

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.	Hajara Khatun 7479692420.
2	Vehicle No. / वाहन संख्या	BR28AH 2644
3	Policy No. / पालिसी संख्या	252400/31/2026/30169.
4	Period of Insurance / बीमा अवधि	29/07/25 to 28/07/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/03/26 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Dahilhatta
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sahil Hussain / 4541962117 BROS 20230005071
8	Estimated Loss / अनुमानित हानि	6623/-
09.	Cause of Accident / दुर्घटना का कारण : Ghar se bathna jaati samay roste main pari gira the break marne par gati dishalance hokar gin gy'	
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 Automoliker. Salengar 7897481257.

Date / दिनांक : 09/03/26.
हस्ताक्षर

Hajara Khatun
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sahil Hussain
 (b) Age : 22
 (c) Address : Vill - Po - Dakilhatta PS - Uchkagaon
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Son
 (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 : BROS 2023 0005071
 (h) Issuing Authority : Golaguri
 (i) Date of Expiry : 24/03/2024
 (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 : 08/03/26 . 3:00PM
 (b) Place : Dakilhatta
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : _____
 (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Chay se batheer faate damage raste main pari gir
 (b) Estimated cost of repairs : The break Maron Par gadi disbalance ho Kar jingye
 (c) When and where can the damaged vehicle be inspected : 6623/-
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 : NA
 (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?
- (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 Police 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 07/03/26 -200

Signature of the insured Majna Khatun





DLNo: BR05 20230005071

BR-D2823029390

ADPVEH No.(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
	LDRCV	BR28	04/07/2025	MT			
	LMV	BR05	09/05/2023	MT			
	MCWG	BR05	09/05/2023	MT			
	TRANS	BR28	04/07/2025	TR			

Form 7 Rule 102

Nivedita Kumar

Licensing Authority
DTO, GOPALGANJ

Emergency Contact Number



Indian Union Driving Licence
Issued by Government of Bihar

BR05 20230005071

Issue Date 09/05/2023 Validity (MT) 24/03/2044 Validity (TR) 03/07/2030



Name:
SAHIL HUSSAIN

Date Of Birth : 25/03/2004 Blood Group : A+
Son/Daughter/Wife of : ZAVED SAIFI

Address:
VILL PO DAHIBHATTA
PS UCHKAGAON
GOPALGANJ BIHAR, 841428

Holder's Signature
Organ Donor : NO

BR-D2823029390



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0928

Page No : 1

Page No. 1 of 1
Date: 29/07/2025
Time: 12:33:07
Machine: Reporting...

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FIM MISTAN CINEMA MEERUT, (GSTIN: 09AACT062TR4ZL)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)	Policy Issued On	29-JUL-25
Policy No	25240031/2026/30169	Proposal No. & Date	R/25240031/2026/22648 & 29-JUL-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 12:33 ON 29/07/2025 TO MIDNIGHT OF 28/07/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 12:33 ON 29/07/2025 TO MIDNIGHT OF 28/07/2026
Insured Name	HAJARA KHATUN (GSTIN:)	Lead / Breakin No	
Insured Address	C/O MD IDRISH, VILL - POST-DAHI BHATTA, PS-UCHAKAGAON DIST-GOPALGANJ, BIHAR, NA.	Insured State	BIHAR
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOR CORP	Vehicle	74923
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74923
Engine - Chassis No	HA11E7RHJ.65463 - MBLHAW228RHLB5705	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1255.71	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
Basic Premium	1180.71	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Fald Driver, Conductor, Cleaner-GR36R3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4151
AAI Membership (IMT-8)	0	GST	747
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SFP Discount	1068	Swachh Bharat Cess@0.50%	0
Sub - Total Deductibles	1068	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4898
NIL Depreciation	187	Note:	
Return to Invoice	0	1. Policy Issuance is the subject of the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs (0) (IMT-22)	
Sub Total Add-on Coverages	187	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	300	5. Subject to Endorsements IMT, 7, 10, 28.	

Nominee Details :		Age		Relation	
Payment Details :		Bank Name		Amount	
POS Name	NA	POS ID	NA	POS PAN NO/Audhar No	NA
Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4898	

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 as demanded 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 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.

I/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.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein set his/their hands at 252400 on 29-JUL-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 (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 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 - Health or body injury. Such amount is necessary to meet there 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 PA 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 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 MV Act, 1988.

* This insurance excludes all pre-existing damages

Approved By : 9271378AMD

Approved On : 29-JUL-25

Place : MBT

Printed On : 01-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature





भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

अध्यायिनी: मो० इदरीश, दही
भत्ता, गोपालगंज,
बिहार - 841428

Address:

WO: Md Idrish, Dahl Bhatta,
Gopalganj,
Bihar - 841428

7205 8140 0733

MERA AADHAAR. MERI PEHACHAN



भारत सरकार
GOVERNMENT OF INDIA



हाजरा खातून

Hajara Khatun

जन्म तिथि/ DOB: 01/01/1980

महिला / FEMALE



7205 8140 0733

मेरा आधार. मेरी पहचान



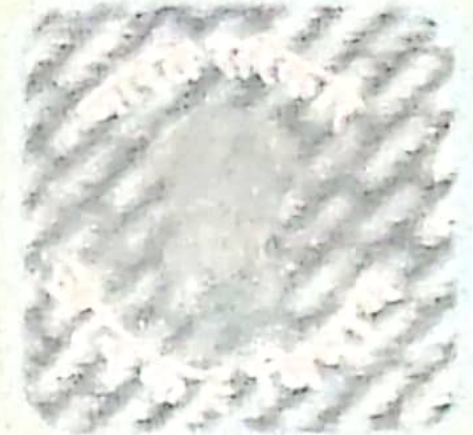
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



FJTPK5309F

नाम/ Name

HAJARA KHATUN

पिता का नाम/ Father's Name

NASRUDDIN MIYAN

जन्म की तारीख/ Date of Birth

01/01/1980



हस्ताक्षर/ Signature



27052017



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

Regn. Number
BR28AH2644



Month-Year of Mfg.
11-2021

Maker Name:
HERO MOTOCORP LTD

Model Name:
SPLENDOR+ BLK STRIPE 135 (DRS)

Colour: / Body Type:
BLACK AND ACCENT SOLO WITH PILLION
Seating (in all) / Standing / Sleeper Capacity
2 / 0 / 0
Unladen / Laden (Gross Capacity)



Indian Union Vehicle Registration Certificate
Issued by Government of Bihar



Regn Ho	Date of Regn.	Regn. Validity	Owner
BR28AH2644	08-08-2025	07-08-2040	Serial ①

Chasis No:
MBLHAW228RHLB5706

Engine No:
HA11E7RHL68463

Owner Name
HAJARA KHATUN

Ownership
INDIVIDUAL

Fuel
PETROL

Emission Norms
BHARAT STAGE VI

Son/Wife/Daughter of (In case of Individual Owner)
MD IDRISH

Address
VILL-DAHI BHATTA, PO-DAHI BHATTA, PS-
UCHAKAGAON, Gopalganj, BR, 841428

Card Issue Date 18-08-2025

