



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.	8543049763 Harindar Dom
2	Vehicle No. / वाहन संख्या	CP57CB0684
3	Policy No. / पालिसी संख्या	252400/31/2026 / 58856
4	Period of Insurance / बीमा अवधि	13-11-2025 - 12-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-03-2026 12:00 p.m
6	Place of Accident / दुर्घटना का स्थान	padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun Kumar Kushwaha 8543049763
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी मेरा भाई अरुण कुमार लेकर जा रहा था तभी मार्केट में गाड़ी खड़ी कि एक तेम्पी वाला तक्कर मार दिया चक्के पर और चक्के मारों तर्फ गिर कर क्षतिग्रस्त हो गया और - तेम्पी के अगले हिस्से से केन्स वरजल पट भी तक्कर हुआ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padrauna 9125197148

हरिन्दर डोम

Date / दिनांक : 19.03.2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

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/-

*Signature*

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

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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



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. 252400/01/2026/58856  
 Tel. No. \_\_\_\_\_ Period of Insurance 12-11-2026  
 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 : Harindar Dom  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8543049763

2. THE INSURED VEHICLE

Make & Year <u>205</u>	Engine No. <u>HA11F259K20797</u> Chassis No. <u>MBLHA045259K71163</u>	Registration No. <u>UP57CB0624</u>
---------------------------	--	---------------------------------------

(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 : \_\_\_\_\_

~~MIA~~

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Arun Kumar Kushwaha  
 (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 : UP57 20170007033  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 23-11-2037  
 (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 : 15-03-2026 12:00 P.M  
 (b) Place : Arun Kumar Kushwaha  
 (c) Speed of vehicle at the time of accident : 9  
 (d) Give a short description of the accident : एक ट्रेलर कारो अचानक बाइल सामने जाकर टकरा कर कार को धक्का मारा जिससे कार अचानक रुक गई और ट्रेलर के सामने जाकर टकरा गई।  
 (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 : visor, H/L, H/L stay,  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padhana

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 : \_\_\_\_\_

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 20026

Signature of the insured \_\_\_\_\_

*Handwritten signature in Hindi script*



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



Registration No : UP57CB0684
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 14-Nov-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Purpose For Printing RC : NEW
Owner Name : HARINDAR DOM
Son/wife/daughter of : SINGHASAN
Full Address: (Permanent) : VILL-PAGARA BUZUGH, POST-PANDEY DEORIA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-PAGARA BUZUGH, POST-PANDEY DEORIA, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
Fitness UpTo : 13-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
Rear HSRP No : AA2144984154
Front HSRP No : AA1047458982
Month/Year of Manuf. : 10/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW450S9K71163
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11F2S9K20797
Cubic Capacity : 97.20
Horse Power(BHP) : 8.17
Wheel base : 1235
Maker's Classification : HF DELUXE PRO
Standing Cap : 0
Seating Cap(in all) : 2
Uniaden Wt (kgs) : 112
Sleepar Cap : 0
Laden/GV Wt (kgs) : 242
Colour : BLACK- LIME YELLOW
AC Fitted : NO
Other Criteria :
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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 13-Nov-2025.

Purchase dt : 13-Nov-2025
OTT Date : 13-Nov-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 05-Dec-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 66734/-
Amount/Rcpt No : 6674 / UP57D25110005106
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 14-Nov-2025 to 13-Nov-2040

Date : 27-Jan-2026 14:01:57

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O. (A)
Kushinagar (UP)
Date : 27-Jan-2026

Q 7636408



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POIP0228

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. THE MISTAN CINEMA MEERUT, (GSTIN: 09AAAC1062704ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	13-NOV-25
Policy No	252400/31/2026-58856	Proposal No. & Date	R/252400/31/2026/106937765731 & 13-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:45 ON 13/11/2025 TO MIDNIGHT OF 12/11/2026
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 16:45 ON 13/11/2025 TO MIDNIGHT OF 12/11/2026
Insured Name	HARINDAR DOM (GSTIN: )	Lead/Breakin No	
Insured Address	CO. SINGHASAN, R/O VILL-PAGARA BUZURG POST -PANDEY DEORIA, THANA -PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), , NA,0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	63398
Model & Variant	HERO HF DELUXE II			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	63398
Engine -Chassis No	HA11F2S9K20797 - MBLHAW450S9K71163			TMF CONTRACT NO	
Cubic Capacity	100			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	1062.55	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	158.55	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
<b>Deductibles</b>		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4910
AAI Membership (IMT-8)	0	GST	722
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
<b>Add-On Coverages</b>		Gross Premium Paid	4732
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is 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	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	159	5. Subject to Endorsements IMT.7,10,28,	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	HERO FINCORP LTD.	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				DELHI
				NA

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 AMI policy of the Company. The AMI 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](http://www.orientalinsurance.org) or on demand from the policy issuing office.

