

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.	Vijay 0860266257
2	Vehicle No. / वाहन संख्या	UP43BL4299
3	Policy No. / पालिसी संख्या	252400/31/2026/8126
4	Period of Insurance / बीमा अवधि	29/04/2025 TO 28/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026 11:30
6	Place of Accident / दुर्घटना का स्थान	Maskanwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vikas Kumar 9161525620 UP43 20230007641
8	Estimated Loss / अनुमानित हानि	12000/-
09.	Cause of Accident / दुर्घटना का कारण :	मैरे चाचा मैरे गाडी लेकर मस्कनवा वाला अपनी व्यक्तित्व कार्य से जा रहे थे मस्कनवा पेट्रोल पम्प के पास मैरे गाडी को वाया टेल अवाकल लेव गादि ले रोड पे आ गया जिले मैरे गाडी को सामने ले लकर गाडी ओर चाली करण पलटकर दारिद्रर एर गाडी - मैरे गाडी का वाइजल, मेडगाई, इन्डिकेटर, हेडलाइट, ब्रेकी, शाकलपडल आदि है गय।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	SAS Hero Add- Ward No-9 Laxmi Bai Nagar Bahram Bashi 9839625219

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

Vijay



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 Meerut Certificate/Policy No. 252400/31/2026/8126
 Tel. No. Period of Insurance 29/04/2025 To 28/04/2026
 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 : Vijay
 (b) Address for correspondence : Vill- Dhabhuva Post Belhari Buzurg Ps Chhediya
 (c) Telephone : Handa- 8860266257

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>02/2025</u>	Engine No. <u>HA11ETSHB26821</u> Chassis No. <u>MBLHAW214SHB11554</u>	Registration No. <u>UP43 B2</u> <u>4299</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? Personal Use
 (c) Was trailer attached? NA
 (d) If a Motor Cycle/scooter NA
 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 : Vikas Kumar
 (b) Age : 24
 (c) Address : Belhavi Buzurg Dhabhova Gonda
 (d) Is the Driver :
 1. Owner : NA
 2. paid driver? : NA
 3. Owner's relative or friend? : Relative
 (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 : UP4320230007641
 (h) Issuing Authority : Gonda RTO
 (i) Date of Expiry : 26/09/2041
 (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 : 05/01/2026 11:30 AM
 (b) Place : MASKANWA
 (c) Speed of vehicle at the time of accident : 30 kmph
 (d) Give a short description of the accident : DRUGS AFFECT JUST ATONE MOMENT OF DRUG
 (e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : SAS HOLO BAHNAN

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 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 06/01 2021

Signature of the insured विगत्य

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 *[Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, U-1214063578, (GSTIN: 09AAACT0827R4ZU)

Table with 4 columns: Field Name, Value, Field Name, Value. Includes Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Lead/Breaker No, Insured State.

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS and INSURED DECLARED VALUE (IDV) (IN RS.). Includes Make, Model & Variant, Registration No, Year of Manufacture, Engine-Chassis No, Cable Capacity, Seating Capacity, Type of Body, Type of Fuel, Geographical Area, RTO Location.

Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Add-On Coverages, Net own Damage Premium(A), Basic Third Party Liability, Compulsary PA Cover Premium, PA Cover for 0 Person Of Rs (B) each, Legal Liability (WC) to driver, Legal Liability to Employees, Legal Liability to Passenger, Driving Tuition Loading On TP Premium, PA Paid Driver, Conductor, Cleaner, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMPDUTY, Swachh Bharat Cess, Krishi Kalyan Cess, Gross Premium Paid.

- 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.

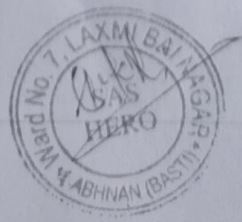
Table with 4 columns: Field Name, Value, Field Name, Value. Includes Nominee Details, Payment Details, Financer Type, PGS Name.

