

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.	Afsan Ansari / 8173041891
2	Vehicle No. / वाहन संख्या	UP57BY1526
3	Policy No. / पालिसी संख्या	252400/31/2026/17822
4	Period of Insurance / बीमा अवधि	26/05/25 to 25/05/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/25 3:00PM .
6	Place of Accident / दुर्घटना का स्थान	Salemganah
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sultan Alam / 8173041891 UP5720230020042
8	Estimated Loss / अनुमानित हानि	5137/-
09	Cause of Accident / दुर्घटना का कारण : Salemganah bazar se ghar jate samay Wrong side aa rahi gadi se lachre ke chakker me gadi ko Dishbalance ko kar gir gyi	
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.	Yash Automobiles Salemganah / 7897481252.

Date / दिनांक : 13/01/26
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 _____

Certificate/Policy No. 952400131/2026/17822

Tel. No. _____

Period of Insurance 26/05/25 to 25/05/26
 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 : Ahsan Ansari
 (b) Address for correspondence : Villa - Purani bazar Salemgarh PO - Salemgarh
 (c) Telephone : 8173041891

2. THE INSURED VEHICLE

Make & Year <u>Hero / 2025</u>	Engine No. <u>KC01AERHL03710</u> Chassis No. <u>MBLKCV187RML00998</u>	Registration No. <u>UP57BY</u> <u>1526</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?
 (d) If a Motor Cycle/scooter NO
 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

NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sultan Alam
(b) Age : 23
(c) Address : Salemgan Baran Salemgan
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720230020042
(h) Issuing Authority : Kuskiragan
(i) Date of Expiry : 31-12-2041
(j) Was the licence temporary/permanent : Permanent
(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 : 10/01/25 . 3:00PM
(b) Place : Salemgan
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : front left side
(e) If any third party was responsible for this accident give the name and address : No

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Salemgan Baran se ghar jati samay surong side se
(b) Estimated cost of repairs : na rahi gadi se lachne ke chakpan me jati disbalance ho kon
(c) When and where can the damaged vehicle be inspected : 5137/- gir gji
No

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? : _____ / 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? : _____ NA
- (c) Was accident reported to Police? If not, Why? : _____
- (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
- _____ 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 13/01/26 200

Signature of the insured Alpan Aswari



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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))		
Policy No	252400/31/2026/17822	Policy Issued On	26-MAY-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/100036808/10 & 26-MAY-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 16:53 ON 26/05/2025 TO MIDNIGHT OF 25/05/2026
Insured Name	AFSAR ANSARI (GSTIN:)	Policy Period (LIABILITY)	FROM 16:53 ON 26/05/2025 TO MIDNIGHT OF 25/05/2026
Insured Address	C/O BANDE ALI R O VILL-PURANI BAZAR SALEMGARIH PO-SALEMGARIH PS-TARYA SUJAN DIST-KUSHINAGAR PADRAUNA (KUSHINAGAR), NA,0		

INSURED MOTOR VEHICLE DETAILS		Lead / Breakin No	UTTAR PRADESH
Make	HERO MOTOCORP	Insured State	
Model & Variant	XTREME 160R 4V STANDARD	INSURED DECLARED VALUE (IDV) (In Rs.)	
Registration No	NEW	Vehicle	133475
Year Of Manufacture	2025	Electrical Accessories	0
Engine - Chassis No	KC01AERHL03710 - MBLKCU187RHL00998	Non Electrical Accessories	0
Cubic Capacity	163	Total IDV	133475
Seating Capacity	2 + 1	TAM CONTRACT NO	
Type Of Body	SOLO	Policy Type	Zone B - Rest of India
Type Of Fuel	PETROL	Geographical Area	
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	2349.16	Basic Third Party Liability	7365
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	138.16	Legal Liability (WC) no 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)	7365
Anti- Theft Devfee (IMT-10)	0	Total Premium (A+B)	8037
AAT Membership (IMT-8)	0	GST	1446
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	9483
NIL Depreciation	534		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	534		
Net own Damage Premium(A)	672		

- Note:
1. Policy Intention 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 Ra(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	HERO FINCORP LTD.	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No

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 operating Offices as well as company's website.

The Insured 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 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 in 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 authorized by and on behalf of the company has herein set his/his hands at 252400 on 26-MAY-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 MV 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) Speed 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 their 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 PA Cover under section III for owner-Driver is RS 0

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 five 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 : VAIS@252400
Approved On : 26-MAY-25
Place : MRT
Printed On : 12-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

