

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.	SOYAB KHAN Mob. No. 9. 6394966501
2	Vehicle No. / वाहन संख्या	UPSTBY 8990.
3	Policy No. / पालिसी संख्या	28-07-2025-70-29-07-2026.
4	Period of Insurance / बीमा अवधि	252400/31/2026/30397
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21-01-26. 2100 PM.
6	Place of Accident / दुर्घटना का स्थान	तखकुएरी (सेवरही)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ROBINA KHAN 700M UPST 20240002653. 8853571541
8	Estimated Loss / अनुमानित हानि	621.
9.	Cause of Accident / दुर्घटना का कारण :-	भर वदन गाडी लोक रेक्विम स्थानु र दित सेवरही जात ससण बाले म तरन ए कयम अचय अ 540 900 डयरी निडसा स भोरसा भिनु वानु र जे गति म दानो वग (क्रीका स 2-4 5m) र्ण (क्रीका) ले भं मरी वदन ग (उर) अ एतरे दयम
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 / फोन नं.	ANNO MOTORS. TAMKOHIPAD. KUSHINAGAR. 9415278119.

Date / दिनांक :
हस्ताक्षर - 22/01/2026

Soyab Khan
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 Momel. Certificate/Policy No. 28/07/2025-70-29/07/2026.
 Tel. No. 292500/31/2026/30397 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

(a) Name : SOYAB KHAN.
 (b) Address for correspondence : NILL-GODAITA B/RAM,
 (c) Telephone : Post. MADHOPUR, BGSOG, DIST. KUSHI NAGAR
8394968501.

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>3F17EUSGFO2631</u>	Registration No.
	Chassis No. <u>MBCBP W724SGP06036</u>	<u>UPS7BY</u> <u>8990</u>

- (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? NO
 (d) If a Motor Cycle/scooter yes
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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

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? : _____ N/A
(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? : _____ N/A
(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 22/01/26 200

Signature of the insured Soyab Khan

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 662120)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP57 BY9990 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. 662120

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

Witness

Name Robina Khatoon
Signature Robina Khatoon
Address V/Li... Goadaita, Shrivam
Post - Madhopur Buzurg
D/S - Kushinagar.

Signature Soyab Khan
Occupation _____
Address V/Li... Goadaita, Shrivam
Post... Madhopur Buzurg
D/S... Kushinagar.
Bank Account Number _____
Name of the Bank _____

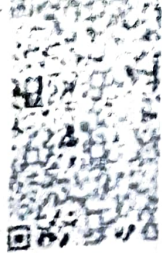


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No	: UP57BY8990	Registration Date	01-Aug-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...	189-274304	
Owner Name	SOYAB KHAN	Son/wife/daughter of	SABIR KHAN
Full Address: (Permanent)	VILL - GODAITA SHRIRAM GORAITA SHRI, RAM PO- MADHOPUR BUZURG P.S. TAMKUHI RAJ, KUSHINAGAR, UTTAR PRADESH-274406		
Full Address: (Temporary)	VILL - GODAITA SHRIRAM GORAITA SHRI, RAM PO- MADHOPUR BUZURG P.S. TAMKUHI RAJ, KUSHINAGAR UTTAR PRADESH-274406		
Fitness Up To	31-Jul-2040	Owner Serial No	1
Detailed Description			
Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No	
Ownership	INDIVIDUAL	Norms	BHARAT STAGE VI
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA1043834058
Front HSRP No	AA2132849100	Month/Year of Mfg	06/2025
Type of Body	SOLO WITH PILLION	Chassis No	MBLJFW724SGF06036
No of Cylinders	1	Fuel	PETROL
Engine No	JF17EUSGF06031	Cubic Capacity	124.60
Horse Power(BHP)	6.98	Wheel base	1302
Maker's Classification	DESTINI 125 ZX	Standing Cap	0
Seating Cap(in all)	2	Unladen Wt (kgs)	115
Sleeper Cap	0	Laden/GV Wt (kgs)	245
Colour	PEARL BLUE	AG Fitted	NO
Other Criteria			
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 w.e.f.

