

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.	9651870844 Prameshwar Kumar
2	Vehicle No. / वाहन संख्या	UP57BX5105
3	Policy No. / पालिसी संख्या	252400/81/2026/6691
4	Period of Insurance / बीमा अवधि	24-04-2025 - 23-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24-03-2026 3:00 p.m
6	Place of Accident / दुर्घटना का स्थान	खरशाल बसुनिया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jitendra Kumar Rawat 9651870844
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा चाचा जितेन्द्र कुमार वास्तु क्रिकेट मैदान के लैंडिंग पर रूट की वजह से मोड़ पर सामने से पिकप वाला आ गया अन्यायक से मेरे करके अचानक से ले कर दायाँ तरफ फिर कर क्षतिग्रस्त हो गया - रोड Interlocking (वैट वाली रोड) वाला था न
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 Padrauna 9125197148

Date / दिनांक : 26-03-2026
हस्ताक्षर

प्रमेश्वर कुमार
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. 252400/31/2026/6691

Tel. No. _____

Period of Insurance 24-04-2025-23-04-2026
 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 : Prameshwar Kumao Chauhan
 (b) Address for correspondence : _____
 (c) Telephone : 9651870844

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F7SHD 61732</u> Chassis No. <u>MBLHAWA86SHD3483</u>	Registration No. <u>UP57BX5105</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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Titendra Kumar Rawat
 (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 : UP572021000588 2
 (h) Issuing Authority : _____
 (i) Date of Expiry : 04-05-2026
 (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 : 24-08-2026 3:00 P.M
 (b) Place : बनारस नगर
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : रास्ते मोड़ पर सामने से निकप वाला आ गया
 (e) If any third party was responsible for this accident give the name and address : अज्ञात सेक्टर मार्क अकेले ही हो कर हाया अफ
कि कर संप्रति होना Intedlocking Road

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : visor, HIL, leak-R etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile peethrauna

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? : _____

MIA

8. INJURY TO DRIVER/OCCUPANT

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

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 26-03 200 26

Signature of the insured गुणेश्वर गुणेश्वर

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 _____)
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 SHRUTI SHIR
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 : UP57BX5105
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 25-Apr-2025
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Purpose For Printing RC : NEW
Owner Name : PRAMESHWAR KUMAR
Son/wife/daughter of : BHULAN CHAUHAN
CHAUHAN
Full Address: (Permanent) : VILL-BABUIYA HARPUR, POST-BABUIA HARPUR, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-BABUIYA HARPUR, POST-BABUIA HARPUR, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
Fitness UpTo : 24-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
Rear HSRP No : AA2124903026
Front HSRP No : AA2124519411
Month/Year of Manuf. : 04/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW486SHDB3463
No of Cylinders : 1
Engine No : HA11F7SHD61732
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 :
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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 24-Apr-2025.

Purchase dt : 24-Apr-2025 Sale Amt : 78776/-
OTT Date : 24-Apr-2025 Amount/Rcpt No : 7878 / UP57D25040003959
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 03-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 25-Apr-2025 to 24-Apr-2040