आयकर विभाग
INCOME TAX DEPARTMENT

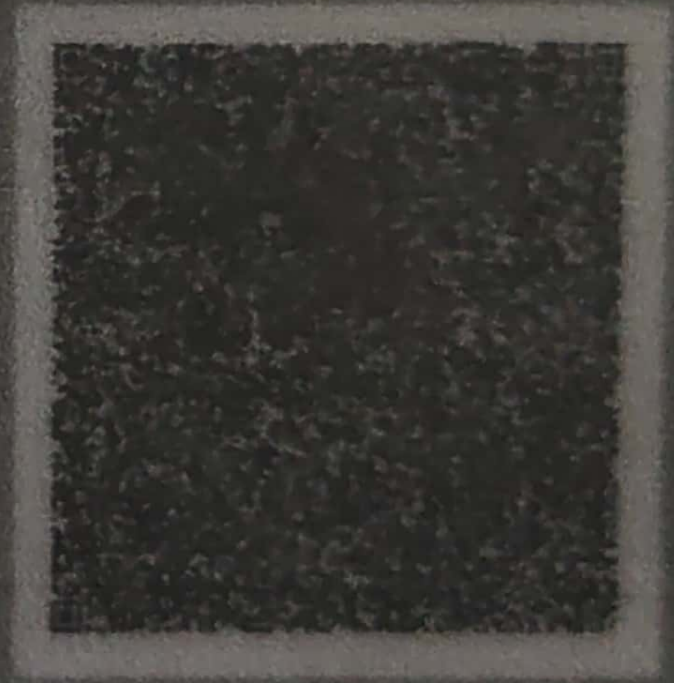


भारत सरकार
GOV. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BYTPA5454J



नाम / Name
AFSAR ANSARI

पता का भाग / Address Name
BANDALI

संख्या की सीमा /
Range of PAN
2119411577



18022023

PAN Application Enquiry Based on PAN
18022023

Details as on 23/05/2025

प्रा. S/O बंदोबशी, पुरानी बाजार, सोनभद्र,
 कुशीनगर, उत्तर प्रदेश, 274409
 Address: S/O Bandooshi, Purani Bazar,
 Salemganj, PO: Salemganj,
 DIST: Kushinagar, Uttar Pradesh, 274409

2989 4535 0731

Ministry of India

ADPKVA

www.uidai.gov.in

help@uidai.gov.in

Aadhaar No. Issued: 09/12/2014

पुरुष / पुरुषी
 Akshar Ansari
 जन्म तिथि / DOB : 01/01/1977
 पुरुष / Male

आधार नम्बर वा प्रमाण हे, सर्वोच्चतम वा वैयक्तिक वा सर्वे ।
 एकाच वेळीच प्रमाण (सर्वोच्चतम प्रमाणित, वा प्रमाणित अर्थ/
 अधिकृत प्रमाणित अर्थ) हे तसा हेच वाचनी ।
 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 KYC).

2989 4535 0731

श्री अक्षर, श्री पद्मजा

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



UP57BY1526
 M-CYCLE/SCOOTER
 GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
 AFSAR ANSARI
 VILL-PURANI BAZAR SALEMGARH, PO-SALEMGARH, PS-TARYA SUJAN, KUSHINAGAR, UTTAR PRADESH-274409
 VILL-PURANI BAZAR SALEMGARH, PO-SALEMGARH, PS-TARYA SUJAN, KUSHINAGAR-UTTAR PRADESH-274409
 29-May-2040
 Registration Date : 30-May-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : BANDE ALI
 Owner Serial No : 1

Address
 (Permanent)
 (Temporary)
 Up To
 Description
 of Vehicle
 Ownership
 Maker's Name
 Front HSRP No
 Type of Body
 No of Cylinders
 Engine No
 Horse Power(BHP)
 Maker's Classification
 Seating Cap(in all)
 Sleeper Cap
 Colour
 Other Criteria
 Vehicle Purchase As

M-CYCLE/SCOOTER
 INDIVIDUAL
 HERO MOTOCORP LTD
 AA2128978213
 SOLO WITH PILLION
 1
 KC01AERHL03710
 16.62
 XTREME 160R 4V DUAL CH
 2
 0
 MATT SLATE BLACK
 Fully Built
 Link Vehicle No
 Norms
 Rear HSRP No
 Month/Year of Manuf.
 Chassis No
 Fuel
 Cubic Capacity
 Wheel base
 Standing Cap
 Unladen Wt (kgs)
 Laden/GV Wt (kgs)
 AC Fitted
 BHARAT STAGE VI
 AA1042388230
 11/2024
 MBLKCU187RHL00998
 PETROL
 163.24
 1329
 0
 147
 277
 NO

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 LIMITED, COMMUNITY CENTRE, BASANT LOK, BASANT BIHAR, New Delhi, Delhi-110057 w.e.f. 26-May-2025.

Purchase dt : 26-May-2025
 OTT Date : 26-May-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 11-Jun-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 This certificate is valid from 30-May-2025 to 29-May-2040

Sale Amt : 140500/-
 Amount/Rcpt No : 14050 / UP57D25050005974
 Tax Exempted or Not : NOT EXEMPTED
 Previous RegNo :
 Entry Date :
 Conversion Date :

Signature of Registering Authority
 Date : 19-Jul-2025

Date : 19-Jul-2025 14:25:56
 Taxation Particulars / Advance Registration Mark Fee Details

Q 4427161

Uttar Pradesh Driving Licence
UP57 20230020042

Issue Date: 29-12-2023 Validity (NT): 31-12-2041 Validity (TR):

SULTAN ALAM
 Date of Birth: 01-01-2002 Blood Group: O+ VE Organ Donor: N

Son/Daughter/Wife of: ASARAF ANSARI

Address: salemgarh purani bazar Salemgarh
 Kushinagar Uttar Pradesh 274409

Holder's Signature: _____
 Date of First Issue: 29-12-2023

DL No: **UP57 20230020042**

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	UP57	29-12-2023	NT			
LHV	UP57	UP57	29-12-2023	NT			
MVSD							

Emergency Contact Number: _____

Licensing Authority
UP57 KUSHINAGAR