <td>NA</td> <td>POS PAN NO/Aadhar No</td> </tr> <tr> <td>Amount</td> <td colspan="3">4898</td> </tr> </table>				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	4898		
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POS Name	POS ID	NA	POS PAN NO/Aadhar No																				
Amount	4898																						
<p>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.</p> <p>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.</p> <p>Warranted that in case of disbonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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.</p> <p>In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 03-FEB-25</p> <p>IMPORTANT NOTICE</p> <p>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".</p> <p>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 trails (7) Any Purpose in connection with motor trade.</p> <p>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</p> <p>Limits of Liability Clause: Under section II-1 (i) of the policy -Death or body injury. Such amount is necessary to meet the 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</p> <p>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</p> <p>I/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.</p> <p>* This insurance excludes all pre existing damages</p>																							
		<p>Approved By : 2550925MD</p> <p>Approved On : 03-FEB-25</p> <p>Place : MRT</p> <p>Printed On : 03-FEB-25</p>																					
		<p>For and on behalf of The Oriental Insurance Company Limited</p> <p><i>(Signature)</i> General Manager Authorized Signature</p>																					

