

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.	SAKINA Mob.No. - 9821457253
2	Vehicle No. / वाहन संख्या	UP57BY8710
3	Policy No. / पालिसी संख्या	252400131/2026/29895
4	Period of Insurance / बीमा अवधि	27/07/2025 - To 26/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/01/2026, 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	गुरुवालिपा
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SARVAN KUMAR GUPTA UP5720250007663; 9670237752
8	Estimated Loss / अनुमानित हानि	6859200
09.	Cause of Accident / दुर्घटना का कारण :	शरीर दाल के कारण के देवर लगे, शरीर कुमल गुप्त जो शरीर गाड़ी माकल वरु गुरुवालिपा देवर लिमिंग दाल अंत समय गुरुवालिपा माड अपातु गलक तेजगता अ शरही मुटर शरीर वरुप कागुत - 1/10/26 - शरीर गाड़ी जो शीक - 1/10/26 - 08/01/26 - समय - 7:00 PM
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, TAMRUHI RAJ, KUSHIAPAR, 9415278119

Date / दिनांक :- 13/01/2026
हस्ताक्षर

Sakin Khurd
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 Certificate/Policy No. 252400/31/2026/29895
 Tel. No. Period of Insurance 27/07/2025-30.06/07/2026
 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 : SAKINA
 (b) Address for correspondence : VIL- RAJA PAKAD, POST- BARWA RAJA
 (c) Telephone : DIST KUSHI NADAR PAKAD
mob. 982457253

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAIIE754210685</u> Chassis No. <u>MBLHAW2205443043</u>	Registration No. <u>UP57BX</u> <u>8710</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? MO
 (c) Was trailer attached? Yes MO
 (d) If a Motor Cycle/scooter Yes
 1. Was a side-car attached? MO
 2. Was a pillion rider carried? MO

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 : SARVAN KUMAR GUPTA
 (b) Age : 21
 (c) Address : VILL - PAKH - BARWA RADA POKAR
 (d) Is the Driver :
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : FRIEND
 (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 : UP5720250007663.
 (h) Issuing Authority : KUSHINAGAR
 (i) Date of Expiry : 31-01-2024
 (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 : 08/01/2026, 7:00 PM
 (b) Place : गुरुवाली
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : गाड़ी का ब्रेक फेल हो गया और गाड़ी अचानक रुक गई।
 (e) If any third party was responsible for this accident give the name and address : गुरुवाली की 301 वां नंबर का घर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : टायर, डोर, अन्डर, डोर, डोर का नुकसान
 (b) Estimated cost of repairs : 685920
 (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 13/01/26 200

Signature of the insured Sakin Khani

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 685920)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP57BY8710 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. 685920

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

Witness

Name
Signature

Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank



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	27-JUL-25
Policy No	252400/31/2026/29895	Proposal No. & Date	R/252400/31/2026/22375 & 27-JUL-2025
Agent/Broker Code	IC0000000660	Policy Period (OWN DAMAGE)	FROM 14:23 ON 27/07/2025 TO MIDNIGHT OF 26/07/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 14:23 ON 27/07/2025 TO MIDNIGHT OF 26/07/2030
Insured Name	SAKINA (GSTIN:)	Lead/Breakin No	
Insured Address	C/O MUBARAK ANSARI, VILL- RAJAPAKAD, PO-BARWA RAJAPAKAD, P.S-TURKPATTL, PADRAUNA (KUSHINAGAR), NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	73650
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	73650
Engine-Chassis No	HA1HE7S4C10685 - MBLHAW220S4C13045	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
Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1234.37	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	1160.37	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)	4146
VAI Membership (IMT-8)	0	GST	746
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
TP Discount	1049	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1049	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4892
HL Depreciation	184		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	184		
Net Own Damage Premium(A)	295		

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.

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch
OS Name		POS ID	NA	POS PAN NO/Aadhar No
		Amount	4892	NA

In the event of a claim 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 writing 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.

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 abinitio (from inception).

It is not admissible if driving License is found fake or is not valid whether or not in 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 Motor Vehicles Act, 1988.

Witness whereof the undersigned being authorised by and on behalf of the company has hereon set his hands at 252400 on 27-JUL-25

Signature of Authorized Signatory
Sundh Rao



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP57 20250007663

Issue Date: 28-04-2025
Validity (NT): 31-01-2044

Validity (TR)*



Holder's Signature

Date of First Issue: 28-04-2025

Name: **SARVAN KUMAR GUPTA**

Date of Birth: **01-02-2004** Blood Group:

Son/Daughter/Wife of: **RAMAYAN GUPTA**

Address:
**BARWA RAJA PAKAD BARWA RAJA PAKAR BARWA
RAJAPAKAR TANKUHI RAJ KUSHINAGAR UTTAR
PRAD 274407**

Organ Donor: **N**

DL No: UP57 20250007663

UPDL571000012008



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*
	MCWG	UP57	28-04-2025	NT			
	LMV	UP57	28-04-2025	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

 भारत सरकार
Government of India

 आधर

Aadhaar no. issued: 04/11/2014



सकीना
Sakina
जन्म तिथि/DOB: 01/01/1977
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या व्यूआर 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).

9650 2041 8067

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

 आधर

पता:
W/O: मुबारक अंसारी, बरवा राजा पाकड़, राजा पाकर, बरवा
राजा पाकर, कुशीनगर,
उत्तर प्रदेश - 274407

Address:
W/O: Mubarak Ansari, barawa raja pakad, Raja Pakar,
PO: Barwa Raja Pakar, DIST: Kushinagar,
Uttar Pradesh - 274407

Details as on: 22/05/2025



9650 2041 8067
VID : 9111 8543 5180 7669

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

आयकर विभाग
INCOME TAX DEPARTMENT

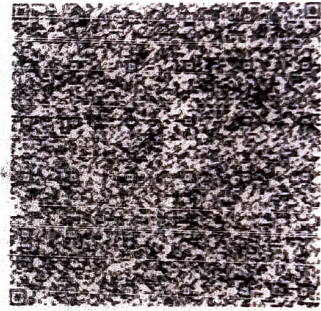


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

SBGPS8426F



नाम/ Name
SAKINA

पिता का नाम/ Father's Name
SOMARU

जन्म की तारीख/
Date of Birth
01/01/1977

सकिना शातुणा
हस्ताक्षर/ Signature

19122023