

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरिस कंपनी लिमिटेड
.....Meerutj.....

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.	Sunil Kumar Gupta 9721009594
2	Vehicle No. / वाहन संख्या	UP43 BM 5221
3	Policy No. / पालिसी संख्या	252400/31/2026/25142
4	Period of Insurance / बीमा अवधि	27/06/2025 to 26/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/01/2026 समय 11:00 बजे दिन
6	Place of Accident / दुर्घटना का स्थान	Amroha Jungle
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pishori Lal 8418956447 UP43 20020002156
8	Estimated Loss / अनुमानित हानि	18000/-
9	Cause of Accident / दुर्घटना का कारण :	मैंने लिटिल मिरी गाड़ी लीकन मरगापुर जा रहे थे अमवा जंगल के पास पहुँचते वक्त एक गाड़ी मेरे सामने से आकर मुझे टक्कर मारी और मैंने पलट गई मुझे मोट चालीने एक किराने दालिस्तान है जो कि मुझे लिटिल मरगा की चोट है (अस)
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 Haveli Bahnan 9839625219

Date / दिनांक : 22/01/2026
हस्ताक्षर

सुनील कुमार
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 Meerut Certificate/Policy No. 252400/31/2026/25142
 Tel. No. Period of Insurance 24/06/2025 to 26/06/2026
 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 : Suneel Kumar Gupta
 (b) Address for correspondence : Vill & Post Keshav Nagar Gonda Gonda
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>05/2025</u>	Engine No. <u>H11FBSHE30583</u> Chassis No. <u>MB2HAW334SHE29643</u>	Registration No.
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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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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 : Kishori Lal
(b) Age : 50
(c) Address : Madanpur Bhen 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 : UP43 20026002156
(h) Issuing Authority : Gonda RTO
(i) Date of Expiry : 06/07/2032
(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 : 21/01/2026 11:07 AM
(b) Place : Amwa jungle
(c) Speed of vehicle at the time of accident : 25 kmph
(d) Give a short description of the accident :
(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 : 10309
(c) When and where can the damaged vehicle be inspected : SAS Hero Babbra

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? : _____
(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 Police 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 22/01 2026

Signature of the insured सुनील कुमार

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 .. समीर कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGUR0928

Page No : 1

This Document is Digitally Signed
Driver Policy No. 01214063570
Date: 27 JUN 2025 10:25:03
Insurance: 01214063570

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: 09AAAC0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	27-JUN-25
Policy No	252400.31.2026/25142	Proposal No. & Date	R/252400.31/2026/17783 & 27-JUN-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 18:47 ON 27/06/2025 TO MIDNIGHT OF 26/06/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 18:47 ON 27/06/2025 TO MIDNIGHT OF 26/06/2026
Insured Name	SUNIL KUMAR GUPTA (GSTIN:)	Lead / Breakin No	
Insured Address	C/O RADHESHYAM GUPTA, VILL KESHAV NAGAR GRANT PURVI (GOSAIGANJ) POST KESHAV NAGAR GRANT, PS KHODARE TEH MANKAPUR, GONDA, NA.	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	81796
Model & Variant	HERO SPLENDOR PLUS NTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	81796
Engine -Chassis No	HA11FHSHE30583 - MBLHAW334SHE29643	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
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1370.9	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1370.9	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36R3	0
		Net Liability Premium (B)	3851
Deductibles		Total Premium (A+B)	4057
Voluntary Deductibles (IMT 22A)	0	GST	730
Anti- Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishni Kalyan Cess@0.50%	0
SIP Discount	1165	Gross Premium Paid	4787
Sub -Total Deductibles	1165		
Add-On Coverages			
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	206		
Net own Damage Premium(A)			

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 Rs00
5. Subject to Endorsements IMT,7,10,28.

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4787
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	
POS Name	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, 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).
Claims 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 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/have herein to set his/hisr hands at 252400 on 27-JUN-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

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 III for owner-Driver is RS
property is Rs.7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

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 33% preceding four consecutive years 45% preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed consecutive years 25% preceding three consecutive years 33% preceding four consecutive years 45% preceding five consecutive years 50% of NCB on OD premium.

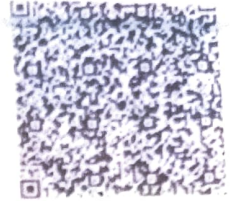
Endorsements are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.



GOVERNMENT OF UTTAR PRADESH

Transport Department GONDA FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP43BM5221
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : M/S SUSHEEL AUTOMOBILES, NEAR STATION ROAD BASTI, BASTI, ... 185-272002
 Owner Name : SUNIL KUMAR GUPTA
 Full Address: (Permanent) : VILL KESHAV NAGAR GRANT PURVI, (GOSAIGANJ) POST KESHAV NAGAR GRANT, PS KHODARE TEH MANKAPUR, GONDA, UTTAR PRADESH-271312
 Full Address: (Temporary) : VILL KESHAV NAGAR GRANT PURVI, (GOSAIGANJ) POST KESHAV NAGAR GRANT, PS KHODARE TEH MANKAPUR, GONDA-UTTAR PRADESH-271312
 Fitness UpTo : 29-Jun-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Mother
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2131934606
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11FBSHE30583
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : Black Heavy Grey
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 30-Jun-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : S/O RADHESHYAM GUPTA
 Owner Serial No : 1
 Link Vehicle No :
 Nominee Name : KAMLA DEVI
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2131520742
 Month/Year of Manuf. : 05/2025
 Chassis No : MBLHAW334SHE29643
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : 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 LTD., BASTI, New Delhi, Delhi-110057 w.e.f. 29-Jun-2025.

Purchase dt : 27-Jun-2025
 Sale Amt : 86100/-
 OTT Date : 27-Jun-2025
 Amount/Rcpt No : 8610 / UP43D25060003930
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-Jul-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 30-Jun-2025 to 29-Jun-2040

Date : 15-Jul-2025 13:23:38

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 15-Jul-2025

मोहरी

Q 2465888



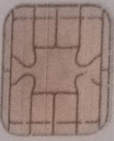
Indian Union Driving Licence
Issued by Uttar Pradesh



UP43 20020002156

Issue Date 07-07-2022
Validity (NT) 06-07-2032

Validity (TR)*



(11-06-2002)

Name: KSHORI LAL

Date of Birth: 20-01-1975

Blood Group:

Son/Daughter/Wife of: RAM AASARE

Organ Donor: N

Holder's Signature

Address: MADNAPUR BHAN GONDA, GONDA, UP
271302

Date of First Issue

DL No: UP43 20020002156

UPDL000008696993



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*
LMV	MCWG	UP43	11-06-2002	NT			
MVSD				NT			

Emergency Contact Number

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DGEPG2977M



नाम / Name

SUNIL KUMAR GUPTA

पिता का नाम / Father's Name

RADHESHYAM GUPTA

जन्म की तारीख /
Date of Birth

01/01/2002

सुनील कुमार

हस्ताक्षर / Signature