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).

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

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.

**IMPORTANT NOTICE**

The insured is not indemnified if the vehicle is used in 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 CLAIM 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)Habitual trials.

**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 license at the time may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limits of Liability Clause:** Under section B-1 of the policy, Death of or bodily injury such amount is necessary to meet the requirement of the motor vehicle act 1988. Under section B-3 (ii) of the policy, Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section B) For unnoted driver is Rs. 0.

**No Claim Bonus:** The insured is entitled for a No Claim Bonus (NCB) from the own damage section of the policy if no claim is made or pending during the preceding year(s), as per the Table preceding year 20% preceding two consecutive years 25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/SIP of Rs. 10 on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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: UNIVG 23/10/25  
Approved On: 13-NOV-25  
Place: SRS  
Printed On: 13-NOV-25

For and on behalf of  
**The Oriental Insurance Company Limited**  
  
General Manager  
Authorized Signature



# Indian Union Driving Licence Issued by Uttar Pradesh

**UP57 20170007033**

Issue Date: 22-07-2022  
Validity (NT): 23-11-2037  
Validity (TR): 21-07-2027



Holder's Signature

Name: **ARJUN KUMAR KUSHWAHA**

Date of Birth: **02-08-1997**

Blood Group: \_\_\_\_\_

Organ Donor: **N**

Son/Daughter/Wife of: **RADHESHYAM KUSHWAHA**

Address:

**VILL-SUKHPURA SONAR PATTI  
PO+PS-FADRAUNA, PADRAUNA (NPP)  
PADRAUNA, KUSHINAGAR, UP 274301**

Date of First Issue **(24-11-2017)**

DL No: **UP57 20170007033**

UPDL000009238373

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
Car	MCWG	UP57	24-11-2017	NT			
Light Motor Vehicle	LMV	UP57	24-11-2017	NT			
Tractor	TRANS	UP57	30-03-2019	TR			
MVSD							