Purchase dt	30-Jul-2020	Sale Amt	92080/-
OTT Date	30-Jul-2025	Amount/Rcpt No	9209 / UP57D25080000024
Vehicle Is Govt./Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	13-Aug-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 01-Aug-2025 to 31-Jul-2040

Date: 30-Aug-2025 13:05:48

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
30-Aug-2025



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, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (In Rs.)

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Seating Capacity, Type Of Body, Type Of Fuel, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)

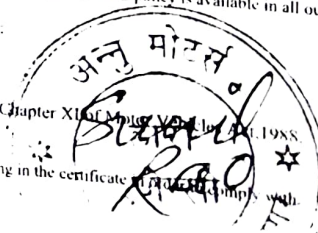
LIABILITY SECTION (B)

Table with 4 columns: Vehicle, Electrical Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), VAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, TP Discount, Sub-Total Deductibles, Add-On Coverages, VIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, 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 Rs(0) 5. Subject to Endorsements IMT,7,10,28,-

Table with 4 columns: Nominee Details, Payment Details, Cheque No./Transaction No., Bank Name, Age, Relation, Amount.

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.



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 the Motor Vehicle Act, 1988. 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 of insurance shall apply with effect from the date of issue of this certificate.



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

DL No: UP57 20240002653

UPDL 000012777174

UP57 20240002653

Issue Date **14-02-2024** Validity (NT) **14-02-2042** Validity (TR) _____



14-02-2024



Invalid Carriage (Regn Numbers) _____

Hazardous Validity _____

Hill Validity _____

Name: **ROBINA KHATOON**

Holder's Signature _____

Date of Birth: **15-02-2003** Blood Group: _____

Organ Donor: **N**

Son/Daughter/Wife of: **SAMSHUL KHAN**

Address:

godaita shriram Madhopur Buzurg Goraita
Choti Ram Tamisahi Raj Kushinagar Uttar
Pra 274406

Date of First Issue

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCs	MCWG	UP57	14-02-2024	NT			
MCs	LMP	UP57	14-02-2024	NT			
MCs							
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number _____

Licensing Authority

UP57 KUSHINAGAR



भारत सरकार
Government of India



Aadhaar no. 198 4601 011620215



नाम का
 Sajid Khan
जन्म तिथि/DOB: 01/01/2005
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता का प्रमाण नहीं।
 इसका उपयोग सरकार (ऑनलाइन सेवाओं/क्या, या कर्ज/सर्विस/सर्विस प्रदाताओं की वेबसाइट) 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 Khis).

7365 9919 6578

मेरा आधार, मेरी पहचान

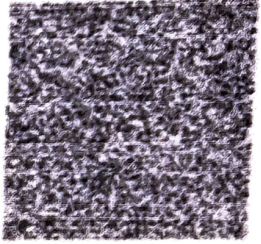


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 27/11/2025

पता:
 आसफ़: सजिद खान, गौहटला बीरम, लीला श्री राम, माधोपुर
 ब्लॉक, कुशीनगर,
 उत्तर प्रदेश - 274406
Address:
 S/O: Sajid Khan, Gohatla Biram, Lila Sri Ram,
 PO: Madhupur Buzurg, DHST: Kushinagar,
 Uttar Pradesh - 274406



7365 9919 6578

VID : 9171 4301 5966 2205

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

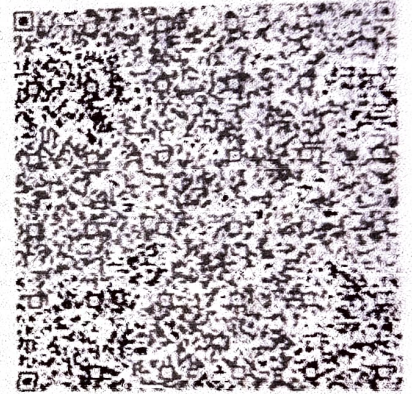


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JIWPK6852F



नाम / Name
SOYAB KHAN

पिता का नाम / Father's Name
SABIR KHAN

18072024

जन्म की तारीख /
Date of Birth
01/01/2005

Soyab Khan
हस्ताक्षर / Signature