

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.	ASAM
2	Vehicle No. / वाहन संख्या	8100 683 006 LP57 CB43 69
3	Policy No. / पालिसी संख्या	252400/31/ 2026 / 64585
4	Period of Insurance / बीमा अवधि	03-12-2025 - 02-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-03-2026 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	मौरंगिया (Maurangiya)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish Kumar Yadav 8100683006
8	Estimated Loss / अनुमानित हानि	19400/-
9	Cause of Accident / दुर्घटना का कारण: मेरा वर्क मेरा भार मनीष लॉके कुछ काम से जा रहा था कि रास्ते में लीखा मोड़ पर एक वर्क वाला अचानक रुके भा गया जिससे वर्क उसमें जा टक्कराया और क्षतिग्रस्त हो गया और किसी प्रकार का चोट नहीं आया।	
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.	Gupta Automobile padraua 0125197198

Date / दिनांक : 19-03-2026
हस्ताक्षर

उत्तर
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. 252400/31/2026/64585

Tel. No. _____

Period of Insurance 02-12-2026
 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 : Asay
 (b) Address for correspondence : _____
 (c) Telephone : 8100643006

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>H111F754L37494</u> Chassis No. <u>MBLHAW983S4L35218</u>	Registration No. <u>UP57CB4369</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
 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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : manish kumar yadav
(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 : MH 48 2022 0036452
(h) Issuing Authority : _____
(i) Date of Expiry : 06-01-2024
(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 7:00 PM
(b) Place : श्रीरामपुरा
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : श्रीरामपुरा पर एक बस की घटी अचानक (1787) अर्थात्
(e) If any third party was responsible for this accident give the name and address : श्रीरामपुरा अर्थात् एका गरा और श्रीरामपुरा के जे.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Fuel Tank, fender, fork, etc.
(b) Estimated cost of repairs : 19400/-
(c) When and where can the damaged vehicle be inspected : Gupta Automobile palram

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

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/-

उत्तर

Witness
Name
Signature
Address

Signature
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 : UP57CB4369 Registration Date : 04-Dec-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 : AJAY Son/wife/daughter of : RAMESH
 Full Address: (Permanent) : VILL-SIRSIA KHURD, POST-KOTWA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-SIRSIA KHURD, POST-KOTWA BAZAR, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 03-Dec-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 : AA2147216721 Rear HSRP No : AA2143880194
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW483S4L35218
 Engine No : HA11F7S4L37494 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 Other Criteria :
 Vehicle Purchase As : Fully Built AC Fitted : NO

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

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, . . New Delhi, Delhi-110057 w.e.f. 03-Dec-2025.

Purchase dt : 03-Dec-2025 Sale Amt : 73764/-
 OTT Date : 03-Dec-2025 Amount/Rcpt No : 7377 / UP57D25120000461
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

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

Date : 05-Mar-2026 15:39:33

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (AI)
 Kushinagar (UP)
 Signature of Registering Authority
 Date : 05-Mar-2026

Q 8337278



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No : 1

Buyer is the owner of the vehicle
Carriage liability is
Covered under the policy
Date of issue is 03-DEC-2025
Reason: Buying Policy for UVA.

