

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.	Sikandary KUSHWAH 9546420310
2	Vehicle No. / वाहन संख्या	BR28AH1323
3	Policy No. / पालिसी संख्या	252400/31/2026/24406
4	Period of Insurance / बीमा अवधि	from 19:07 01/23/06/2025 to midnight of 22/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3:30 PM 01/03/26. Bheitwa morad
6	Place of Accident / दुर्घटना का स्थान	Bheitwa morad
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BR-2820110018572 / Santosh KY Singh. mob: 9546420310
8	Estimated Loss / अनुमानित हानि	8099/-
9	Cause of Accident / दुर्घटना का कारण :	Balwan sagar se kucher kate jate samay ek two wheels ne left hand mar di
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NAI-
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NAI-
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	YASH AUTOMOBILES Salengard 7897481257.

Date / दिनांक : 06/03/26.
हस्ताक्षर

सिकंदर कृशवाह
Signature of Insured / बीमाधारक के

MOTOR CLAIM FORM

Div. Br. Office Address _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/24406
 Period of Insurance from 19.07.2025 to midnigh
 Claim No. _____ of 22/06/2026

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 : Sikandra kushwaha
 (b) Address for correspondence : Baliwan sagar po-Baliwan sagar ps-Bishambh
 (c) Telephone : Bishambharpur gopalganj BR-84150/SPY

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>JH7ESSG1C03848</u> Chassis No. <u>MBLJFW646501C03049</u>	Registration No. <u>BR28AH</u> <u>1323</u>
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- (a) Was the vehicle in proper working condition? no
 (b) For what purpose was the vehicle being used at the time of accident? NS
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter no
 1. Was a side-car attached no
 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 : _____
 (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 : _____
- No.

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Santosh Kumar Singh.
 (b) Age :
 (c) Address : Dr. Balivan Rai Mal, PO Balivan Sagan
 (d) Is the Driver
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : relative
 (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 : BR 28 2011 0018572
 (h) Issuing Authority : Gopalganj, 1304 - 2019
 (i) Date of Expiry : Permanent
 (j) Was the licence temporary/permanent : No
 (k) Details of endorsement/suspension, if any : No
 (l) Has he been involved in any accident before? : No
 (m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 02/03/26 3:00 PM
 (b) Place : Bhatwa Mand.
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : Front and right side.
 (e) If any third party was responsible for this accident give the name and address : No.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Balivan Sagan is Kuchhikote jante samay ek
 (b) Estimated cost of repairs : two wheel ke dARRon mar de
 (c) When and where can the damaged vehicle be inspected : 80991 - No

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 : _____

NA

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. : _____

NA

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 : _____

NA

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 06/03/20 200

Signature of the insured

Prinaz Bhat

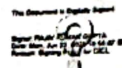


The Oriental Insurance Company Ltd.

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, PIN-221003/3578, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS 45 Years)		Policy Issued On	23-JUN-25
Policy No	25240031/2026/24406	Proposed No.& Date	P/25240031/2026/17102 & 23-JUN-2025	
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19-07-2025 TO MIDNIGHT OF 23-06-2026	
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 19-07-2025 TO MIDNIGHT OF 23-06-2026	
Insured Name	SIKANDRA KUSHWAHA (GSTIN:)			
Insured Address	C/O SHARDA KUSHWAHA, VILL+POST-BALWAN SAGAR, PS-BISHAMBHARPUR DIST. GOPALGANJ, BIHAR, NA.		Lead Branch No	/
			Insured State	BIHAR

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTORCORP	Vehicle	86151
Model & Variant	HERO DESTINI F1	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	86151
Engine - Chassis No	JF17ESSGC03848 - MDLJFW646SGC03049	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INEXA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1443.89	Basic Third Party Liability	3851
Excess Accessories	0	Compulsory P.A Cover Premium	0
Non-Excess Accessories	0	P.A Cover for 8 Persons Of Rs (6) each (IMT-16)	0
Basic Premium	1357.89	Legal Liability (W/Cite driver (IMT-28)	0
Geographical Area Extn (IMT-3)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Leading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Leading On TP Premium (60%)	NA
Deductibles		P.A Paid Driver, Conductor, Cleaner-GR34B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4197
AAI Membership (IMT-8)	0	GST	755
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1227	Swachh Bharat Con@0.50%	0
Sub-Total Deductibles	1227	Krishak Kalyan Con@0.50%	0
Add-On Coverages		Gross Premium Paid	4952
NIL Depreciation	215		
Returns to Insurer	0		
Key Replacement	0		
Consumables	215		
Sub-Total Add-on Coverages	215		
Net own Damage Premium(A)	346		

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4952
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch
POS Name	NA	POS ID	NA
		POS PAN NO./Andhar No	NA

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, 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, exclusions, limitations, DMTs and OIC endorsements mentioned herein also 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 cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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.