Date : 19-May-2025 16:23:03

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 19-May-2025

Q 3393417

आयकर विभाग
INCOME TAX DEPARTMENT

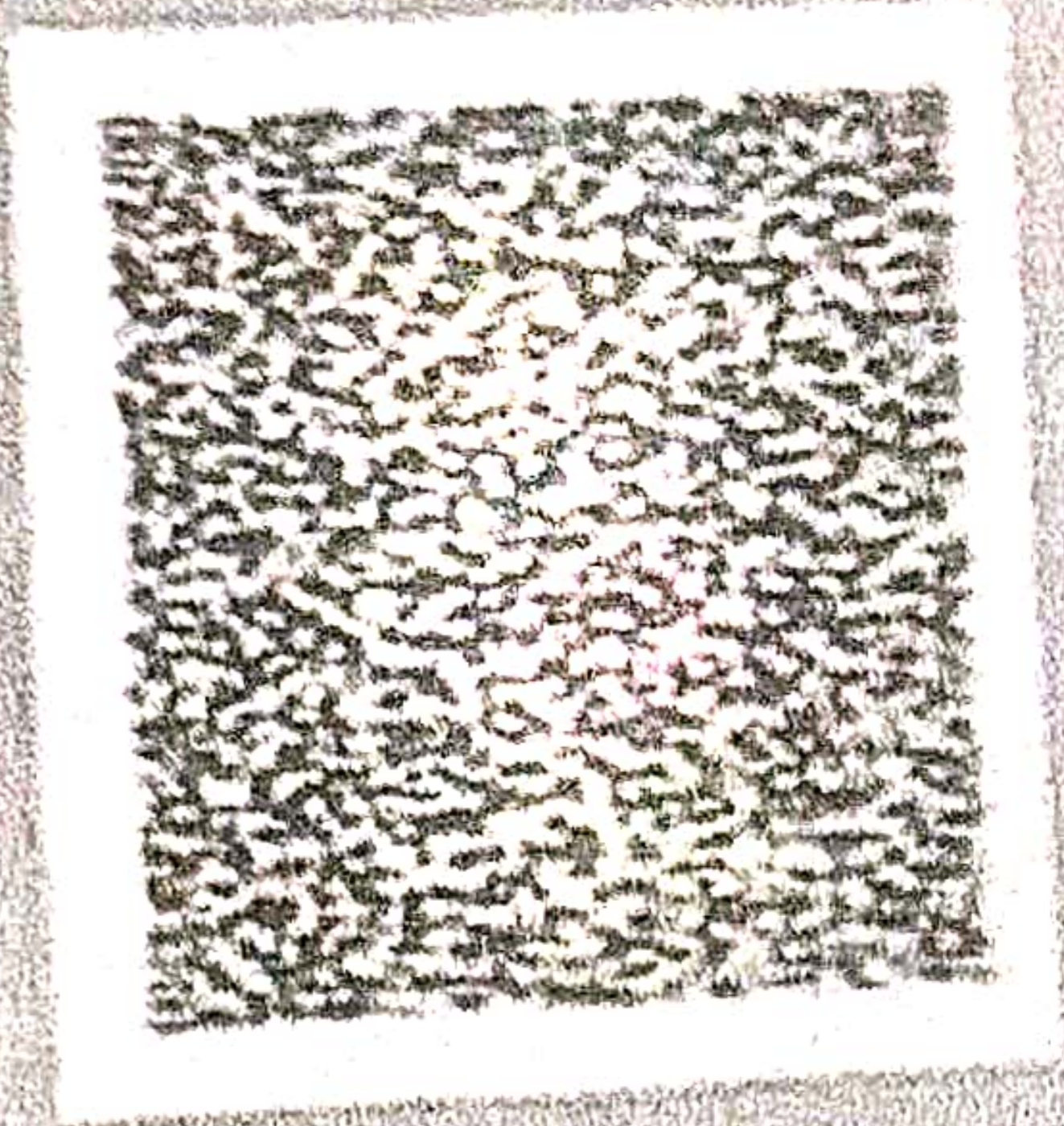


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CHJPC2733C



नाम / Name
PRAMESHWAR KUMAR CHAUHAN

पिता का नाम / Father's Name
BHULAN CHAUHAN

जन्म तिथि / Date of Birth
10/11/1998



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGIR0928

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, 01214963570, (GSTIN: 09AAACT0627R4ZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2026/6691), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BHATI), Insured Name (PRAMESHWAR KUMAR CHAUHAN), Insured Address (C/O BHULAN CHAUHAN, VILL & POST-BABUIA HARPUR, THANA-PADRAUNA, PADRAUNA).

INSURED MOTOR VEHICLE DETAILS table with columns: Make (HERO MOTOCORP), Model & Variant (HERO SPLENDOR PLUS E20), Registration No (NEW), Year Of Manufacture (2025), Engine-Chassis No (HA11F7SHD61732 - MBLHAW486SHDB3463), Cubic Capacity (100), Seating Capacity (1 + 1), Type Of Body (SOLO), Type Of Fuel (PETROL), RTO Location, Vehicle (74837), Electrical Accessories (0), Non Electrical Accessories (0), Total IDV (74837), TMF CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area (INDIA).