Emergency Contact Number

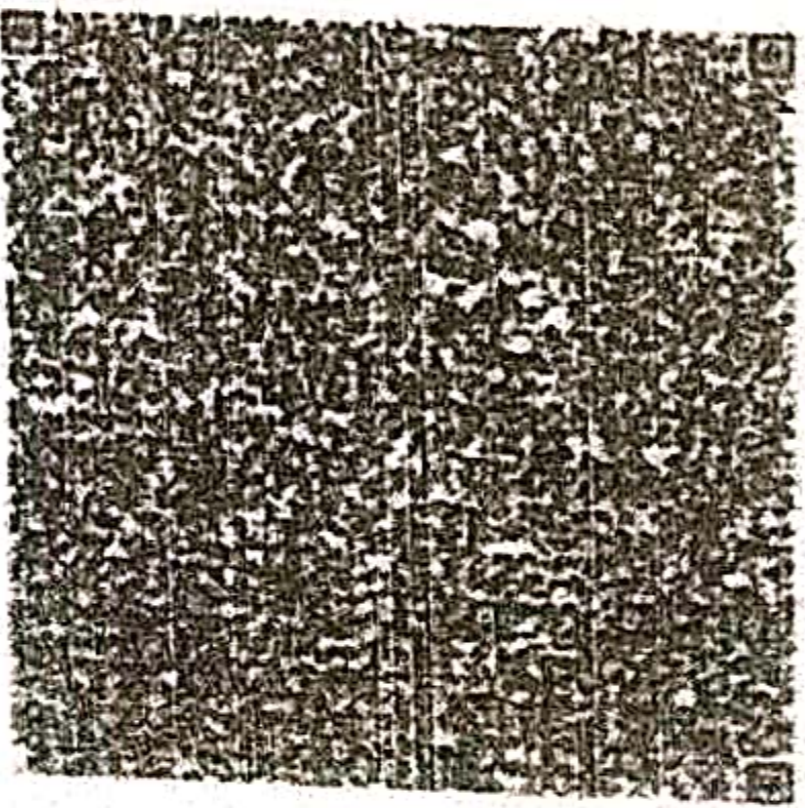
UP57 KUSHWAHA



भारतीय पहचान प्राधिकरण  
Unique Identification Authority of India

पत्ता:  
S/O: सिंघासन, पागरा बुजुर्ग, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
S/O: Singhasan, Pagara Buzurg,  
Kushinagar,  
Uttar Pradesh - 274304



8179 7678 8398

VID : 9136 1784 3264 4649

Receipt on Letter: gov.in

www.uidai.gov.in



भारत सरकार  
Government of India



हरिंदर डोम  
Harinder Dom  
जन्म तिथि/DOB: 01/01/1987  
पुरुष/ MALE

8179 7678 8398

VID : 9136 1784 3264 4649

भारत सरकार, श्री परधान



आयकर विभाग  
INCOME TAX DEPARTMENT

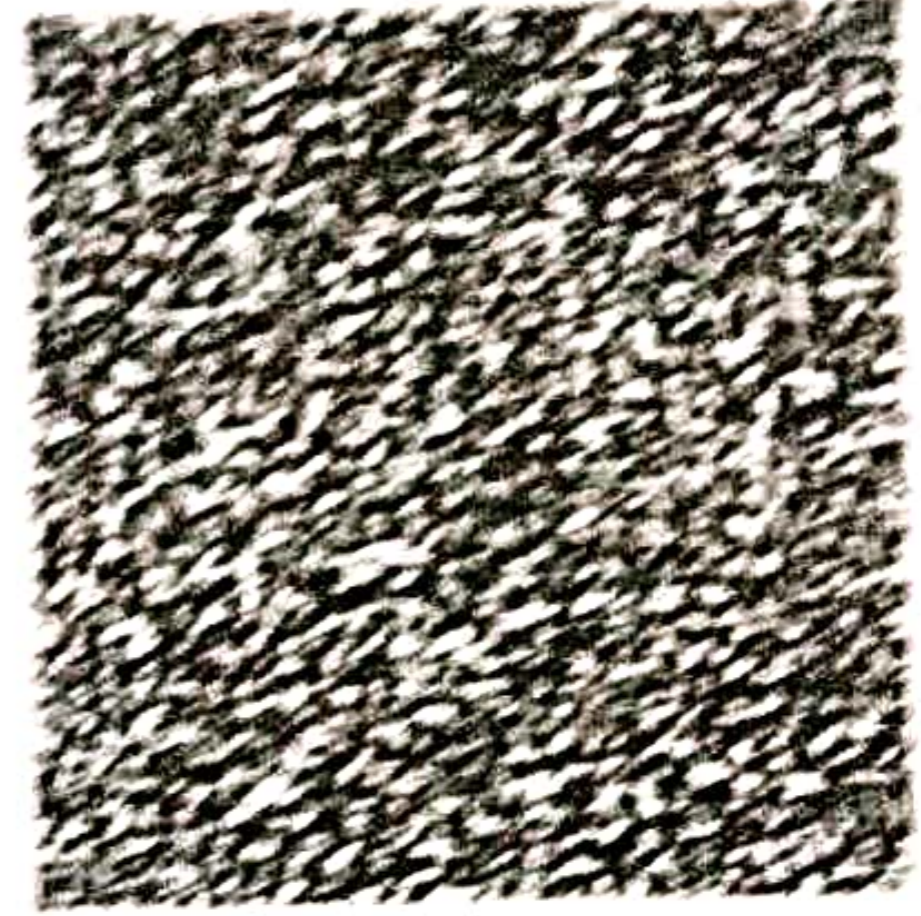


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

KWBPD7646J



नाम / Name

HARINDAR DOM

पिता का नाम / Father's Name

SINGHASAN

जन्म की तारीख /  
Date of Birth

01/01/1987

हरिन्दर डोम

हस्ताक्षर / Signature