

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.।	RABINDRA SINGH. 9820731954.
2	Vehicle No. / वाहन संख्या	BR28 AD 2418.
3	Policy No. / पालिसी संख्या	252400/31/2025/84563.
4	Period of Insurance / बीमा अवधि	10/02/25-70. 09/02/26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/12/25. 9:00 AM.
6	Place of Accident / दुर्घटना का स्थान	लीट्टी (अनता कजाल)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAVINDRA KUMAR SINGH. MH0320100039119; 9820731954
8	Estimated Loss / अनुमानित हानि	4943=00
09.	Cause of Accident / दुर्घटना का कारण :-- मैं अपनी गाड़ी को अनता कजाल की सड़क पर चला रहा था तब मेरी गाड़ी को एक कार का टक्कर मिला जिससे मेरी गाड़ी में क्षति हुई। 26/12/25-9:00 AM.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	ANNO MOTORS. TAMKUNI RD. KUSHINAPUR. 9415238119

Date / दिनांक : 29-12-25
 हस्ताक्षर

Ravindra Singh
 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 Mumbar

252400/31/2025/84563
 Certificate/Policy No.

Tel. No.

10/02/2025-10-09/02/2026
 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

1. INSURED
 (a) Name : RASHIDAR SINGH
 (b) Address for correspondence : VILL-LOHTI Post- RAJAPUR. Dist GOPALGARH
 (c) Telephone : BHAR

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11B 5RHM71274</u>	Registration No.
	Chassis No. <u>MBLHA W21XRHM0624</u>	<u>BR 28 AG</u> <u>2418</u>

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? MD
 (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 : RABINDRA SINGH.
 (b) Age : 43.
 (c) Address : VIL. SIDDHIVINAYAK THALU
 MARATH WADA - NARI SEVASADAN.
 (d) Is the Driver :
 1. Owner :
 2. paid driver? : OWNER
 3. Owner's relative or friend? : ROD, MUMBAI
 (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 : MH0320100039119.
 (h) Issuing Authority : MUMBAI
 (i) Date of Expiry : 26.02.2027
 (j) Was the licence temporary/permanent : 110
 (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 : 26/12/2025 - 9:00 AM
 (b) Place : N/A
 (c) Speed of vehicle at the time of accident : 20
 (d) Give a sbprt description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 - १३ जय मय - २०११ २०१२ साईलमन वाज, नव ३३५५

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : - मीटर धस, ब्रासिक, ड्राईव्हिंग, ए.सी.
 (b) Estimated cost of repairs : 494300
 (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? : _____ / 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? : _____ N/A
(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? : _____ N/A
(g) When? : _____
(h) Which Policy 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 29/12/25 200

Signature of the insured Ravindar Singh

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. BR18AG2419 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. 4943=00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name .. Aditya K. Verma
Signature .. Aditya K. Verma

Address .. ग्राम - लोहरी
पोस्ट - हनुमानपुर
जिला - जोधपुर

Signature .. Ravindar Singh
Occupation ..
Address .. ग्राम - लोहरी

पोस्ट - हनुमानपुर
जिला - जोधपुर
Bank Account Number ..
Name of the Bank ..



Indian Union Vehicle Registration Certificate
Issued by Government of Bihar

Regn No	Date of Regn.	Regn. Validity	Owner
BR28AG2418	12-03-2025	11-03-2040	Serial

Chassis No:
 MBLHAW21XRHM06245

Engine No:
 HA11E7RHM11274

Owner Name
 RABINDRA SINGH

Ownership
 INDIVIDUAL

Son/Wife/Daughter of (In case of Individual Owner)
 KESHWAR SINGH

Address
 VILL - LOHATI, PO - RAJAPUR, PS - KATEYA, Gopalganj,
 BR, 841441

Fuel
 PETROL

Emission Norms
 BHARAT STAGE

VI

①

Card Issue Date 01-04-2025

BR-R2809020500

Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number
 BR28AG2418



Maker Name:
 HERO MOTOCORP LTD

Model Name:
 SPLENDOR+ XTEC (DRS)

Colour: / Body Type:

BLACK TORNADO GREY SOLO WITH PILLION
 Seating(in all) / Standing / Sleeper Capacity

2 / 0 / 0

Month-Year of Mfg.
 12 - 2024

Unladen / Laden / Gross Combination Weight (Kg)

No. of Cylinders

112.00 / 242.00 / 0.00

Number of Axle

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm)

97.20 7.91

1235.00

Financer Name
 HERO FINCORP LTD

Nibedita Kumari

Registration Authority
 DTO- GOPALGANJ

BR-R2809020500



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES,1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT.....01214063570,,, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	10-FEB-25
Policy No	252400/31/2025/84563	Proposal No.& Date	R/252400/31/2025/64073 & 10-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:20 ON 10/02/2025 TO MIDNIGHT OF 09
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 17:20 ON 10/02/2025 TO MIDNIGHT OF 09
Insured Name	RABINDRA SINGH (GSTIN: 0)		
Insured Address	C/O KESHWAR SINGH, VILL- LOHTI, PO- RAJAPUR, P.S - KATEYA, BIHAR, . NA.	Lead/Breakin No	
		Insured State	BIHAR

