

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.	VIVEK JAIN 9193946923
2	Vehicle No. / वाहन संख्या	UP-85-CZ-7854
3	Policy No. / पालिसी संख्या	252400/31/2026/49470
4	Period of Insurance / बीमा अवधि	22/10/2025 To 21/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/11/2026 Time 8:30 AM,
6	Place of Accident / दुर्घटना का स्थान	राष्ट्रपति
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIV KUMAR SINGH UP8520200013728-892321131
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मेरा पत्नी मेरी गाड़ी लेकर गया था वह गाड़ी मेरे पास आती हुई मेरे सामने रुकी और इसकी गाड़ी ने मेरी गाड़ी को टक्कर मार दी और मेरी गाड़ी टूट गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	S.B. Khanolkar Workshop 54 मीर, मंगल, 498442 8868808889

Date / दिनांक :
हस्ताक्षर

17/11/2026

विवेक

Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shiv Kumar Agrawal
 (b) Age : 09-07-1988
 (c) Address : Ward No-12, Panchsheel Bangor, MIDC, Nashik
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : NO
 (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 : U/2520200013926
 (h) Issuing Authority : MR
 (i) Date of Expiry : 28-09-2030
 (j) Was the licence temporary/permanent : PERMANENT
 (k) Details of endorsement/suspension, if any : NR
 (l) Has he been involved in any accident before? : NR
 (m) Has he been charged by the policy? If so, Why? : NR

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 14/11/2026 Time : 8:30 AM
 (b) Place : Highway
 (c) Speed of vehicle at the time of accident : 30
 (d) Give a short description of the accident : Two vehicles collided on highway during night time
 (e) If any third party was responsible for this accident give the name and address : Not responsible

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 : S.B. Khemdelwal Motorgya

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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

10. THEFT

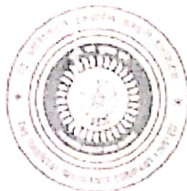
- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

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 12/01/2026 200

Signature of the insured [Signature]

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

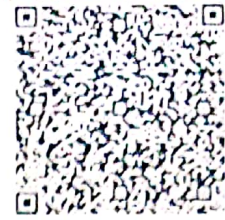
Signature Atm
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department
MATHURA, Uttar Pradesh



RECEIPT/APPL No: UP85D25100013011/UP25102288191116
 Vehicle Class: M-Cycle/Scooter
 Received From: VIVEK KATARA
 Receipt date: 28-Oct-2025
 Chassis No: MBLHAW473SHHJ8577
 Sale Amount : 74999/-
 Bank Ref No: CPAFUWWXD3
 Remarks: ONLINE-PAYMENT

Vehicle No: UP85CZ7854
 Regn Date: 28-Oct-2025
 Transaction Id: UPY2510283140814

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
MV Tax(22-Oct-2025 to One Time)	7500	0	7500

GRAND TOTAL (in Rs): 7800/- (SEVEN THOUSAND EIGHT HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

RAJESH
JAIN MOTORCYCLE COMPANY

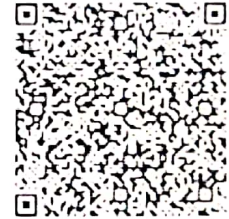
Customer Copy

Printed On: 16-Jan-2026 17:03:05



GOVERNMENT OF UTTAR PRADESH

Transport Department
MATHURA, Uttar Pradesh



RECEIPT/APPL No: UP85D25100013011/UP25102288191116
 Vehicle Class: M-Cycle/Scooter
 Received From: VIVEK KATARA
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New Registration (RTO Side)	300	0	300
MV Tax(22-Oct-2025 to One Time)	7500	0	7500

GRAND TOTAL (in Rs): 7800/- (SEVEN THOUSAND EIGHT HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

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RAJESH
JAIN MOTORCYCLE COMPANY





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 _____

Tel. No. _____

252400/31/2026/49420
 Certificate/Policy No. _____
 22/10/2025 To 21/10/2026
 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

1. INSURED Vivek kumar
 (a) Name :
 (b) Address for correspondence : Naughill, Mani, 198442
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>Jeep 2015</u>	Engine No. <u>1A771 FG5H1K5945</u> Chassis No. <u>MBLHAW473SHHJ8572</u>	Registration No. <u>UP85CZ</u> <u>2854</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? NO
 (d) If a Motor Cycle/scooter
 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 : _____



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PG100234

Page No: 1

This document is digitally signed
Digitally signed by The Oriental Insurance Company Ltd.
DN: cn=The Oriental Insurance Company Ltd., o=The Oriental Insurance Company Ltd., email=The Oriental Insurance Company Ltd., c=IN

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. EILAMHSTAN CINEMA MEERUT, PIN-01214063570, (GSTIN: 09AAACT0627H4ZU)

