

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	VISHAL CHAURASIA 9235003190
2	Vehicle No. / वाहन संख्या	UPS3FF5899
3	Policy No. / पालिसी संख्या	252400/31/2025/97908
4	Period of Insurance / बीमा अवधि	26/03/2026 -
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/02/2026 & 11:00 Am
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHAL CHAURASIA UPS320250037843
8	Estimated Loss / अनुमानित हानि	2000/-
09.	Cause of Accident / दुर्घटना का कारण: गोरखपुर से देवरिया जाते समय अचानक एक बड़े ट्रक का सामने आगया जिससे चक्कर भरे गाड़ी स्लीप कर क्षतिग्रस्त होगया.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No.
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	HERO D.P. MOTOR SUMER SAGAR GORAKHPUR

Date / दिनांक :
हस्ताक्षर

15/02/2026.

Signature of Insured / बीमाधारक के

Vishal - चाुरासिया



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, Anaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2025/97908

Tel. No. _____

Period of Insurance 27/03/2026

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 : VISHAL CHAUHAN
 (b) Address for correspondence : PADARI BAZAR GORAKHPUR
 (c) Telephone : 9235003190

2. THE INSURED VEHICLE

Make & Year <u>Hero & 2025</u>	Engine No. <u>08911690</u> Chassis No. <u>08921</u>	Registration No. <u>UP S3 FF 5899</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?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 242
 (b) Unladen Weight : 112
 (c) Weight of goods carried/Load Challan No. : No
 (d) Nature of permit : gicp
 (e) Nature of goods carried : No
 (f) Was the vehicle plying for hire : Yes,
 (g) If Lorry/Jeep/Tractor, was trailer attached? : No
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : VIJAYAL CHAUBASIA
 (b) Age : 24
 (c) Address : _____
 (d) Is the Driver :
 1. Owner :
 2. paid driver? : _____
 3. Owner's relative or friend? : _____
 (e) If paid driver, how long has he been in your employment : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : _____
 (g) Driving Licence Number : UP 53 20250037843
 (h) Issuing Authority : RTO - GUP
 (i) Date of Expiry : 15/08/2042
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : _____
 (l) Has he been involved in any accident before?: _____
 (m) Has he been charged by the policy? If so, Why?: _____

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 14/02/2025 @ 11:00 AM
 (b) Place : GORAKHPUR
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : गाड़ी का ब्रेक टूटने के कारण बाईपास
 (e) If any third party was responsible for this accident give the name and address : श्रीम. अमित कुमार, पता: ...

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front & Right
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : _____

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : No
 (b) Address : No
 (c) Full Details of personal injury sustained : _____
 (d) Name and address of any person/hospital giving medical attention to injured person : No
 (e) Full details of property damaged : No
 (f) Has notice of any claim been given to you? : No

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : NO
 (b) If yes, give full details : NO

9. WITNESS

(a) Give names and addresses of passengers/other Witness, if any : NO
 (b) Did a Police Constable take particulars of The accident? : NO
 (c) Was accident reported to Police? If not, Why? : NO
 (d) If yes, to which Police Station? : NO
 (e) Date and Diary No. : NO

10. THEFT

(a) Date and Time : NO
 (b) Place : NO
 (c) What was stolen? : NO
 (d) Estimated cost of replacement? : NO
 (e) By whom discovered and reported? : NO
 (f) Has theft been reported to Police? : NO
 (g) When? : NO
 (h) Which Policy Station? : NO
 (i) C.R. diary Number : NO

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 _____ 200

Signature of the insured _____

— विशाल करीसम

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/-

विशाल चौरसिया

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank



Policy Schedule

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: 09AAACT0627R4ZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2025-97908), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BHATI), Insured Name (VISHAL CHAURASIYA), Insured Address (CAO BALJIRAM CHAURASIYA, VILL- MOHANAPUR OBA TOLA, JANGAL HAKEEM NO 2, PO- PADARI BAZAR PS- SHAHPUR, GORAKHPUR, NA).

INSURED MOTOR VEHICLE DETAILS table including Make (HERO MOTOCORP), Model & Variant (HERO SPLENDOR PLUS XTECH E20), Registration No (NEW), Year of Manufacture (2025), Engine-Chassis No (HA11F1SHA11690 - MBLHAW40XSHA08921), Cubic Capacity (100), Seating Capacity (1+1), Type Of Body (SOLO), Type Of Fuel (PETROL), RTO Location, Vehicle (80133), Electrical Accessories (0), Non Electrical Accessories (0), Total IDV (80133), IMT CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area (INDIA).

Schedule Of Premium (Amount in Rs.) table with columns for OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals for Add-on Coverages and Net own Damage Premium(A).

Nominee Details and Payment Details table. Includes Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, POS Name, POS ID, POS PAN NO/Aadhar No, and Amount (4922).

