

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस 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.	Smeha kumari, 9122001418
2	Vehicle No. / वाहन संख्या	UP57BX3202
3	Policy No. / पालिसी संख्या	252400/31/2026/2465
4	Period of Insurance / बीमा अवधि	10/04/2025 to 09/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/03/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pathanpura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BR2820210007652 Jay Anakash Ram, 9006723092
8	Estimated Loss / अनुमानित हानि	9180/-
09.	Cause of Accident / दुर्घटना का कारण : मेरे देवर जय प्रकाश राम शाम के वक्त तिलक में जा रहा थे तभी लीलगाथ अचानक सामने आ गई उसी से टक्कर छूटा कर वापि सार्स गिरने से बर्क 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 Padma

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के
स्नेहा कुमारी

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Jay Prakash Ram
(b) Age :
(c) Address : Kushinagar Padsaung
(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 : BR2820210007652
(h) Issuing Authority :
(i) Date of Expiry : 20/2/2037
(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 : 23-03-2026 5:00 P.m
(b) Place : Pathardeva
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : नीलागुण अचानक सामने झा गयी ठरली से कारक
(e) If any third party was responsible for this accident give the name and address : कारक फर हाथे साइड गिरने से कारक शक्तिहा जीम

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Side.
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padsaung.

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? :
PIA

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 24/03/26 200

Signature of the insured नेहा कुमारी

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 *रुनेश कुमारी*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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

https://vahan.parivahan.gov.in/vahan/v...



Registration No : UP57BX3202
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : SNEHA KUMARI
 Registration Date : 13-Apr-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SUDHIR SAH
 Full Address: (Permanent) : HARARAWA PACH DEURI, HARARAWA PACH DEURI, , GOPALGANJ, BIHAR-841437
 Full Address: (Temporary) : TAMKUHIRAJ, TAMKUHIRAJ, , KUSHINAGAR-UTTAR PRADESH-274407
 Fitness UpTo : 12-Apr-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1039725541
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07AMR9K23735
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPER SPLENDOR XTEC D
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2121565904
 Month/Year of Manuf. : 10/2024
 Chassis No : MBLJAW407R9K20498
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1267
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Laden/GV Wt (kgs) : 252
 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. 12-Apr-2025.
 Purchase dt : 10-Apr-2025
 Sale Amt : 82461/-
 OTT Date : 10-Apr-2025
 Amount/Rcpt No : 8247 / UP57D25040001899
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Apr-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Previous RegNo :
 Old State :
 Entry Date :
 Transfer Date :
 Conversion Date :

This certificate is valid from 13-Apr-2025 to 12-Apr-2040

Date : 14-May-2025 10:13:13
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Kushinagar
14-May-2025

Q. 3357624



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGTR0928

Page No: 1

The Document is Digitally Signed
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED
Date: 25-APR-2025 14:12:43 IST
Format: Signing Policy for OICL

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	10-APR-25
Policy No	252400/31/2026/2465	Proposal No. & Date	R/252400/31/2026/98451926/17 & 10-APR-2025
Agent/Broker Code	BA000155144	Policy Period (OWN DAMAGE)	FROM 19:40 ON 10/04/2025 TO MIDNIGHT OF 09/04/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 19:40 ON 10/04/2025 TO MIDNIGHT OF 09/04/2026
Insured Name	SNEHA KUMARI MADHESHIYA (GSTIN:)		
Insured Address	C/O SUDHIR SAH, R/O HARARAWA PACH DEURI, PACHIDEORI GOPALGANJ, BIHAR, NA, 0	Lead / Breakin No	/
		Insured State	BIHAR

