

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.	Sobha Kunvar 9838830584
2	Vehicle No. / वाहन संख्या	LP57CA 8857
3	Policy No. / पालिसी संख्या	252400/31/2026/56752
4	Period of Insurance / बीमा अवधि	06/11/2025 - 05-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/2026, 04:50 P.M.
6	Place of Accident / दुर्घटना का स्थान	near Kushinagar.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sikandar Kushwaha 0707522240
8	Estimated Loss / अनुमानित हानि	13050/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे कामाक्षी सिकन्दर कुशवाहा ड्राइवर लेकर घर जा रहे थे तभी एक महिला अचानक से सामने भा गई उसी की धक्का देकर ड्राइवर से धक्का कर दायाे राईड गिरने क्षतिग्रस्त हो गई।
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 Poochayana

Date / दिनांक : 19/03/2026
हस्ताक्षर

शोभा कुंवर
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. 252400/21/2026/56752

Tel. No. _____

Period of Insurance 05-11-2026
 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 : Sobha Kunvar
 (b) Address for correspondence : _____
 (c) Telephone : 9838830584

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11FB3HK48483</u> Chassis No. <u>MBLHA0331SHK48335</u>	Registration No. <u>UP57CA8857</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? 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? no
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sikandar Kuchwaha
(b) Age : _____
(c) Address : _____
(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 : _____
(f) Was he under the influence of intoxication Liquor or drugs? : _____
(g) Driving Licence Number : UP5720110003444
(h) Issuing Authority : _____
(i) Date of Expiry : 05-04-2031
(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 : 16-03-2026 04:00 P.M
(b) Place : Kushinagar
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : गाड़ी के सवारी ड्राइवर को महिला का गाड़ी
(e) If any third party was responsible for this accident give the name and address : उसी को बताया है। गाड़ी ड्राइवर ही खराब गाड़ी
ड्राइवर को बताया है। ड्राइवर को बताया है। ड्राइवर को बताया है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Tanki Fork Assy. Honda. Model. T. Andhra
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupte Automobile padrauna

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 : MIA
(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 : _____

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. : _____

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 : _____

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 19/03/2026

Signature of the insured श्रीमती कवत

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Shobha Kumvar Kushwaha
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax ? Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 19/3/2026
Place : Padmalga

शोभा कुशवाहा
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : POIR0928

Page No: 1

This Document is Digitally Signed
By: The Oriental Insurance Company Limited
Date: 06-Nov-2025 18:00:07 IST
Reason: Signing Policy for OCL

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)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	06-NOV-25
Policy No	252400/31/2026/56752	Proposal No. & Date	R/252400/31/2026/106771088/19 & 06-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:42 ON 06/11/2025 TO MIDNIGHT OF 05/11/2026
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 19:42 ON 06/11/2025 TO MIDNIGHT OF 05/11/2026
Insured Name	SHOBHA KUNVAR KUSHWAHA (GSTIN:)		
Insured Address	C/O SWAMI NATH, H.NO.659 MAINPUR RAJWABAR (DINAPATTI) POST-MAINPUR, THANA-KASYA, PADRAUNA (KUSHINAGAR), NA,		Lead /Breakin No / Insured State UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	SPLENDOR + XTEC 2.0	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine -Chassis No	HA11FBSHK48483 - MBLHAW331SHK48335	TMF CONTRACT NO	
Cubic Capacity	97.2	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	191.99	Legal Liability to Employees (IMT-29)	NA
Geographical Area Extra (IMT-1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (68%)	0	Driving Tuition Loading On TP Premium (68%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles	0	Net Liability Premium (B)	4043
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	728
Anti-Theft Device (IMT-18)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	0	Krishn Kalyan Cess@0.50%	4771
Sub -Total Deductibles	0	Gross Premium Paid	
Add-On Coverages	0		
NIL Depreciation	0		
Returns to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	192		
Net own Damage Premium(A)			
Nominee Details :	Nominee Name	Age	1
Payment Details :	Payment Method	Relation	
	Cheque No./Transaction No.	Amount	4771
	Bank Name		
Financer Type	Financer Name	Financer Branch	
POS Name	POS ID	POS PAN NO/Aadhar No	NA

Note:
1. Policy Insurance is the subject to the realization 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.

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 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 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 to set his/their hands at 252400 on 06-NOV-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 is order to comply with the MVA 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 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 - Death of 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 P.A. Cover under section III for owner-Driver is RS 0

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 M.V.A. 1988.