Legal notices and conditions: 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. Warranted 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. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 27-MAR-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 trails (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 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 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 years (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: 659525SMD
Approved On: 27-MAR-25
Place: MRT
Printed On: 27-MAR-25

For and on behalf of
The Oriental Insurance Company Limited
D. P. MOTORS
Saraf Complex, Sumer Sagar
Gorakhpur (U.P.)
Mob.-91 955819151025502
General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FF5899 Registration Date : 20-Mar-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, ... 188-273010
 Owner Name : VISHAL CHAURASIYA Son/wife/daughter of : S/O BALIRAM CHAURASIYA
 Full Address: (Permanent) : VILL- MOHANAPUR OBA TOLA, JANGAL, HAKEEM NO 2 PO- DARI BAZAR, PS-
 SHAHPUR, GORAKHPUR, UTTAR PRADESH-273014
 Full Address: (Temporary) : VILL- MOHANAPUR OBA TOLA, JANGAL, HAKEEM NO 2 PO- DARI BAZAR, PS-
 SHAHPUR, GORAKHPUR-UTTAR PRADESH-273014
 Fitness Up To : 27-Mar-2040 Owner Serial No :

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOGORP LTD
 Front HSRP No : AA1039719414 Rear HSRP No : AA2121572932
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : BLHAW40XSHA08921
 Engine No : HA11F1SHA11690 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1735
 Sealing Cap(in all) : 2 Standing Cap :
 Scooper Cap : 0 Unladen Wt (kgs) : 12
 Colour : MAT GUN MET GREY Laden/GV Wt (kgs) : 12
 Other Criteria : AC Fitted :
 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 : 27-Mar-2025 Sale Amt : 1351/-
 OTT Date : 27-Mar-2025 Amount/Rcpt No : 36 / UP53D250300070
 Vehicle is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 05-Apr-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Mar-2025 to 27-Mar-2040

Date : 11-Apr-2025 15:46:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority :
 Date : 11-Apr-2025

Q 2543757



भारत सरकार
Government of India



Aadhaar no. issued: 13/09/2015



विशाल चौरसिया
Vishal Chaurasiya
जन्म तिथि/DOB: 16/08/2002
पुरुष/ MALE

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

2068 9023 6431

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



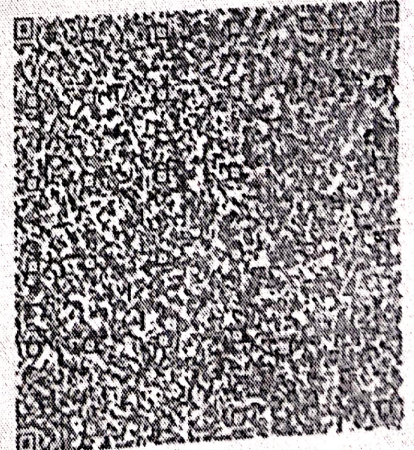
पता:

आत्मज: बलिराम चौरसिया, जंगल हकीम न.2, मोहनापुर
ओबा टोला, जंगल हकीम न.2, जंगल सलिकरम, गोरखपुर,
उत्तर प्रदेश - 273014

Details as on: 24/09/2024

Address:

S/O: Baliram Chaurasiya, jangal hakeem no.2,
mohanapur oba tola, Jangl Hakeem No2, PO:
Jangle Salikram, DIST: Gorakhpur,
Uttar Pradesh - 273014



2068 9023 6431

VID : 9132 9606 6965 9877



1947



help@uidai.gov.in



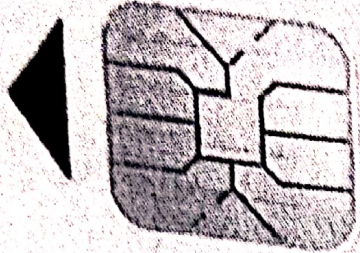
www.uidai.gov.in



Indian Union Driving Licence Issued by Uttar Pradesh



UP53 20250037843



Issue Date **21-11-2025** Validity (NT) **15-08-2042**

Validity (TR)*



Holder's Signature

Name:

VISHAL CHAURASIYA

Date of Birth:

16-08-2002

Blood Group:

Son/Daughter/Wife of:

BALIRAM CHAURSIYA

Organ Donor:

N

Address:

**JANGAL HAKEEM NO.2 MOHANAPUR OBA TOLA
JANGLE SAL JANGL HAKEEM NO2 SAHJANWA
GORAKHPUR UTTAR PRADESH 273014**

Date of First Issue 21.11.2025

DL No: UP53 20250037843

UPDL531000060776



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	UP53	21-11-2025	NT			
	LMV	UP53	21-11-2025	NT			

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

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GOVT OF INDIA



श्री. जयराज केशव
जयराज केशव केशव
CLEVERAGE

जयराज केशव केशव

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जयराज केशव केशव

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