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	78338
Model & Variant	HERO SUPER SPLENDOR DRS XTECH			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	78338
Engine - Chassis No	JA07AMR9K23735 - MRLJAW407R9K20498			TMF CONTRACT NO	
Cubic Capacity	125			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	1312.95	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
	79.95	Legal Liability to Employees (IMT-29)	NA
Basic Premium	0	Legal Liability to Passenger (IMT-46)	NA
Geographical Area Extn (IMT -1)	0	Driving Tuition Loading On TP Premium (60%)	0
Driving Tuition Loading On OD Premium (60%)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Sub-Total Additions	0	Net Liability Premium (B)	4127
		Total Premium (A+B)	743
Voluntary Deductibles (IMT 22A)	0	GST	0
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0.00
AAI Membership (IMT-8)	0	STAMP DUTY	0
No Claim Bonus	0	Swachh Bharat Cess @ 0.50%	0
Discount for vehicle designed for handicapped	0	Krishh Kalyan Cess @ 0.50%	4870
SIP Discount	0	Gross Premium Paid	
Sub-Total Deductibles	0		
Add-On Coverages	196		
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	196		
Sub Total Add-on Coverages	276		
Net own Damage Premium(A)			

Nominee Details:	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
Payment Details:	Payment Method			4870
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	PADRAUNA
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA

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.

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.

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.

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.

We warrant 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).

Claims 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 this 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/her hands at 252400 on 10-APR-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 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".

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 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 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 these requirements 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 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.

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.

This insurance excludes all pre-existing damages

Approved By: UNIV@252400
Approved On: 10-APR-25
Place: MRT
Printed On: 20-DEC-25

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



भारत सरकार
Government of India



Aadhaar no. issued: 01/10/2014



स्नेहा कुमारी मदेशिया
Sneha Kumari Madheshiya
जन्म तिथि/DOB: 09/02/2004
महिला/ FEMALE

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).

2576 7221 0949

मेरा आधार, मेरी पहचान



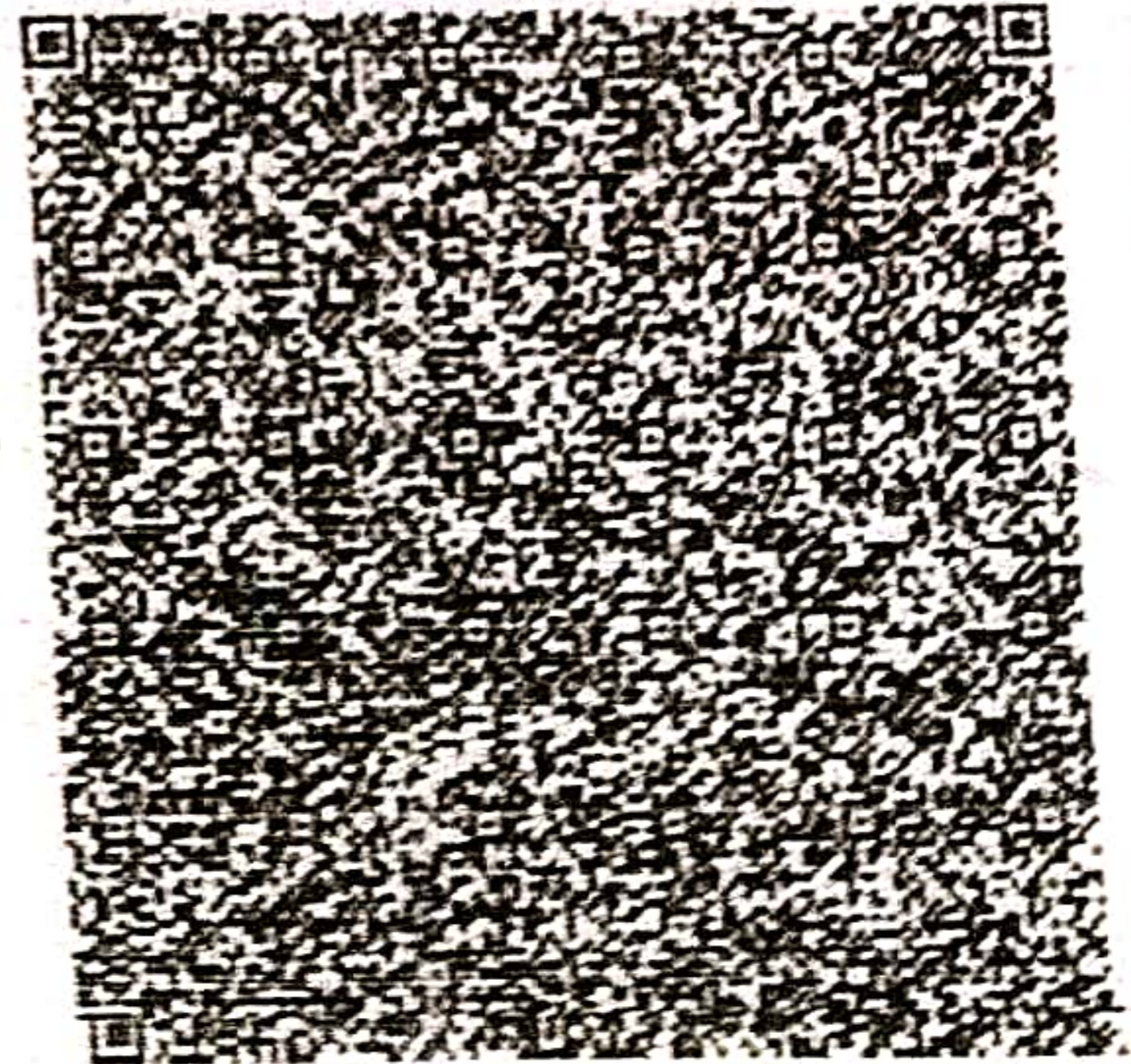
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 15/02/2026

