

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेस 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. | Rajesh Ram 9771082651 |
| 2 | Vehicle No. / वाहन संख्या | BR 28 AH 1326 |
| 3 | Policy No. / पालिसी संख्या | 25240013112026/23604 |
| 4 | Period of Insurance / बीमा अवधि | 18/06/25 to 17/06/26 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 07/03/26 11:30 AM. |
| 6 | Place of Accident / दुर्घटना का स्थान | Maripur Phulwariya |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Vijay Kumar Prasad/UP5719970002202 9771082651 |
| 8 | Estimated Loss / अनुमानित हानि | 8031/- |
| 09. | Cause of Accident / दुर्घटना का कारण: | Ahar. se court gate samay samne se aa rahi gadi ne takkan mar di jis se gadi dishabane ho kar gir gyi |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | NA/- |
| 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. | Yash Automobiles. Salempur 7897481257 |

Date / दिनांक : 09/03/26.
हस्ताक्षर

राजेश राम
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/23604
 Period of Insurance 18/06/25 to 17/06/26.
 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 : Rajesh Ram
 (b) Address for correspondence : Phulwaria Manikpur, Gotalgong
 (c) Telephone : 9771082651

2. THE INSURED VEHICLE

| | | |
|---------------------------------|---|--|
| Make & Year <u>Hero/2025</u> | Engine No. <u>HA11F7SHE43065</u> Chassis No. <u>MBLHAW 486SHE62380</u> | Registration No. <u>BR 28 AH</u> <u>1326</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 No
 - 1. Was a side-car attached No
 - 2. Was a pillion rider carried No

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

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No

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vijay Kumar Basad
 (b) Age : 54
 (c) Address : Safahi Tadwa Barwa Raja Pakad.
 (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 : UP57 1997000 2202
 (h) Issuing Authority : Kushinagar
 (i) Date of Expiry : 16-12-2020
 (j) Was the licence temporary/permanent : permanent
 (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 : 07/03/26 11:30 AM
 (b) Place : Manikpur Phulwara.
 (c) Speed of vehicle at the time of accident : Front and left side.
 (d) Give a short description of the accident :
 (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 : Ahar se Coent jete samay same se aa sakid
 (b) Estimated cost of repairs : ni takkar mandi jeta gedi disalana ke karig
 (c) When and where can the damaged vehicle be inspected : 80311- 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? : NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details _____

NO

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. _____

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 _____

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 09/03/2020

Signature of the insured राजेश रास



भारत सरकार
Government of India



राजेश राम
Rajesh Ram
जन्म तिथि/DOB: 10/05/1986
पुरुष/ MALE



2886 8799 2969

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
S/O: Ganesh Ram, - - -
PHULWARIYA, maripur, Maripur,
Gopalganj,
Bihar - 841425

पता:
S/O: गणेश राम, - - - फुलवरिया, मारीपुर,
मरिपुर, गोपालगंज,
बिहार - 841425

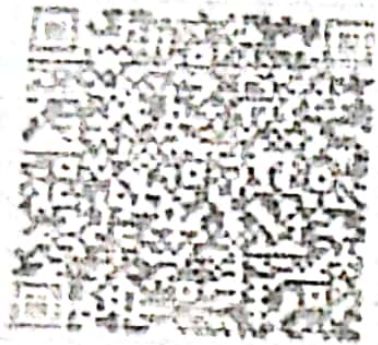
2886 8799 2969



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DKYPR8330H



नाम / Name
RAJESH RAM

पिता का नाम / Father's Name
GANESH RAM

जन्म की तारीख / Date of Birth
10/05/1986

राजेश राम

हस्ताक्षर / Signature



The Document is Digitally Signed
By: Manoj Kumar Singh
Date: 18/06/2025 10:18:25 AM
IP: 10.10.10.10

Policy Schedule

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE
(FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, 1989

Policy Type: DIVISIONAL OFFICE, 146 ABHAI NAGAR, OPP. PUNJAB CINEMA THEATRE, RAJESH RAM (GSTIN: 09AAACT0617R4ZU)

Policy No: 25240031/2026/23604

Agent/Broker Code: BA0000155144

Agent/Broker Name: ABHINAV BHATI

Insured Name: RAJESH RAM (GSTIN:)

