

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.	Ayodhya Prasad 9628722930
2	Vehicle No. / वाहन संख्या	UP36Y2176
3	Policy No. / पालिसी संख्या	252400/31/2026/7100
4	Period of Insurance / बीमा अवधि	25/04/25 to 24/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/25 16/12/25 शाम 4:00 बजे
6	Place of Accident / दुर्घटना का स्थान	Near Unch gagan
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shivam Jiwari 7234974953 UP3620240000212
8	Estimated Loss / अनुमानित हानि	18895
09.	Cause of Accident / दुर्घटना का कारण :	मैटी गाली में गिरने से ब्रेक लॉक हो गया इससे मैं अचानक वहाँ परसक सामने से आने लगा, मैं टक्कर मार दी
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.	Kishan Auto mobiles Jhukul Bazaar Amethi 7007407856

Date / दिनांक : 20/12/25
हस्ताक्षर

अपूर्णा प्रसाद
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. 252400/31/2026/7100

Tel. No. _____

Period of Insurance 25/04/25 to 24/04/26
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 : Ayodhya Prasad
(b) Address for correspondence : Post Ajeeta, Khalik Bahadur Pur Amethi
(c) Telephone : 9628722930

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIET7SHC21025</u> Chassis No. <u>MBLHAM213SHC15615</u>	Registration No. <u>UP36Y</u> <u>2176</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 : Shivam Jindal
 (b) Age : 23
 (c) Address : Gram Pooje Gitan Postanchyan Khabih Bahadur
 (d) Is the Driver
 1. Owner :
 2. paid driver? : NA
 3. Owner's relative or friend? : Friend
 (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 : UP3620240000212
 (h) Issuing Authority : Amethi
 (i) Date of Expiry : 18/08/2042
 (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 : 16/12/25, शाम 4:00 PM
 (b) Place : Place 27/11/19
 (c) Speed of vehicle at the time of accident : 35 kmph
 (d) Give a short description of the accident : हे गाडी हे जो नॉक वार व रोक अचानक से
 (e) If any third party was responsible for this accident give the name and address : राम पिता काता देवदास भादवा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate
 (b) Estimated cost of repairs : 18895
 (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 : NA
 (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 : _____

NA

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 20/12/25 200

Signature of the insured अविश्यायती

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 अमित गुप्ता
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 by
Sudhakar Prasad
Date: 25-Apr-2025 12:31:57
Place: Gurugram, India

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01114063570 (GSTIN: 09AAACT0617R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	25-APR-25
Policy No	25240031/2026/7100	Proposal No. & Date	R/25240031/2026 4811 & 25-APR-2025
Agent/Broker Code	DA0000155144	Policy Period (OWN DAMAGE)	FROM 17:10 ON 25/04/2025 TO MIDNIGHT OF 24/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:10 ON 25/04/2025 TO MIDNIGHT OF 24/04/2026
Insured Name	AYODHYA PRASAD (GSTIN: 0)	Lead/Breakin No	
Insured Address	CA) RAMESAR, VILLAGH PURE AJBETAN, KHALISH AHADUR PUR, AMETHI, NA,	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTOCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine-Chassis No	11A11E7S1IC21825 - MBL11AW213S1IC15613	EMF 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	PBTROL
RTO Location			
Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	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	1221.25	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (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	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles	0	Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4162
Anti-Theft Device (IMT-10)	0	GST	750
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1104	Krishni Kalyan Cess@0.50%	0
Sub-Total Deductibles	1104	Gross Premium Paid	4912
Add-On Coverages	194	Note:	
NIL Depreciation	0	1. Policy Issuance is the subject to the realisation of cheque	
Return to Invoice	0	2. Consolidated Stamp Duty paid via Challan No	
Key Replacement	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Consumables	194	4. Voluntary excess Rs(0)	
Sub Total Add-on Coverages	194	5. Subject to Endorsements IMT.7.10.28.	
Net own Damage Premium(A)	311		
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			4912

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, 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 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.

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 authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 25-APR-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) Spool testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

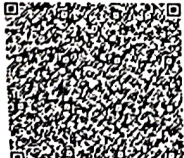
Driver's Clause: Any person including the Insured/Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & 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 (i) of the policy - Death of 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

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 ten 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.

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, 1988.

* This insurance excludes all pre existing damages



Approved By: 6595258MD
Approved On: 25-APR-25
Place: MRT
Printed On: 25-APR-25

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

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