* This insurance excludes all pre existing damages



Approved By : UNIV@252400
Approved On : 06-NOV-25
Place : MRT
Printed On : 06-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
Authorised Signatory
General Manager
Authorised Signature
RAMMOHAN ROAD, 9554965784

यह बीमा पॉलिसी, पाड़ी का फुल बीमा (OD) का तथा यह पॉलिसी बीमा पाँच साल के लिए ही मान्य है।



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

Registration No : UP57CA8857 Registration Date : 08-Nov-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 : SHOBHA KUNVAR Son/wife/daughter of : SWAMINATH
KUSHWAHA
Full Address: (Permanent) : H.NO.659 MAINAPUR RAJWABAR, (DINAPATTI) POST-MAINPUR, THANA-KASYA,
KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : H.NO.659 MAINAPUR RAJWABAR, (DINAPATTI) POST-MAINPUR, THANA-KASYA,
KUSHINAGAR-UTTAR PRADESH-274402

Fitness UpTo : 07-Nov-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 : AA2142587416 Rear HSRP No : AA2141824936
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 1 Chassis No : MBLHAW331SHK48335
Engine No : HA11FBSHK48483 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
S)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
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 3 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 : 07-Nov-2025 Sale Amt : 80517/-
OTT Date : 07-Nov-2025 Amount/Rcpt No : 8052 / UP57D25110003005
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 24-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 08-Nov-2025 to 07-Nov-2040

Date : 13-Jan-2026 17:32:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 13-Jan-2026

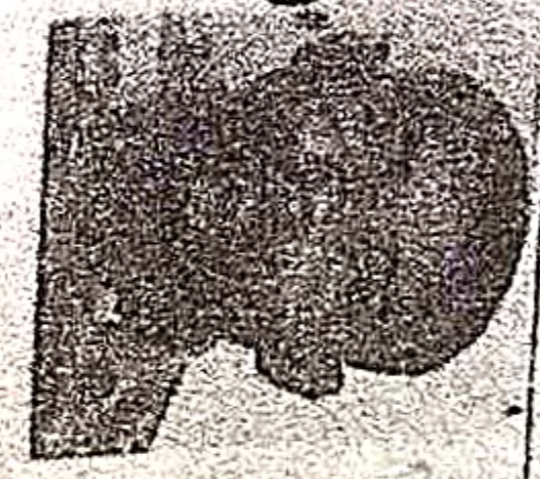
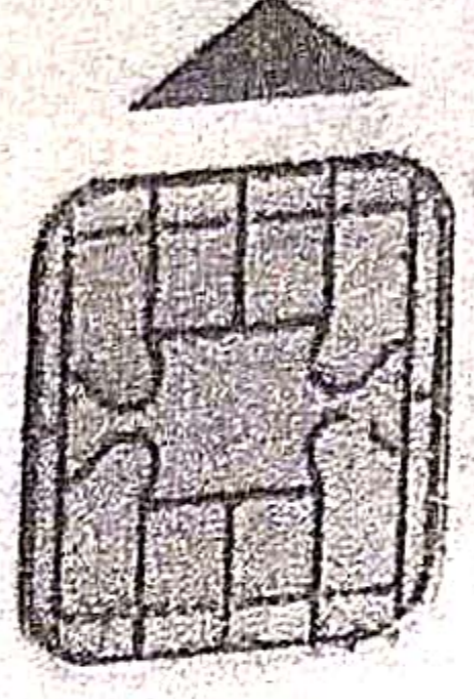
Q 7190972



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20110003444

Issue Date: 14-09-2022
Validity (NT): 05-04-2031
Validity (TR): 13-09-2027



Holder's Signature

Organ Donor: N

Date of First Issue: (06-04-2011)

Name: SIKANDAR KUSHWAHA
Date of Birth: 20-05-1991
Blood Group:
Son/Daughter/Wife of: RAMSEWAK KUSAWAHA
Address: RAHASU JUNEBI PATTI SARAIN A MAHANTH
PATTI PS. PATAHERWA KASYA, KUSHINAGAR
274401

DL No: UP57 20110003444

UPDL 000006273085



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	MCWG	UP57	06-04-2011	NT			
LAM	LAM	UP57	06-04-2011	NT			
TRANS	TRANS	UP57	04-05-2018	TR			
MVSD							

Emergency Contact Number

Issuing Authority
UP57 KUSHINAGAR

Robata
AUTOMOBILES
Bangalore) ☎ : 055641245445, 9999
Date 19 02 2016



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O स्वामी नाथ कुशवाहा, ६६७
Address: S/O Swami Nath
Kuswaha, 667 A, Kaili Mata Mandir
कीर्ति नगर, रामेश्वर नगर ह.ओ., वेस्ट दिल्ली,
Industrial Aria Kirti Nagar, Ramesh
Nagar H.O, West Delhi, Delhi,
दिल्ली, 110015
110015

1947
1800 180 1947
 help@uidai.gov.in
 www.uidai.gov.in
 P.O. Box No.1947,
Bengaluru-560 001



भारत सरकार
GOVERNMENT OF INDIA

शोभा कुंवर कुशवाहा
Shobha Kunvar Kuswaha
जन्म वर्ष / Year of Birth : 1980
पुरुष / Male



8182 4395 1007



आधार — आम आदमी का अधिकार