

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेस 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.	VISAY NISHAD Mob.No. 9336688482
2	Vehicle No. / वाहन संख्या	UP57 BA 8740
3	Policy No. / पालिसी संख्या	252400/31/2026/54750
4	Period of Insurance / बीमा अवधि	01/11/2025-10-31/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025 - 10:00 AM.
6	Place of Accident / दुर्घटना का स्थान	परसा (जावपुर चौराहा)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BASUDE V NISHAD UP57 20130004403.
8	Estimated Loss / अनुमानित हानि	69K = 00
9	Cause of Accident / दुर्घटना का कारण :-	अज्ञान-चर्चरा भाई तारुदेव विधाई गागाडी लोकरावपुर चौराहे पर जाते समय अज्ञान-परसा को पास हुआ - 25 पर निकल गागा देस गड्डे उरी तयरी के अज्ञान-दोना गीला लट-2.5 के लोकराव गागा देस के अज्ञान-तारुदेव विधाई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANMU MOTORS. TAMIKUHIRAS. KUSHIYASAR 9415228117

विधमनिषाद

Date / दिनांक : 23/12/25
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 Mumbai

Tel. No.

252400/31/2026/54750
 Certificate/Policy No.
 01/11/2025-70.31/10/2026
 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

I. INSURED
 (a) Name : VISAY NISHAD
 (b) Address for correspondence : V/L PARASA URP-SIPAS IYA
 (c) Telephone : POST SAGARI PATRI DIST KUSHIMBAR

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F65AK63730</u> Chassis No. <u>MBLHAW4765AK02954</u>	Registration No. <u>UP57CB</u> <u>8740</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

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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : BASUDEV NISHAD
 (b) Age : 26
 (c) Address : VILL. PARSAURE SIRSIYA
 (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 : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP57 2018 0004403
 (h) Issuing Authority : KUSHINAGAR
 (i) Date of Expiry : 16/04/2033
 (j) Was the licence temporary/permanent : NO
 (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 : 15/12/2025 - 10:00 AM.
 (b) Place : 42311 - चण्डिका - नरसिंहपुर
 (c) Speed of vehicle at the time of accident : 50
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 श्री अशोक कुमार चौधरी, 42311 चण्डिका, नरसिंहपुर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
 (b) Estimated cost of repairs : 6911200
 (c) When and where can the damaged vehicle be inspected : ANNU MOTORS.

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 : _____

N/A

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. : _____

N/A

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 : _____

N/A

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 23/12/25 200

Signature of the insured [Signature]

The Oriental Insurance Company Ltd.

Report ID: PGIR0928

Policy Schedule

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

UNBUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))			Policy Issued On	01-NOV-25
52400/31/2026/54750			Proposal No.& Date	R/252400/31/2026/37953 & 01-NOV-2025
A0000155144			Policy Period (OWN DAMAGE)	FROM 12:50 ON 01/11/2025 TO MIDNIGHT OF 31/10/2026
BHUNAV BHATI			Policy Period (LIABILITY)	FROM 12:50 ON 01/11/2025 TO MIDNIGHT OF 31/10/2030
VIJAY NISHAD (GSTIN)				

V/O SHAMBIHU NISHAD, VILL - PARASA URF SIRASIYA PO - RAKBA JANGALI PATTI, PS - SEORAH		Lead /Breakln No	1
TAMKUH RAJ, PADRAUNA (KUSHINAGAR), NA,		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
RO MOTOFCORP		Vehicle	68543
RO SPLENDOR PLUS E20		Electrical Accessories	0
W		Non Electrical Accessories	0
25			
11F6SHK03730 - MBLHAW476SHK02954		Total IDV	68543
		TMF CONTRACT NO	
		Policy Type	Zone B - Rest of India
	Type Of Fuel PETROL	Geographical Area	INDIA

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
	1148.78	Basic Third Party Liability	3851
	0	Compulsary PA Cover Premium	0
	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
	1148.78	Legal Liability (WC)to driver (IMT-28)	0
n (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
ng On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
(IMT 22A)	0	Net Liability Premium (B)	3851
(IT-10)	0	Total Premium (A+B)	4023
(T-8)	0	GST	724
esigned for handicapped	0	SERVICE TAX	0
	977	STAMPDUTY	0.00
	977	Swachh Bharat Cess@0.50%	0
Add-On Coverages		Krishi Kalyan Cess@0.50%	0
		Gross Premium Paid	4747
		Note:	
		1. Policy Issuance is the subject to the realisation of cheque	
		2. Consolidated Stamp Duty paid via Challan No	
		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
		4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT,7,10,28,	
verages			
mium(A)	172		

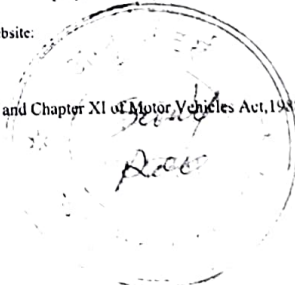
Nominee Name		Age		Relation	
Payment Method	Cheque No./Transaction No.	Bank Name	Amount		
			4747		
	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch		
NA	POS ID	NA	POS PAN NO/Aadhar No	NA	

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 offices as per company's website.

The policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

The policy is void ab initio (from inception) if the insured is found to be driving without a valid license or if the certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

The undersigned being authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 01-NOV-25



UNION OF INDIA **Driving Licence** (UP) (NT)

UP57 20130004403



मिति मेली की दिना
Date of Issue
17/04/2013

अवधि-वैधता
Validity
16/04/2033

जन्म तिथि
Date of Birth
02/05/1989

Blood Group
UNKNOWN



BASUDEV NISHAD

पुत्र/पुत्री/पति का नाम Son/Daughter/Wife of

SHYAMJEET NISHAD

UP57 20130004403

UP00122758RS

LMV
17/04/2013

MCWG
17/04/2013



(UP)

Form 7 Rule 162

पता / Address
VILL- PARSA URJ SIRSIYA
RAKBA JANGALI PATTI, SEORAH
KUSHINAGAR

होल्डर की हस्ताक्षर
Holder's Signature

अधिकारी / Issuing Authority Sign
KUSHINAGAR

GOVERNMENT OF UTTAR PRADESH

[PADRAUNA(KUSHI NAGAR)]

DISCLAIMER

REGISTRATION NO : UP57CA8740



Printed Date: 18-12-2025 15:11:14

Registration No: UP25110631736273
Registrant Name: VIJAY NISHAD
Father/daughter of: SHAMBHU NISHAD
Registration Type: INDIVIDUAL
Registration Date: 01-Nov-2025
Chassis No: MBLHAW476SHK02954
Engine No: HA11F6SHK03730
Passport No:
Aadhaar No:
Address (Permanent): VILL- PARASA URF SIRASIYA, PO- RAKABA JUNGLE PATTI, P.S- SEORAH, KUSHINAGAR, UTTAR PRADESH-274406
Address (Temporary): VILL- PARASA URF SIRASIYA, PO- RAKABA JUNGLE PATTI, P.S- SEORAH, KUSHINAGAR-UTTAR PRADESH-274406
Owner's Name and Address: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . .
Owner's Name: HERO MOTOCORP LTD
Owner's Classification: SPLENDOR+ 01 EDITION (DRS)
Registration Amount: Rs. 74999/-
Registration Type: NEW
Registration Date: 10/2025
Registration No: BHARAT STAGE VI
Month/Year of Manuf: 0
Standing Cap: 0
Engine Power(BHP): 8.17
Cubic Capacity: 97.20
No. of Cylinders: 1
Wheel base: 1235
Type of Vehicle: M-CYCLE/SCOOTER
Type of Body: SOLO WITH PILLION
Fuel used in engine: PETROL
Colour: MATT GREY
Gross Weight(in kgs): 113
GVW(in kgs): 243
Audio Fitted: N
Audio Fitted: N
Seat Fitted: N
Length (in mm): 1995
Wheel width (in mm): 720
Height (in mm): 1050
Chassis No: 1

Hypothecation Details: HERO FINCORP LTD, DELHI, . . , New Delhi, Delhi, 110057

Insurance Details: THIRD PARTY Insurance From ORIENTAL INSURANCE COMPANY LTD. vide policy certificate/covernote no

2400/31/2026/54750 is valid from 01-Nov-2025 to 31-Oct-2030.

Registration / Fees Particulars:

Sr.No	Description	Amount	Fine	Total
	New Registration (RTO Side)	300	30	330
	Hypothecation Addition	500	0	500
	MV Tax	7500	750	8250

Grand Total Rs: 9080/-

Signature of Acceptor After Particulars Verification

Note: The Registration is subject to Registering Authority Approval. In case of disapproval, Vehicle Registration Mark will not be valid.



भारत सरकार

Government of India



Aadhaar no. issued: 13/02/2017



विजय निषाद
Vijay Nishad
जन्म तिथि/DOB: 01/01/2004
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).**

5696 0077 0546

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: शम्भू निषाद, परसा उर्फ
सिरसिया, परसा अहत्मली, कुशीनगर,
उत्तर प्रदेश - 274406

Address:

S/O: Shambhu Nishad, parasa
urf sirasiya, Parsa Ahatmali,
Kushinagar,
Uttar Pradesh - 274406

5696 0077 0546



1047



help@uidai.gov.in

www

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