



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.	Sandeep Kumar 9162995890
2	Vehicle No. / वाहन संख्या	UP57 BX 6173
3	Policy No. / पालिसी संख्या	252400/31/2026/8367
4	Period of Insurance / बीमा अवधि	29-04-2015 — 28-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-03-2026 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Sicwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9162995890 Suresh kushwaha, UP5720040298045
8	Estimated Loss / अनुमानित हानि	7250/-
09.	Cause of Accident / दुर्घटना का कारण : मेरी गाड़ी मेरी क्लिबेदार लेकर गये थे शस्ते में मोड़ पर सामने से तेज गति से आई वजह से छक्कर मार दिया कई हानि लरफु गिस्ते से क्षतिग्रस्त हो गया !	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	9125197148 Gupta automobile Pad. saguna

Date / दिनांक : 18/3/2026 .  
हस्ताक्षर

Sandeep Jaiswal  
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 \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/8367

Tel. No. \_\_\_\_\_

Period of Insurance 29/4/25 to 28/4/26

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 : Sandeep Kumar  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9162995090

2. THE INSURED VEHICLE

Make & Year <u>Heslo/2025</u>	Engine No. <u>HA11E0SHB20524</u> Chassis No. <u>MBLHAW237SHB45456</u>	Registration No. <u>UP57BX</u> <u>6173</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 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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Suresh Kushwaha  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagar  
(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 : UP5720040298045  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 20/02/2030  
(j) Was the licence temporary/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 : 17/03/2026, 11.00 A.M.  
(b) Place : Sikwa  
(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 : सामने से बाईक वाले ने छक्कर मार दिया बाईक दाहिने साईड गिरने से डैमेज हो गई!

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end, Side  
(b) Estimated cost of repairs : 7250/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobiles Panchsara,

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? : \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

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

~~PIA~~

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 Police 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 18/3/26 200

Sandeep Jaiswal  
Signature of the insured \_\_\_\_\_

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/-

Witness  
Name .....  
Signature .....  
Address .....

Signature *Sandeep Jaiswal* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BX6173 Registration Date : 01-May-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 : SANDEEP KUMAR Son/wife/daughter of : OMPRAKASH
Full Address: (Permanent) : VILL-WARD NO.9 MARICHAHWA, POST-MADHUBANI, THANA-DHANAHA, PASHCHIM CHAMPARAN, BIHAR-845404
Full Address: (Temporary) : SAHABGANJ, POST-PADRAUNA, , KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 30-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 : AA2124519291 Rear HSRP No : AA2124902905
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLHAW237SHB45456
Engine No : HA11E8SHB20524 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 STRIPE Laden/GV Wt (kgs) : 239
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with 4 columns: By Manuf., 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 : 29-Apr-2025 Sale Amt : 77026/-
OTT Date : 29-Apr-2025 Amount/Rcpt No : 7703 / UP57D25050000176
Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 13-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 01-May-2025 to 30-Apr-2040

Date : 09-Jun-2025 13:44:16

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 09-Jun-2025

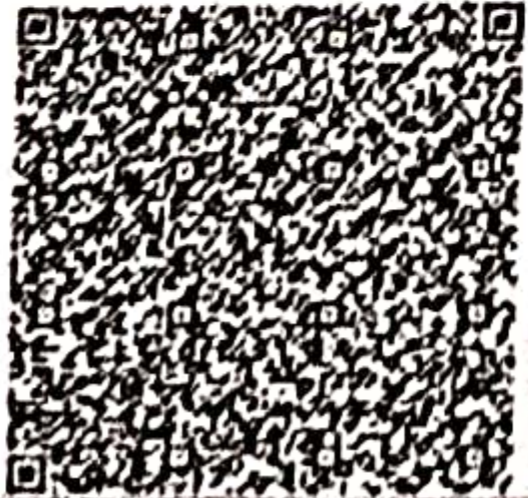
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The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PCR0928

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: 09AACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	29-APR-25
Policy No	252400/31/2026/8367	Proposal No. & Date	R/252400/31/2026-5750 & 29-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:21 ON 29/04/2025 TO MIDNIGHT OF 28/04/2026
Agent/Broker Name	ABHINAV BIJATI	Policy Period (LIABILITY)	FROM 16:21 ON 29/04/2025 TO MIDNIGHT OF 28/04/2026
Insured Name	SANDEEP KUMAR (GSTIN: 0)	Lead/Breakin No	
Insured Address	C/O OMPRAKASH JAYSWAL, VILL-WARD NO.9 MARICHAHWA POST - MADHUBANI THANA - DHANABA WEST CHAMPARAN BHAR, A/P SAJABGANJ POST - PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), NA,	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	73175
Engine -Chassis No	HA11E8SHB20524 - MBLHAW237SHB45456	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	1226.41	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1153.41	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 Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-18)	0	Total Premium (A+B)	4145
AAI Membership (IMT-8)	0	GST	746
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1042	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1042	Krishik Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4891
NIL Depreciation	183	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to 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	183	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	294	5. Subject to Endorsements IMT.7,10,28,	
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
POS Name	NA	POS ID	NA
		POS PAN No/Aadhar No	NA
<p>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.</p> <p>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 <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a> or on demand from the policy issuing office.</p> <p>Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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 to set his/their hands at 252400 on 29-APR-25</p> <p><b>IMPORTANT NOTICE</b></p> <p>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".</p> <p><b>Limitations as to use:</b> 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.</p> <p><b>Driver's Clause:</b> 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 &amp; that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989</p> <p><b>Limits of Liability Clause:</b> Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet those 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</p> <p><b>No Claim bonus:</b> 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</p> <p>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</p> <p>* This insurance includes all pre existing damages</p>			
		Approved By : 659525SMD Approved On : 29-APR-25 Place : MRT Printed On : 29-APR-25	For and on behalf of <b>The Oriental Insurance Company Limited</b>  General Manager Authorized Signature