पता:
C/O अनुराग मदेशिया, मुसहरी, मुसहरी बाज़ार, गोपालगंज,
बिहार - 841426

Address:
C/O Anurag Madeshiya, Musahri, PO: Musahri Bazar,
DIST: Gopalganj,
Bihar - 841426



2576 7221 0949

VID : 9118 5687 4456 6227

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in



Indian Union Driving Licence

Issued by Government of Bihar

BR28 20210007652

Issue Date 07-10-2021 Validity(NT) 20-02-2037 Validity(TR) *



Holder's Signature

Name: JAY PRAKASH RAM

Date of Birth 21-02-1997

Blood Group O+

Organ Donor: N

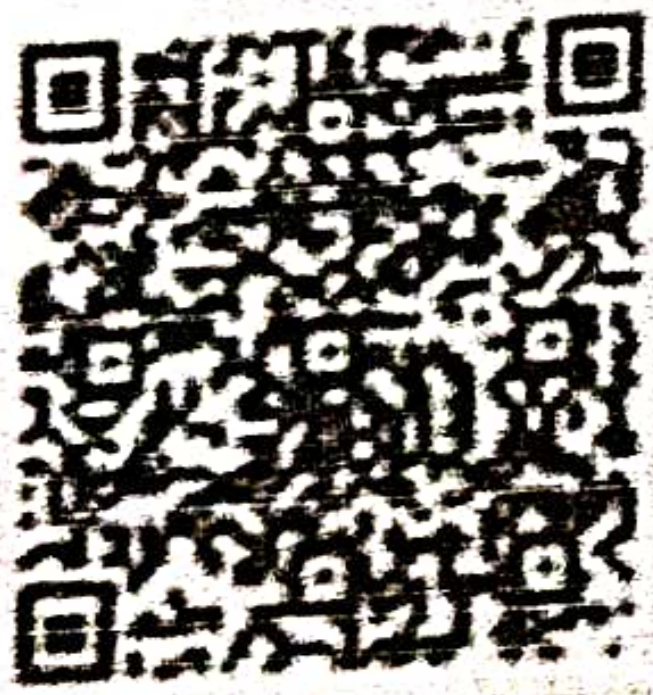
Son of CHANWA DEVI

Address: VILL-VISHUNPURA MUSAHRI BJAIPUR, GOPALGANJ, BR 841426

DL No : BR28 20210007652

Invalid Carriages (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	BR28	07-10-2021	NI			
	LMV	BR28	07-10-2021	NT			

