

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Arun Kumar - 9870748597
2	Vehicle No. / वाहन संख्या	UP01DX1073
3	Policy No. / पालिसी संख्या	252400/31/2026/42233
4	Period of Insurance / बीमा अवधि	12/10/2025 - 11/10/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22-01-2026, 08:30 AM
6	Place of Accident / दुर्घटना का स्थान	Bijnor
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun Kumar 2060022570 - 9870748597
8	Estimated Loss / अनुमानित हानि	9265
9	Cause of Accident / दुर्घटना का कारण :	मैं अपने घर से बाइक की सरविस व पैपर लेने के लिए नौहसील जा रहा था तभी रास्ते में बाधना पर मेरा एक्सिडेंट हो गया सामने से एक बाइक बाधा आरहा था उसने मेरी बाइक में राइड साइड से आगे से टक्कर मार दी और बाइक राइड साइड जाग
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 / फोन नं.	Durga Auto Naujheel 7070936431

Date / दिनांक
हस्ताक्षर
DURGA AUTO
Near SBI Balna Road, J.M. Mani
Naujheel, Maljhara - 281203
(M) 844577500, 9634181633
23-01-2026

Arun Kumar
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. 252400/31/2026/42233

Tel. No.

Period of Insurance 12/10/2025 - 11/10/2030
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 : Arun Kumar
(b) Address for correspondence : Rajawal Aligarh
(c) Telephone : 9070740597

2. THE INSURED VEHICLE

Make & Year <u>Hero Motocorp Ctel</u>	Engine No. <u>JA07A189H13382</u> Chassis No. <u>MBLJAW56X89H04466</u>	Registration No. <u>UP81DX 1073</u>
--	--	--

- (a) Was the vehicle in proper working condition? Na
(b) For what purpose was the vehicle being used at the time of accident? personal use
(c) Was trailer attached? Na
(d) If a Motor Cycle/scooter Na
1. Was a side-car attached Na
2. Was a pillion rider carried Na

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 : _____
- NTA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Arun Kumar
(b) Age : 29
(c) Address : Rajawal Aligarh
(d) Is the Driver
1. Owner : Yes
2. paid driver? :
3. Owner's relative or 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? :
(g) Driving Licence Number : UP0120160022570
(h) Issuing Authority : 12/10/2025
(i) Date of Expiry : 11/10/2030
(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 : 22-01-2026, 08:30 AM
(b) Place : Bajna
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
मैं अपने घर से बाइक की सरविस्व कागज लेने के लिए बाइक पर बैठा था तभी गलती में बाइक पर मैं कागज डेट हो गया सामने से बाइक वाला आ रहा था!

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Right
(b) Estimated cost of repairs : 9265
(c) When and where can the damaged vehicle be inspected : Durga Auto Noida

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? : N/A
(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? : N/A
(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? : N/A
(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 23-01-2026 200

Signature of the insured Arun Kumar

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 Arun Kumar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION

Registration No : UP81DX1873 Registration Date : 13-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA. U.P., 145-281004
 Owner Name : ARUN KUMAR Son/wife/daughter of : HAKIM SINGH
 Full Address: (Permanent) : RAJAWAL, RAZAWAL, ALIGARH, UTTAR PRADESH-202123
 Full Address: (Temporary) : RAJAWAL, RAZAWAL, ALIGARH-UTTAR PRADESH-202123
 Fitness UpTo : 12-Oct-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
 Front HSRP No : AA1045385216 Rear HSRP No : AA2138158737
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
 No of Cylinders : 1 Chassis No : MBLJAW56XS9H04466
 Engine No : JA07A1S9H13382 Fuel : PETROL(E20)
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : GLAMOUR X 125 DRUM Wheel base : 1267
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 126
 Colour : BLACK-PEARL RED Laden/GV Wt (kgs) : 256
 Other Criteria : AC Fitted : NO
 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 HDB FINANCIAL SERVICES LTD. AGRA, , , Agra, Uttar Pradesh-282001 w.e.f. 12-Oct-2025.

Purchase dt : 12-Oct-2025 Sale Amt : 84811/-
 OTT Date : 12-Oct-2025 Amount/Rcpt No : 8482 / UP81D25100004466
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 13-Oct-2025 to 12-Oct-2040

Date : 15-Nov-2025 14:08:22

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

15-Nov-2025

5620965



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FGIRC928

Page No:

Scanned by THE ORIENTAL INSURANCE COMPANY LIMITED
Date: Sun Oct 12 2025 15:00:07 IST
Reason: Signing Policy for CICA

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: 09AAACT0627R4ZL)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	12-OCT-25
Policy No	252400/31/2026/42233	Proposal No.& Date	R/252400/31/2026/33751 & 12-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:27 ON 12/10/2025 TO MIDNIGHT OF 11/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 15:27 ON 12/10/2025 TO MIDNIGHT OF 11/10/2030
Insured Name	ARUN KUMAR (GSTIN:)		
Insured Address	C/O HAKIM SINGH, R/O RAJAWAL RAJAWAL RAJAWAL RAZAWAL RAJAWAL, NA, ALIGARH, NA,	Lead/Breakin No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	80571
Model & Variant	HERO GLAMOUR DRUM XTEC BS-VI			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025				
Engine - Chassis No	JA07A1S9H13382 - MBLJAW56XS9H0466			Total IDV	80571
Cubic Capacity	124.7			TMF CONTRACT NO	
Carrying Capacity	1 + 1			Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL	Geographical Area	INDIA
PO Location					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1350.37		Basic Third Party Liability		3851
Elec Accessories	0		Compulsory 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	1350.37		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-GR36B3		0
			Net Liability Premium (B)		3851
Voluntary Deductibles (IMT 22A)	0		Total Premium (A+B)		4053
Anti-Theft Device (IMT-10)	0		GST		730
CAI Membership (IMT-8)	0		SERVICE TAX		0
No Claim Bonus	0		STAMP DUTY		0.00
Discount for vehicle designed for handicapped	0		Swachh Bharat Cess@0.50%		0
PIP Discount	1148		Krishi Kalyan Cess@0.50%		0
Sub-Total Deductibles	1148		Gross Premium Paid		4783
Add-On Coverages					
VIL Depreciation					
Return to Invoice	0				
Key Replacement	0				
Consumables	0				
Sub-Total Add-on Coverages	0				
Net own Damage Premium(A)	202				

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4783
Financer Type	Financer Name	IDFC FIRST BANK LTD	Financer Branch
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, 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.