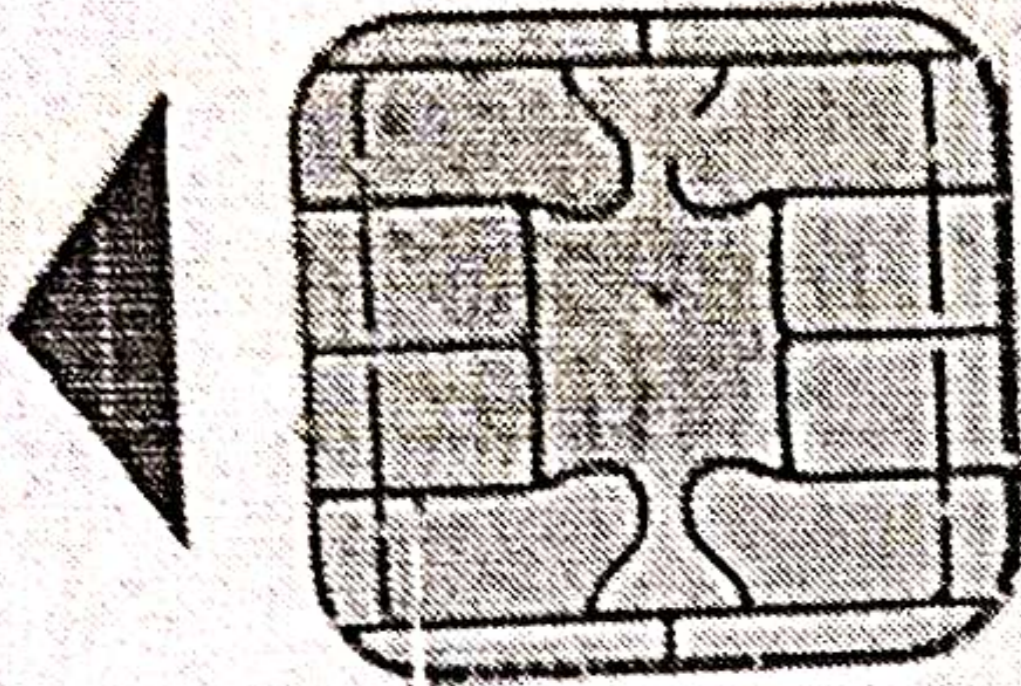


सत्यमेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh



## UP57 20040298045



Issue Date: 01-04-2021  
Validity (NT): 28-02-2030

Validity (TR)\*



Holder's Signature

Name: SURESH KUSHWAHA  
Date of Birth: 01-03-1970 Blood Group:  
Son/Daughter/Wife of: SABHA KUSHWAHA

Organ Donor: N

Address:  
SIDHUA STHAN PADRAUNA  
PADRAUNA, KUSHINAGAR 274304

(14-01-2004)  
Date of First Issue

UP57 KUSHINAGAR

Licensing Authority

Emergency Contact Number

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Issued By
MVSD							
	LMV	UP57	14-01-2004	NT			
	MCWG	UP57	14-01-2004	NT			

Form / Rule 10(2)