Emergency Contact Number

Licensing Authority
 DTO - BR28

Form 7 Rule 16(2) Date of First Issue

आयकर विभाग
INCOME TAX DEPARTMENT

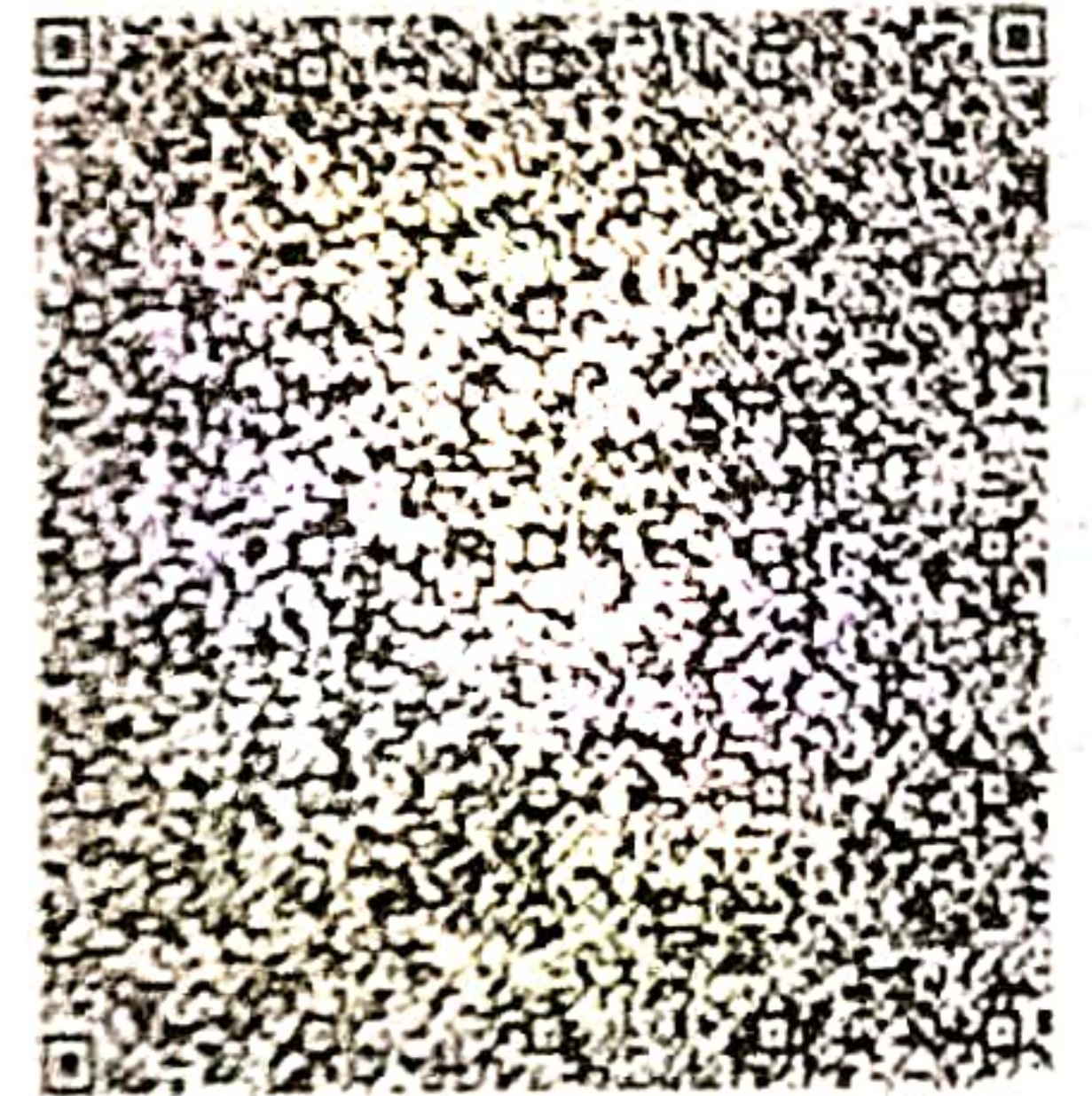


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JUFPM1891H



नाम / Name
SNEHA KUMARI MADHESHIYA

पिता का नाम / Father's Name
SUDHIR SAH

जन्म की तारीख /
Date of Birth
09/02/2004

01042025

← PAN Application Digitally Signed, Card Not
Valid unless Physically Signed