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).

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.

I witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 12-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 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 II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet these requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

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

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 : 659525SMD
Approved On : 12-OCT-25
Place : MRT
Printed On : 12-OCT-25

For and on behalf of
The Oriental Insurance Company Limited


General Manager
Authorized Signature

माड़ी के बीमा की कवरेज के लिए
थर्ड पार्टी बीमा वैध होना अनिवार्य है,
कृपया थर्ड पार्टी बीमा समय से कराए।

भारत सरकार
Government of India

अरुण कुमार
Arun Kumar

जन्म तिथि / DOB : 01/02/1998
पुरुष / Male



8921 8324 5809

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: हकिम सिंह, राजावल,
राजावल, राजावल, राजावल, अलीगढ़,
राजावल, उत्तर प्रदेश, 202123

Address: S/O: Hakim Singh, rajawal,
rajawal, rajawal, Razawal, Aligarh,
Rajawal, Uttar Pradesh, 202123

8921 8324 5809

1947
1800 300 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

HQCPK1648M



नाम / Name
ARUN KUMAR

पिता का नाम / Father's Name
HAKIM SINGH

06102018

जन्म की तारीख /
Date of Birth
01/02/1998

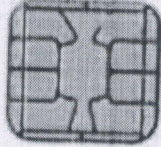
हस्ताक्षर / Signature

Arun Kumar



UNION OF INDIA **Driving Licence** (UP) (NT)

UP81 20160022570



जारी करने की तिथि
Date of Issue

27/09/2016

वैधता / Validity

26/09/2036

जन्म तिथि
Date of Birth

01/02/1998

Blood Group

O+



नाम / Name

ARUN KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

HAKIM SINGH

UP81 20160022570

UP04458277R/S



MCWG

27/09/2016



LMV

27/09/2016



Form 7 Rule 16(2)

पता / Address

RAJAWAL POST- RAJAWAL

P/S- GONDA ALIGARH

UP 202001

Holder's Signature

जारीकर्ता / Issuing Authority Sign

ALIGARH

UNION OF INDIA Driving Licence (UP) (NT)

UP81 20160022570



जारी करने की तिथि
Date of Issue
27/09/2016

श्रेणी / Validity
26/09/2036

जन्म तिथि
Date of Birth
01/02/1998

Blood Group
O+



नाम / Name

ARUN KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

HAKIM SINGH

UP81 20160022570

UP04A5627RS

MCWG
27/09/2016

LMV
27/09/2016

(UP)

Form / Rule 16(2)

पता / Address

RAJAWAL POST-RAJAWAL
P/S- GONDA ALIGARH
UP 202001

Holder's Signature

जारीकर्ता / Issuing Authority Sign

ALIGARH

DURGA AUTO

NEAR SBI BRANCH, BAJNA ROAD, NAUJHEEL, MATHURA, MATHURA, 281210, UP, India
 State Code: 9 Contact: 9634181633, , ,

GSTIN No: 09AJSPN4601K2ZQ

Associate Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	23791-02-REST-0126-63	Date	23-01-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	9870748597
VIN	MBLJAW56XS9H04466	Model	GLAMOUR X
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP81DX1873
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	ADJRS6A0000CPGS - COWL FRONT RIGHT BK(BR) -008P(G)(T1)	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
2	ADJRS6A0010CPGS - COWL FRONT LEFT BK(BR) -008P(G)(T1)	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
3	ADJRB4H001000GS -COWL FRONT	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
4	ADJRF2C001000GS - HANDLE STEERING	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
5	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
6	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
7	51500KWA941S -FORK ASSY. L FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
8	18355ACLJ00S -COVER MUFFLER ASSEMBLY	87141090	Paid	350.85	1	9.00	9.00	0.00	0.00	0.00	0.00	414.00
9	ADJRA8C005000GS - FRONT WINKER LIGHT RIGHT ASSEMBLY	85122010	Paid	237.29	1	9.00	9.00	0.00	0.00	0.00	0.00	280.00
10	ADJRB4M001000GS - MIRROR RIGHT ASSEMBLY	70091090	Paid	220.34	1	9.00	9.00	0.00	0.00	0.00	0.00	260.00
11	K50508ACLW000S -KIT ENGINE GUARD- GLAMOUR REVAMP	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00

Parts Total

Labour Details

0.00 8,085.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-GLAMOUR X	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00
2	102046 - ADDITIONAL REPAIR CHARGES-GLAMOUR X	998729	Paid	550.00	9.00	9.00	0.00	0.00	0.00	0.00	649.00

Jobs Total

0.00 1,180.00

Parts Total	1,180.00
Labour Total	8,085.00
SGST (Parts) 9%	1,180.00
CGST (Parts) 9%	616.65
SGST (Labour) 9%	616.65
CGST (Labour) 9%	90.00
Total	9,265.00

DURGA AUTO
 Near SBI Bajna Road, Teh. Manu
 Naujheel, Mathura-281210
 (M) 8445277500, 9634181633