Policy Type	DUNDEED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	22-OCT-25
Policy No	252400/31/2026/49470	Proposal No. & Date	R/252400/31/2026/106124677/13 & 22-OCT-2025
Agent Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 12-16 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Agent Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 12-16 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Insured Name	VIVEK KATARA (GSTIN:)	Lead/Breakin No	
Insured Address	CU SANTOSH KATARA, ROURIYA BAZAR, NAUDDHEEL BANGER, MATHURA,, NA,9	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs)	
Make	HERO MOTOCORP	Vehicle	71250
Model & Variant	SPLENDOR +SELF DRUM ALLOY FLHS BSVI	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	71250
Engine -Chassis No	HAI1F6SIHKS945 - MBLHAW473SIHJSS77	IMP CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SULO		
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1194.15	Basic Third Party Liability	3851
Elect Accessories	0	Compulsory PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	179.15	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-CR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4030
AAI Membership (IMT-8)	0	GST	726
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	4756
NH Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	179		

Nominee Details :		Numinee Name		Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name	Amount
Financer Type		Financer Name	Cash	Financer Branch	4756
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	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 operating Offices as well as company's website.

The insurance under the policy is subject to conditions, losses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.com or on demand from the policy issuing office.

Warranty that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void abinito (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.

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.

In witness whereof the undersigned being authorised by and on behalf of the company has hereunto set his hand at 252400 on 22-OCT-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 M.V. Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: (a) 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) Special leasing (6) Profitability trials (7) 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 license of his own 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: Limit section III of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (a) of the policy. Damage to third party property is Rs. 7.5 lakhs. P.A.I. over and over 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 four 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.

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 : YAS/252400
Approved On : 22-OCT-25
Place : MBT
Printed On : 09:56:25

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

DL No: UP85 20200013928



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	UP85	29-09-2020	NT				
LMV	UP85	29-09-2020	NI				
MVSD							

Emergency Contact Number

[Signature]
Issuing Authority
UP85 MATHURA

Indian Union Driving Licence
Issued by Uttar Pradesh

UP85 20200013928

Issue Date: 29-09-2020 Validity (INT): 28-09-2030 Validity (TR):

Name: SHIV KUMAR AGRAWAL
Date of Birth: 09-07-1988 Blood Group: Organ Donor: N
Son/Daughter/Wife of: PREM CHAND AGRAWAL

Address:
WARD NO 12 NAUJHEEL BANGAR MAT
Mat, Mathura, UP 201203



भारत सरकार
Government of India



Aadhaar no. issued 23/04/2017



विवेक कटारा
Vivek Katar
जन्म तिथि/ DOB: 01/05/2008
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग स्वयंसेवा (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).

4490 7510 0486

मेरा आधार, मेरी पहचान



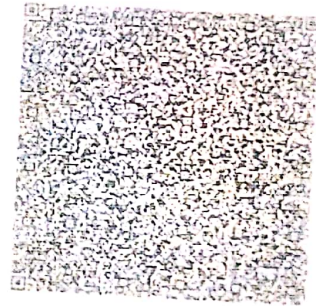
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 27/09/2026

पता:
आमज सतोष कटारा, रेनिया बाजार, नौहडोल बाजार,
नौहडोल, मथुरा,
उत्तर प्रदेश - 281203

Address:
S. Or Santosh Katar, renya b
PO: Nauhohal, DIST: Mathura,
Uttar Pradesh - 281203



4490 7510 0486

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in



FORM NO. 60

[See second proviso to rule 114B]

Form for declaration to be filed by any person (other than a company or firm) or a foreign company covered by the third proviso to rule 114B, who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name	VIVEK	2	Date of Birth/ Incorporation of declarant	
	Middle Name				
	Surname	KATTARA			
3	Father's Name (in case of individual)	First Name	SAMTOSH		
	Middle Name				
	Surname	KATTARA			
4	Flat/ Room No.	5	Floor No.		
6	Name of premises	7	Block Name/No.		
8	Road/ Street/ Lane	9	Area/ Locality		
10	Town/ City	11	District	12	State
13	Pin code	14	Telephone Number (with STD code)	15	Mobile Number
16	Taxpayer identification Number in the country of residence (if covered by third proviso)				
17	Amount of transaction (Rs.)			19	In case of transaction in joint names, number of persons involved in the transaction
18	Date of transaction				
20	Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other				
21	Aadhaar Number issued by UIDAI (if available)				
22	If applied for PAN and it is not yet generated enter date of application and acknowledgement number				
23	If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held				
	a	Agricultural income (Rs.)			
	b	Other than agricultural income (Rs.)			
	c	i	Income chargeable to tax (for a foreign company)		
	ii	Income not chargeable to tax (for a foreign company)			

Ans