Insured Address: CO. GANESH RAM, VILL-MANIPUR, PHULWARIA, PHULWARIA DIST., BIHAR

Policy Incept Date: 18-JUN-25

Proposal No./Date: R 21240031/2026/16245 & 18-JUN-2025

Policy Period (OWN DAMAGE): FROM 19:23 ON 18/06/2025 TO MIDNIGHT OF 17/06/2026

Policy Period (LIABILITY): FROM 19:23 ON 18/06/2025 TO MIDNIGHT OF 17/06/2026

Lead Break No: /

Insured State: BIHAR

INSURED MOTOR VEHICLE DETAILS

Make: HERO MOTOCORP

Model & Variant: HERO SPLENDOR PLUS E20

Registration No: NEW

Year of Manufacture: 2025

Engine-Chassis No: HAH17SHE43065 - MBL1HAW465HE2380

Cubic Capacity: 100

Seating Capacity: 1 + 1

Type of Body: SOLO

Type of Fuel: PETROL

RTO Location: BIHAR

Vehicle: 2403

Electrical Accessories: 1

Gas Electrical Accessories: 1

Total IDV: 2403

TMF CONTRACT NO: /

Policy Type: Class B - Rest of India

Geographical Area: INDIA

INSURED DECLARED VALUE (IDV) (In Rs.): /

| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
|---|---------|--|------|
| Vehicle | 1254.27 | Basic Third Party Liability | 3551 |
| Elec Accessories | 0 | Compulsory PA Cover Premium | 0 |
| Non-Elec Accessories | 0 | PA Cover for 2 Person (Of Rs. 10 each) (MT-16) | 0 |
| Basic Premium | 1179.27 | Legal Liability (PA Car driver) (MT-23) | 0 |
| Geographical Area Extra (MT-1) | 0 | Legal Liability to Employees (MT-29) | 0 |
| Driving Tuition Loading On OD Premium (60%) | 0 | Legal Liability to Passenger (MT-30) | NA |
| Sub-Total Additions | 0 | Driving Tuition Loading On TP Premium (60%) | 0 |
| Deductibles | 0 | PA Paid Driver, Conductor, Cleaner-GR34B3 | 0 |
| Voluntary Deductibles (MT 22A) | 0 | Net Liability Premium - B: | 3551 |
| Anti-Theft Device (MT-10) | 0 | Total Premium (A+B): | 4151 |
| AAI Membership (MT-8) | 0 | GST | 743 |
| No Claim Bonus | 0 | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | STAMP DUTY | 0.00 |
| SIP Discount | 1066 | Swachh Bharat Cess@ 0.50% | 0 |
| Sub-Total Deductibles | 1066 | Krishi Kalyan Cess@ 0.50% | 0 |
| Add-On Coverages | 0 | Gross Premium Paid | 4698 |
| NIL Depreciation | 187 | | |
| Return to Insurer | 0 | | |
| Key Replacement | 0 | | |
| Consumables | 0 | | |
| Sub-Total Add-on Coverages | 187 | | |
| Net own Damage Premium(A) | 300 | | |

Payment Details:

Payment Method: /

Bank Name: /

Amount: 4898

Financier Type:

Financier Name: HERO FINCOR LTD

Financier 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, wherever applicable which are available on company's website www.theorientalinsurance.org or on demand from the policy issuing office.

Warranted that in case of default 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.

We hereby certify that the policy is issued in accordance with the certificate relating as well as the 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/their hands at 2524003 on 18-JUN-25.

IMPORTANT NOTICE

The Insurer 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 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 actual domestic and primary 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 Meeting (5) Sports, racing or liability trials (6) Use as a commercial vehicle.

Driver's Clause: Any person obtaining the assured provided that a person driving holds an effective driving license at the date of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license is licensed to drive a vehicle of that class and that such a person satisfies the requirement of Rule 104 of the Central Motor Vehicles Rules, 1989.

Limit of Liability: Clause 1 under section 114 is not the policy. Death or body injury such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section 11-1 (b) of the policy-Damage to third party property as per 7.3 (a) under PA Cover under section 11 for private Driver is RS.

No Claim Bonus: The amount is entitled for a No Claim Bonus (NCB) on the cover damage section of the policy if no claim is made or pooling during the preceding year(s) as per 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 year(s).

We hereby certify that the policy is issued in accordance with 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: 649255MD

Approved On: 18-JUN-25

Place: MKI

Printed On: 18-JUN-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature





Indian Union Vehicle Registration Certificate
Issued by Government of Bihar

BR

| Regn No | Date of Regn. | Regn. Validity | Owner |
|--|---------------|----------------|--------|
| BR28AH1326 | 10-07-2025 | 09-07-2040 | Serial |
| Chasis No: MBLHAW486SHE62380 | | | |
| Engine No: HA11F7SHE43065 | | | |
| Owner Name: RAJESH RAM | | | |
| Ownership: INDIVIDUAL | | | |
| Son/Wife/Daughter of (In case of Individual Owner): GANESH RAM | | | |
| Address: VILL-MANIPUR PHULWARIA, PO-PHULWARIA, PS-PHULWARIA, Gopalganj, BR, 841425 | | | |


Card Issue Date: 28-07-2025

BR-R2809030271

Fuel: PETROL
 Emission Norms: BHARAT STAGE VI

BR

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

| | |
|---|--|
| Regn. Number: BR28AH1326 | Maker Name: HERO MOTOCORP LTD |
|  | Model Name: SPLENDOR+ (DRS) |
| | Colour: / Body Type: BLACK HEAVY GREY SOLO WITH PILLION |
| | Seating(in all) / Standing / Sleeper Capacity: 2 / 0 / 0 |
| Month-Year of Mfg: 05 - 2025 | Unladen / Laden /Gross Combination Weight (Kg): 113.00 / 243.00 / 0.00 |
| No. of Cylinders: 1 | Cubic Cap. / Horse Power (BHP/Kw): 97.20 8.17 |
| Number of Axle: 1 | Financer Name: HERO FINCORP LIMITED |
| | Wheel Base(mm): 1235.00 |

BR-R2809030271

Nivedita Kumar
 Registration Authority
 DTO-GOPALGANJ

Form 28A

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 19970002202



Issue Date 17-12-2020
Validity (NT) 16-12-2030

Validity (TR)



Holder's Signature

Organ Donor: N

Date of First Issue (15-02-1997)

Name: **VUJAY KUMAR PRASAD**
Date of Birth: **06-10-1972** Blood Group:
Son/Daughter/Wife of: **DARBARI PRASAD**

Address:
**SAPAH TADWA BARWA RAJA PAKAD -
TURKPATTI TAMKUHI RAJ, KUSHINAGAR 274407**

DL No: UP57 19970002202

UPDL000004494393



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 | UP57 | 15-02-1997 | NT | | | |
| | LMV | UP57 | 15-02-1997 | NT | | | |
| | MVSD | | | | | | |

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