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	03-DEC-25
Policy No	252400/31/2026/64585	Proposal No. & Date	R/252400/31/2026/43102 & 03-DEC-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:15 ON 03/12/2025 TO MIDNIGHT OF 02/12/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:15 ON 03/12/2025 TO MIDNIGHT OF 02/12/2030
Insured Name	AJAY (GSTIN:)		
Insured Address	C/O RAMESH, VILL-SIRSIA KHURD POST -KOTWA BAZAR, THANA -NEBUA NAURANGIA KUSHINAGAR, KUSHINAGAR,,PADRAUNA (KUSHINAGAR), , NA,	Lead /Breakin No	/
		Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	HA11F7S4L37494 - MBLHAW483S4L35218	Total IDV	70077
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	INDIA
Type Of Fuel	PETROL		
RTO Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	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
		Legal Liability (WC)to driver (IMT-28)	0
Basic Premium	1174.49	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4027
Anti- Theft Device (IMT-10)	0	GST	724
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMPDUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	998	Krishi Kalyan Cess@0.50%	0
Sub -Total Deductibles	998	Gross Premium Paid	4751
Add-On Coverages			
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	176		
<p>Note:</p> <ol style="list-style-type: none"> Policy issuance is the subject to the realisation of cheque Consolidated Stamp Duty paid via Challan No The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) Voluntary excess Rs(0) Subject to Endorsements IMT,7,10,28, 			
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4751
Financer Type	Financer Name	HERO FINCORP LTD .	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			NA
<p>In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1 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: www.orientalinsurance.org.in or on demand from the policy issuing office.</p> <p>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).</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>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 03-DEC-25</p> <p>IMPORTANT NOTICE</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 MVA Act,1988 is recoverable from the insured.See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".</p>			
<p>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 trails</p> <p>g)Any Purpose in connection with motor trade.</p> <p>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</p> <p>Limits of Liability Clause:Under section II-1 (i)of the policy -Death of or body injury.Such amount is necessary to meet their requirement of the motor vehicle act 1998.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>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/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>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.Act,1998.</p> <p>* This insurance excludes all pre existing damages</p>			
	Approved By :	6545258MD	<p>For and on behalf of</p> <p>The Oriental Insurance Company Limited</p> <p>General Manager</p> <p>Authorized Signature</p>
	Approved On :	03-DEC-25	
	Place :	MRT	
	Printed On :	03-DEC-25	



THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

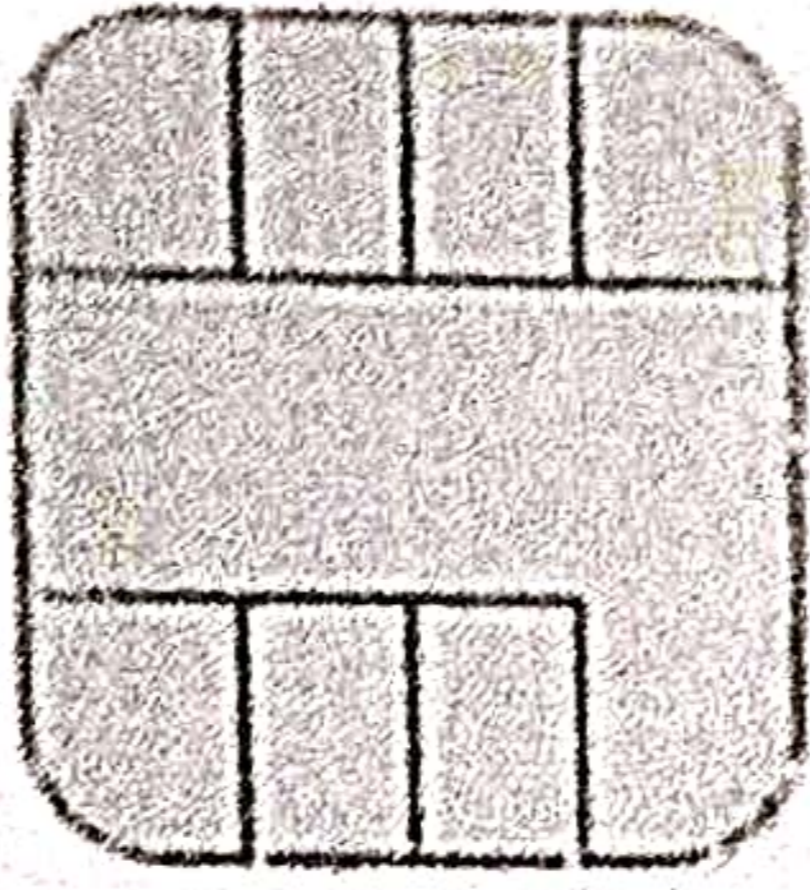
DL No : MH48 202220036452

DOI : 23-10-2022

Valid Till : 06-01-2034 (NT)