Hazardous Validity: \_\_\_\_\_  
Hill Validity: \_\_\_\_\_

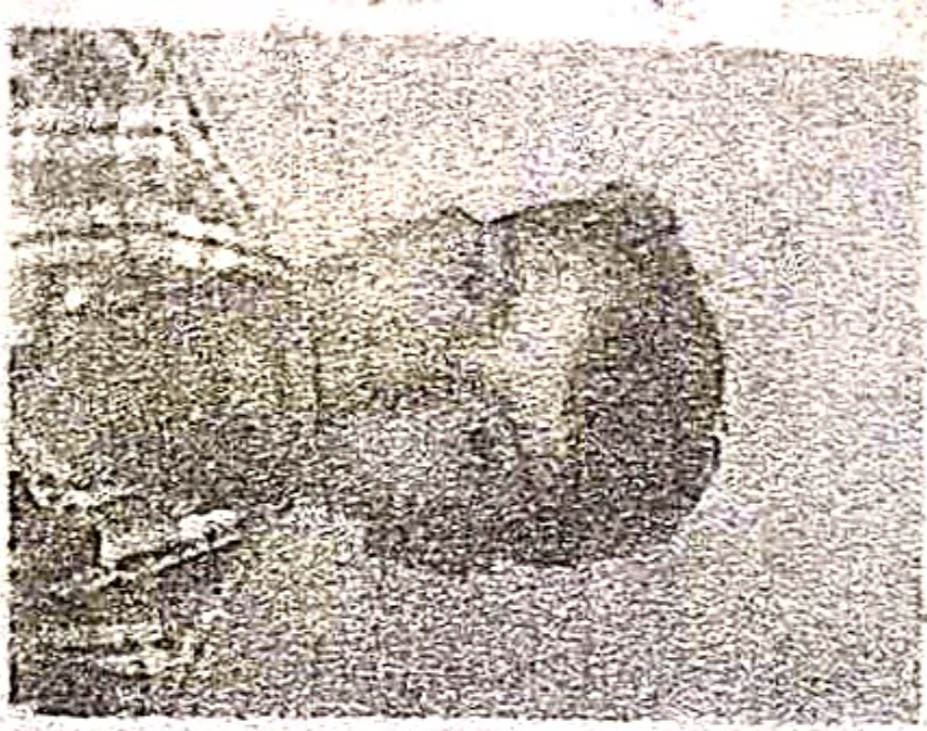
Invalid Carriage (Regn Numbers): \_\_\_\_\_

. DL No: UP57 20040298045



भारत सरकार

Government of India



संश्लेष संश्लेष

Sandeep Jaishwal

संश्लेष तिथि / DOB: 15/06/2003

पुरुष / Male

3341 2567 1912



संश्लेष आसुत, संश्लेष पदचलन

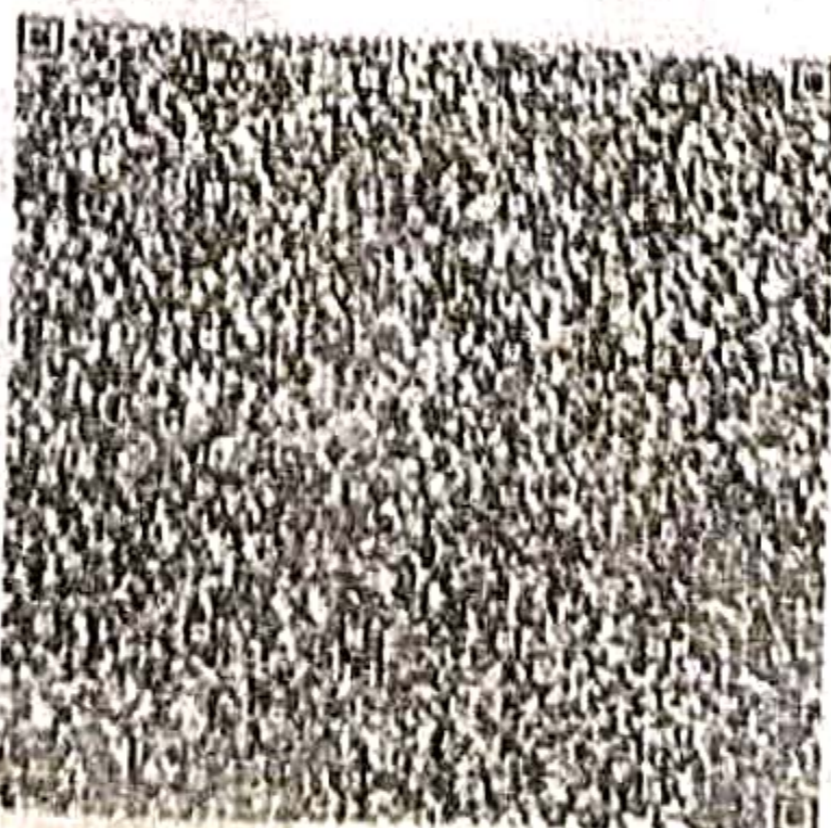


भारत सरकार  
Unique Identification Authority of India

पता: भारत: ओम्प्रकश जयसुवल, वॉर्ड नं-09, मरीचहवा, मधुबनी,  
मधुबनी, पश्चिमी बंगाल, बिहार, 845404

Address: S/O: Omprakash Jayswal, ward no-09,  
marichahwa, Madhubani, Madhubani, West  
Champaran, Bihar, 845404

3341 2567 1912



help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



प्राची देवा विसु प्रिड

Permanent Account Number Card

DBFPJ9491H

नाम / Name

SANDEEP JAISHWAL

पिता का नाम / Father's Name

OMPRAKASH JAYSWAL

जन्म तिथि / Date of Birth

15/06/2003

Sandeep Jaishwal

Signature