In the event of a claim under the policy exceeding Rs 1 lac or a claim for refund of premium exceeding Rs 1 lac, 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 ORC endorsements mentioned herein above which are available on company's website www.orientalinsurance.org.in or as demanded from the policy issuing office. Warranties that in case of doubtment of premium (cheques) 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. I/we hereby certify that the policy to which this 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 hereunto set his/hand at 232400 on 29-APR-23. 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 in accordance from the insured her the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: To be used 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) Race Making (5) Speed testing (6) Liability trials (6) 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 requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. Limits of Liability Clause: Under section II-1 (a) of the policy -Death of or body injury Such amount is necessary to meet these requirements of the motor vehicle act 1988. Under Section II-1 (b) of the policy-Damage to third party property is Rs 7.5 lakhs P.A. over under section III for owner/driver is Rs 0. No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) from the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the Preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% 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 : U.N.V. @ 232400
Approved On : 29-APR-23
Place : MBT
Printed On : 29-APR-23



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



Transport Department GONDA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP43BL4299 Registration Date : 29-Apr-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S SUSHEEL AUTOMOBILES, NEAR STATION ROAD BASTI, BASTI, , , 185-272002
 Owner Name : VIJAY Son/wife/daughter of : S/O PHOOLCHAND
 Full Address: (Permanent) : VILL DHADHUVA, POST BELAHARI BUZURG, PS CHAPIYA TEH MANKAPUR, GONDA,
 UTTAR PRADESH-271313
 Full Address: (Temporary) : VILL DHADHUVA, POST BELAHARI BUZURG, PS CHAPIYA TEH MANKAPUR, GONDA-
 UTTAR PRADESH-271313
 Fitness Up To : 28-Apr-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : MAHURA
 Relationship with the Nominee : Mother Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1039728889 Rear HSRP No : AA2120692488
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW214SHB11554
 Engine No : HA11E7SHB26821 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

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 HERO FINCORP LTD., BASTI, , , New Delhi, Delhi-110057 w.e.f. 29-Apr-2025.

Purchase dt	: 29-Apr-2025	Sale Amt	: 81601/-
OTT Date	: 29-Apr-2025	Amount/Rcpt No	: 8161 / UP43D25040006445
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-May-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 29-Apr-2025 to 28-Apr-2040

Date : 26-May-2025 19:52:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 26-May-2025

मोटर वाहन विभाग

गोंडा

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BYGPV2728D

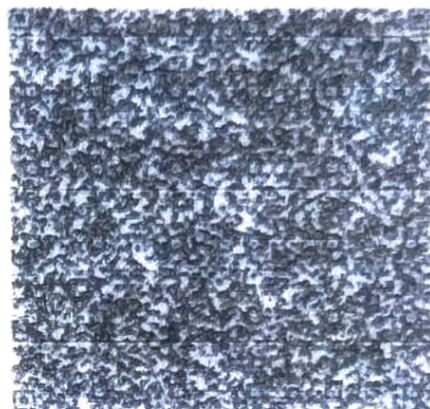


नाम / Name
VIJAY

पिता का नाम / Father's Name
PHOOL CHAND

जन्म की तारीख /
Date of Birth
10/02/1990

हस्ताक्षर / Signature





भारत सरकार

Government of India

विजय

Vijay

जन्म तिथि / DOB : 10/02/1990

पुरुष / Male



7487 9548 9447

येज आधार मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: फूलचंद, गांव-ढढौवा
पोस्ट-बेलहरी बुजुर्ग, थाना-छपिया,
बेलहरी बुजुर्ग, बेलाहरी बुजुर्ग, गोंडा,
मनकापुर, उत्तर प्रदेश, 271313

Address:

S/O: Phoolchand,
Village-Dhadhuva Post-Belahan
buzurg, Thana-Chapiya, Belhari
Buzurg, Belahri Bujurg, Gonda,
Mankapur, Uttar Pradesh, 271313

7487 9548 9447



www



Indian Union Driving Licence
Issued by Uttar Pradesh



UP43 20230007641

Issue Date 29-08-2023 Validity (NT) 26-09-2041 Validity (TR)* _____



(29-08-2023)



Holder's Signature

Name: **VIKAS KUMAR**
 Date of Birth: 27-09-2001 Blood Group: Organ Donor: Y
 Son/Daughter/Wife of: **PARAS**
 Address:
BELHARI BUZURG DHADHOVA GONDA Dhadhauva
Gonda Uttar Pradesh 271313

DL No: UP43 20230007641

UPDL/2023/0007641



Invalid Carriage (Regn Numbers)* _____

Hazardous Validity* _____ Hill Validity* _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
NT	N CWG	UP43	29-08-2023	NT			
NT	LAV	UP43	29-08-2023	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP43 GONDA

Form 7 Rule 16(2)