23-10-2022

FORM 7
RULE 16 (2)



AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA

COV DOI

LMV 23-10-2022

MCWG 23-10-2022

DOB : 07-01-1994 BG :

Name : MANISH KUMAR YADAV

S/D/W of : VISHWANATH YADAV

Add : Flat No 301

K Building Type 1 Mateshwari Complex Palghar West

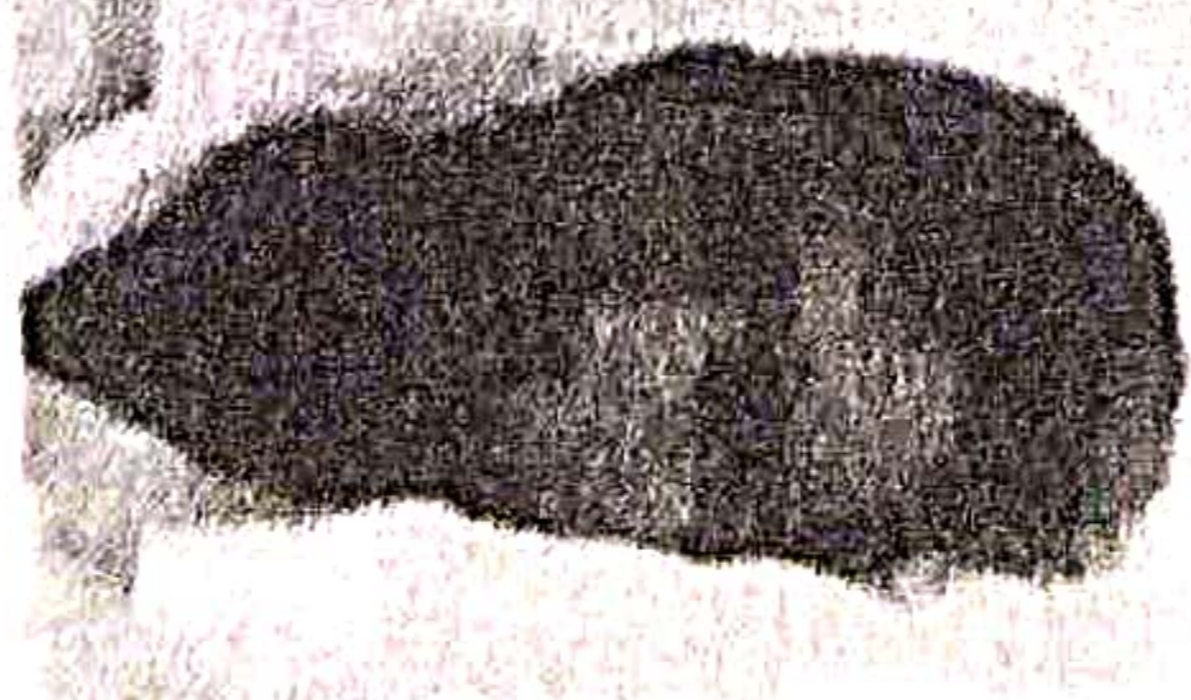
Palghar Palghar Maharashtra,

PIN : 401404

Signature & ID Of

Issuing Authority : MH48

Signature/Thumb
Impression of Holder



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GETPA9038H



नाम / Name
AJAY

पिता का नाम / Father's Name
RAMESH YADAV

जन्म की तारीख /
Date of Birth
01/01/2004

अजय
हस्ताक्षर / Signature



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: रमेश, सिरसिया खुर्द,
कुशीनगर, कोतवा बाजार, उत्तर
प्रदेश, 274305

Address:
S/O: Ramesh, Sirsia Khurd,
Kushinagar, Kotwa Bazar, Uttar
Pradesh, 274305

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

3975 3350 5952



भारत सरकार
Government of India

अजय
Ajay
जन्म तिथि / DOB : 01/01/2004
पुरुष / Male

3975 3350 5952



आधार - आत्म आदमी का अधिकार