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTORCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine-Chassis No	HA11E7RHM11274 - MBLHAW21XRHM06245	Total IDV	77521
Cubic Capacity	100	TMF CONTRACT NO	
Rating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	INDIA
Type Of Fuel	PETROL		
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	
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 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
		PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
		Total Premium (A+B)	4162
		GST	749
		SERVICE TAX	0
		STAMP DUTY	0.00
		Swachh Bharat Cess @ 50%	0
		Swachh Kalyan Cess @ 50%	0
		Gross Premium Paid	4911
Voluntary Deductibles (IMT 22A)	0		
Anti-Theft Device (IMT-10)	0		
AAI Membership (IMT-8)	0		
No Claim Bonus	0		
Discount for vehicle designed for handicapped	0		
PIP Discount	1104		
Sub-Total Deductibles	1104		
Will Depreciation	194		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	194		
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
				4911

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding 5%, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available at www.orientalinsurance.org 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 at www.orientalinsurance.org or on demand from the policy issuing office.

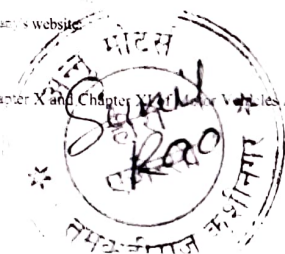
It is arranged that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not to 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 the Motor Vehicle Act, 1988 and the rules thereunder.

Witness whereof the undersigned being authorised by and on behalf of the company has hereunto set his/hand at 252400 on 10-FEB-25

यह बीमा पॉलिसी, वाहरी का कुल बीमा (OD) एक साल का तथा बर्ड पार्टी के लिए ही मान्य है।





THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE



DL No. **MH03 20100039119**
 Valid Till : **26-02-2027 (NT)**

DOI : **27-02-2007**
26-02-2016 (TR)

DLR 06-03-2013

FORM 7
 RULE 16 (2)



AUTHORISATION TO DRIVE FOLLOWING CLASS
 OF VEHICLES THROUGHOUT INDIA

COV DOI
 MCWG 27-02-2007
 LMV-TR 27-02-2007



DOB : **02-03-1982** BG :

Name : **RAVINDRA KUMAR SINGH**
 S/D/W of: **KESAWAR SINGH**
 Add : **SIDHI VINAYAK CHAWL,**
MARATH WADA , NARI SEVA SADAN ROAD,
GHATKOPAR (W), MUMBAI.
 PIN : **400086**

Signature & ID of
 Issuing Authority: **MH03 2013377**

Ravindra Singh
 Signature/Thumb
 Impression of Holder

YA03413288

Maharashtra Motor Vehicles Department

LEGEND FOR CLASS OF VEHICLES (COV)

S.No	COV	DESCRIPTION	S.No	COV	DESCRIPTION
1	MCWOG	M.C W/o Gear	13	MCWOGT	M.C W/o Gear TR
2	MCWG	M.C With Gear	14	MCWGT	M.C With Gear TR
3	LMV	LMV-NT-Car	15	LMVPVT	LMV-Private
4	3W-NT	LMV-3 WheelerNT	16	PSVBUS	TRV-PSV-Bus
5	TRCTOR	LMV-Tractor	17	PVTBUS	TRV-Private Bus
6	LMV-TR	LMV-Transport	18	LDRXCV	OTH-Loadr/xcvtr
7	3W-TR	LMV-3 WheelerTR	19	CRANE	OTH-Cranes
8	TRANS	Transport	20	FLIFT	OTH-Fork Lift
9	INVCRG	Inv Carriage	21	BRIGS	OTH-Boring Rigs
10	RDLR	Road Roller	22	CNEQP	OTH-ConstEqpmnt
11	LMV-TT	LMV-TractorTri	23	INVCG2	INV-Carriage-2
12	OTHVEH	Others	24	INVCG3	INV-Carriage-3

LMV - LIGHT MOTOR VEHICLE

TRV - TRANSPORT VEHICLE

● DRIVE CAREFULLY - AVOID ACCIDENTS ●

भारत सरकार
GOVERNMENT OF INDIA

श्रीमान्
S/O Kishor Singh
एन आईडीए: 141111000
गुण MALE

8359 8782 8788
UID : 8159 1222 4939 6461

मेरा आधार, मेरी पहचान

भारतीय विहित पहचान प्राधिकरण
Unique Identification Authority of India

एनआईडीए: 141111000
S/O Kishor Singh, लोक, पन्डुर, रोहतास, पंजाब,
पिन - 141441

Address:
S/O Kishor Singh, लोक, पन्डुर, रोहतास, पंजाब,
Gurdaspur,
Pinar - 141441

8359 8782 8788
UID : 8159 1222 4939 6461

1947 | help@uidai.gov.in | www.uidai.gov.in

सिंह
INCOME TAX DEPARTMENT

GOVT. OF INDIA

RAVINDRA KUMAR SINGH

KESWAR MAHAVIR SINGH

02/03/1982

Permanent Account Number

BUEPS6338G

Signature