I/We hereby certify that the policy to which this 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 authorized by and on behalf of the company has/have hereon to set his/their hands at 252400 on 23-JUN-25

IMPORTANT NOTICE
The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Premium made by the company by means of water 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) Race Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

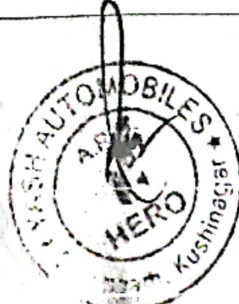
Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability Clause: Under section II-1 (i) of the policy - Death or body injury: Such amount is necessary to meet the requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property as Rs. 7.5 lakhs P.A. Cover under section III for owner-driver & RS (No Claim Bonus) The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if an 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.

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

यह बीमा पॉलिसी, गाड़ी का फुल बीमा (OD) एक साल का तथा थर्ड पार्टी बीमा पाँच साल के लिए ही मान्य है।



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

Baliwan Union Vehicle Registration Certificate BR
 Issued by Government of Bihar

Regn No	Date of Regn.	Regn. Validity	Owner
BR28AH1323	10-07-2025	09-07-2040	Serial 1
Chasis No: MBLJFW646SGC03049			
Engine No: JF17ESSGC03848			
Owner Name SIKANDRA KUSHWAHA			
Ownership INDIVIDUAL			
Son/Wife/Daughter of (in case of individual Owner) SHARDA BHAGAT			
Address VILL-BALIWAN SAGAR, PO-BALIWAN SAGAR, PS- BISHAMBHARPUR, Gopalganj, BR, 841501.			

Card Issue Date 28-07-2025

BR

Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number
BR28AH1323



Month-Year of Mfg.
03 - 2025

No. of Cylinders
1

Number of Axle

Maker Name:
HERO MOTOCORP LTD

Model Name:
DESTINI 125 ZX+

Colour: / **Body Type:**
PEARL FADELESS WHITE SOLO WITH PILLION

Seating(in all) / Standing / Sleeper Capacity
2 / 0 / 0

Unladen / Laden /Gross Combination Weight (Kg)
115.00 / 245.00 / 0.00

Cubic Cap. / Horse Power (BHP/kw) Wheel Base(mm)
124.60 8.98 1302.00

Financer Name
HERO FINCORP LIMITED

BR: R2800030268

(Signature)
Registration Authority
 DTO-GOPALGANJ

भारत सरकार

Government of India

सिकन्द्र कुशवाहा

Sikandra Kushwaha

जन्म तिथि / DOB : 01/01/1987

पुरुष / Male



6523 1694 4486

आधार - आम आदमी का अधिकार



भारत विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: S/O: शारदा भगत, बलिवन
सागर, गोपालगंज, बल्वनसागर,
बिहार, 841501

Address: S/O: Sharda Bhagal, Baliwan
Sagar, Gopalganj, Balwansagar, Bihar,
841501

6523 1694 4486



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



DL : BR-20110018572

FORM-7

Name : SANTOSH KR SINGH

S/W/D of : MUKHO DEO PRASAD

Address : AT BALIWAN RAI MAL, PO
BALIWAN SAGAR, PS
BISHAMBHARPUR,
GOPALGANJ

DOB : 14-01-1979 BG O+

Badge No. : *[Signature]*

*Authorisation to drive the following vehicle class throughout India. Signature of Holder

Type of Vehicles : MCWG LMV-NT Only

Issued on : 20-09-2011

DL : BR-2020110018572

Original LA :
Old DL No :
Date Of Issue :
Class Of Vehicles :

Vehicle Class	Issue Date
MCWG	20-09-2011
LMV-NT	20-09-2011

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FNYPK3924H

नाम / Name

SIKANDRA KUSHWAHA

पिता का नाम / Father's Name

SHARDA BHAGAT

जन्म की तारीख / Date of Birth

01/01/1987

सिकंदर कुशवाहा

हस्ताक्षर / Signature

