

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.	AMIR ALAM Mob. 9984462504.
2	Vehicle No. / वाहन संख्या	UP57 BX 1939.
3	Policy No. / पालिसी संख्या	252400/31/2026/446.
4	Period of Insurance / बीमा अवधि	03/04/2025-30-02/04/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/2026. 11:15 AM.
6	Place of Accident / दुर्घटना का स्थान	तुर्कपट्टी रोड गुस्तीलीया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMIR ALAM UP5720170005976. 9984462504
8	Estimated Loss / अनुमानित हानि	20764=रु
09.	Cause of Accident / दुर्घटना का कारण : -- मेरी गाड़ी में तेकट तुर्कपट्टी में बदलीया आते समय गुस्तीलीया- रोड पर सामने में तेक गती रुकना रुकना कारण था। सामने में तेकट- मेरी गाड़ी में अचानक रुकना था। मेरी गाड़ी इतिहासहीन थी	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANNU MOTORS. TAKHIRABZ. KUSHINAGAR. 9415278119.

Date / दिनांक : 03/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

AMIR ALAM



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 Mumukh Certificate/Policy No. 252400/31/2026/446
 Tel. No. Period of Insurance 03/04/2025 to 02/04/2026
 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 : AMIR ALAM
 (b) Address for correspondence : VILL, BARWASOKUB, VICHHANOTA,
 (c) Telephone : Post - ZANKAUL, DIST. ROSHANIGAR
9984462504

2. THE INSURED VEHICLE

Make & Year <u>2026</u>	Engine No. <u>HA11EXSHA68831</u>	Registration No.
	Chassis No. <u>MBLHAU023XSHBB1135</u>	<u>UP57BX</u> <u>1939</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
 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 : _____

N/A

8. INJURY TO DRIVER/OCCUPANT

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

N/A

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. : _____

N/A

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 : _____

N/A

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 08/03/26 200

Signature of the insured 3mfc 31/07

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 20764)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP57B1929 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. 207642

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name ... अमित कुमार ...
Signature ... [Signature] ...
Address ... अ. 25/27, असाफ अली रोड, नई दिल्ली ...

Signature ... [Signature] ...
Occupation ... ग. ग. 84.46.280.4. ...
Address ... अ. 25/27, असाफ अली रोड, नई दिल्ली ...
1001 - असाफ अली रोड
Bank Account Number
Name of the Bank

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, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	03-APR-25
No	252400/31/2026/446	Proposal No. & Date	R/252400/31/2026/215 & 03-APR-2025
Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:21 ON 03/04/2025 TO MIDNIGHT OF 02/04/2026
Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:21 ON 03/04/2025 TO MIDNIGHT OF 02/04/2030
Name	AMIR ALAM (GSTIN: 0)	Lead /Breakin No	/
Address	C/O SAHABUDDIN, VILL- BARWA SUKDEV(CHHAHUN), PO- JHANKAUL, P.S - TURK PATTI, PADRAUNA (KUSHINAGAR), . NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Manufacturer	HERO MOTOCORP	Vehicle		73175	
Variant	HERO SPLENDOR PLUS E20	Electrical Accessories		0	
Model No	NEW	Non Electrical Accessories		0	
Manufacture	2025	Total IDV		73175	
Chassis No	HA11E8SHA68831 - MBLHAW23XSHBB1135	TMF CONTRACT NO			
Capacity	100	Policy Type		Zone B - Rest of India	
Capacity	1 + 1	Geographical Area		INDIA	
Body	SOLO	Type Of Fuel	PETROL		
Condition					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Accessories	1226.41	Basic Third Party Liability	3851
Accessories	0	Compulsary PA Cover Premium	0
Premium	1153.41	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Area Extn (IMT-1)	0	Legal Liability (WC) to driver (IMT-28)	0
Tuition Loading On OD Premium (60%)	0	Legal Liability to Employees (IMT-29)	0
Additions	0	Legal Liability to Passenger (IMT-46)	NA
Deductibles		Driving Tuition Loading On TP Premium (60%)	NA
Deductibles (IMT 22A)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
IFT Device (IMT-10)	0	Net Liability Premium (B)	3851
Membership (IMT-8)	0	Total Premium (A+B)	4145
Bonus	0	GST	746
For vehicle designed for handicapped	0	SERVICE TAX	0
Amount	1042	STAMPDUTY	0.00
Legal Deductibles	1042	Swachh Bharat Cess@0.50%	0
Add-On Coverages		Krishi Kalyan Cess@0.50%	0
Reduction	183	Gross Premium Paid	4891
Invoice	0	Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,28,	
Placement	0		
ables	0		
Add-on Coverages	183		
Damage Premium(A)	294		

Details :	Nominee Name	Age	Relation	
Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
	NA	POS ID	NA	4891
		POS PAN NO/Aadhar No	NA	

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 offices as well as company's website.

under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website:

at admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

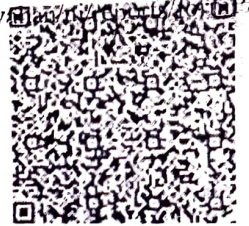


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX1939 Registration Date : 04-Apr-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : AMIR ALAM Son/wife/daughter of : SAHABUDDIN
Full Address: (Permanent) : VILL - BARWA SUKDEV (CHHAHUN), PO -JHANKAUL, P.S - TURKPATTI, KUSHINAGAR.
UTTAR PRADESH-274303
Full Address: (Temporary) : VILL - BARWA SUKDEV (CHHAHUN), PO -JHANKAUL, P.S - TURKPATTI, KUSHINAGAR-
UTTAR PRADESH-274303

Fitness Up To : 03-Apr-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 : AA2120227542 Rear HSRP No : AA2121565354
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLHAW23XSHBB1135
Engine No : HA11E8SHA68831 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 109
Colour : BLACK GREY STRIFE Laden/GV Wt (kgs) : 239
Other Criteria : AG Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.

As Regd.

Table with 3 columns: Description, As Regd., Weight(in kgs). Rows include 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 : 03-Apr-2025 Sale Amt : 77026/-
OTT Date : 03-Apr-2025 Amount/Rcpt No : 7703 / UP57D25040000477
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Nct : NOT EXEMPTED
Date of Approval : 02-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Apr-2025 to 03-Apr-2040

Date : 02-Jul-2025 10:39:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Signature and stamp of KUSHI NAGAR

Date : 02-Jul-2025

3740827



भारत सरकार

Government of India



Aadhaar no. issued: 07/05/2015



अमीर आलम
Amir Alam
जन्म तिथि/ DOB: 01/01/1988
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).

6519 0551 2711

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

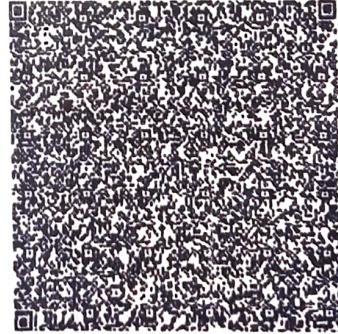
Unique Identification Authority of India



पता:
आत्मज: सहाबुद्दीन, 33, बरवा सुकदेव, छहूँ, झंकोल, कुशीनगर,
उत्तर प्रदेश - 274303

Address:
S/O: Sahabuddin, 33, Barwa sukdev, Chhahun, PO:
Jhankaul, DIST: Kushinagar,
Uttar Pradesh - 274303

Details as on: 01/01/2025



6519 0551 2711



1947



help@uidai.gov.in



www.uidai.gov.in



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP57 20170005976



Issue Date Validity (NT) Validity(TR)*
10-01-2025 22-10-2037 21-08-2027



Holder's Signature

Name: **AMIR ALAM**
Date of Birth: **06-08-1988** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **SAHABUDDIN**
Address:
**VILL-BARWA SUKDEV
PO-JHANKAUL, PS-TURKPATTI
KASYA, KUSHINAGAR, UP 274303**

Date of First Issue 23-10-2017

DL No: UP57 20170005976

UPDL571000000177



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	23-10-2017	NT			
	LMV	UP57	23-10-2017	NT			
	TRANS	UP57	07-05-2019	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CKPPA8848F

नाम / Name
AMIR ALAM

पिता का नाम / Father's Name
SAHABUDDIN

जन्म की तारीख / Date of Birth
01/01/1988


हस्ताक्षर / Signature



01092017

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं:

आयकर पैन सेवा इकाई, एन एस डी एल
5 वीं मंजिल, मंत्री स्टर्लिंग,
प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कालोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

***If this card is lost / someone's lost card is found,
please inform / return to :***

Income Tax PAN Services Unit, NSDL
5th Floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: tininfo@nsdl.co.in