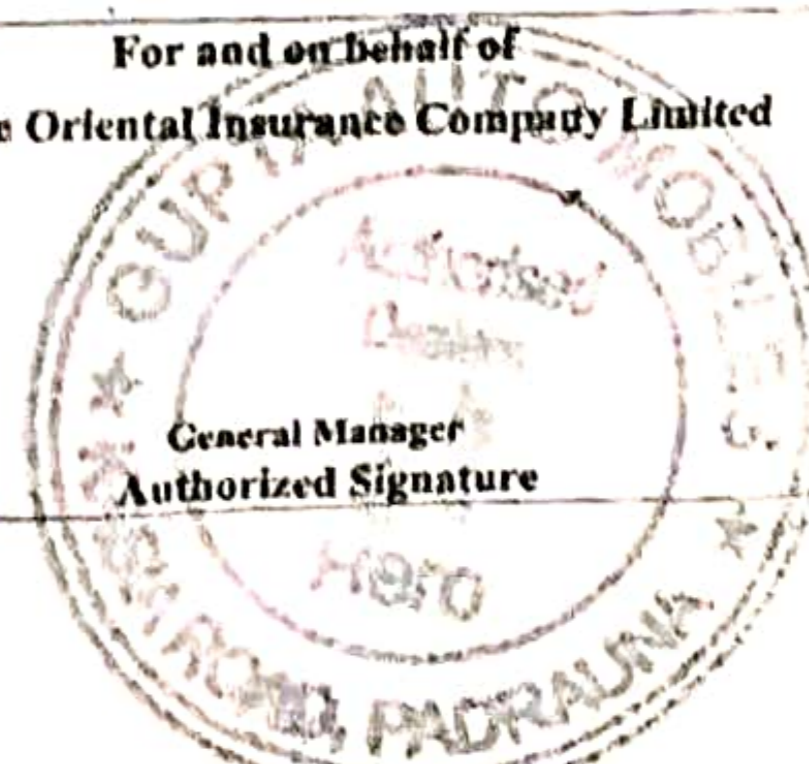
Schedule Of Premium (Amount in Rs.) table with columns: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes rows for Vehicle (1254.27), Elec Accessories (0), Non-Elec Accessories (0), Basic Premium (1179.27), Geographical Area Extn (0), Driving Tuition Loading On OD Premium (0), Sub-Total Additions (0), Deductibles (Voluntary, Anti-Theft, AAI, No Claim Bonus, Discount, SIP, Sub-Total), Add-On Coverages (NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub-Total), Net own Damage Premium (A) (300), Basic Third Party Liability (3851), Compulsary PA Cover Premium (0), PA Cover for 0 Person (0), Legal Liability (WC) to driver (0), Legal Liability to Employees (0), Legal Liability to Passenger (NA), Driving Tuition Loading On TP Premium (0), PA Paid Driver, Conductor, Cleaner (0), Net Liability Premium (B) (3851), Total Premium (A+B) (4151), GST (748), SERVICE TAX (0), STAMP DUTY (0.00), Swachh Bharat Cess (0), Krishi Kalyan Cess (0), Gross Premium Paid (4899).

Nominee Details, Payment Details, Financer Type, POS Name table with fields: Nominee Name, Payment Method, Cheque No/Transaction No, Bank Name, Amount (4899), Financer Name (SHRIRAM FINANCE LIMITED), Financer Branch, POS ID (NA), POS PAN NO/Aadhar No (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 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, JMTs 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 24-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 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) Pace 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 the 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 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. Act, 1988. * This insurance excludes all pre existing damages

Approved By: 654525SMD, Approved On: 24-APR-25, Place: MRT, Printed On: 21-DEC-25. For and on behalf of The Oriental Insurance Company Limited. General Manager Authorized Signature.





भारत सरकार
GOVERNMENT OF INDIA



प्रमेश्वर कुमार चौहान
Prameshwar Kumar Chauhan
DOB: 10/11/1993
MALE

5320 5959 3199

Mera Aadhaar, Meri Pehchaan

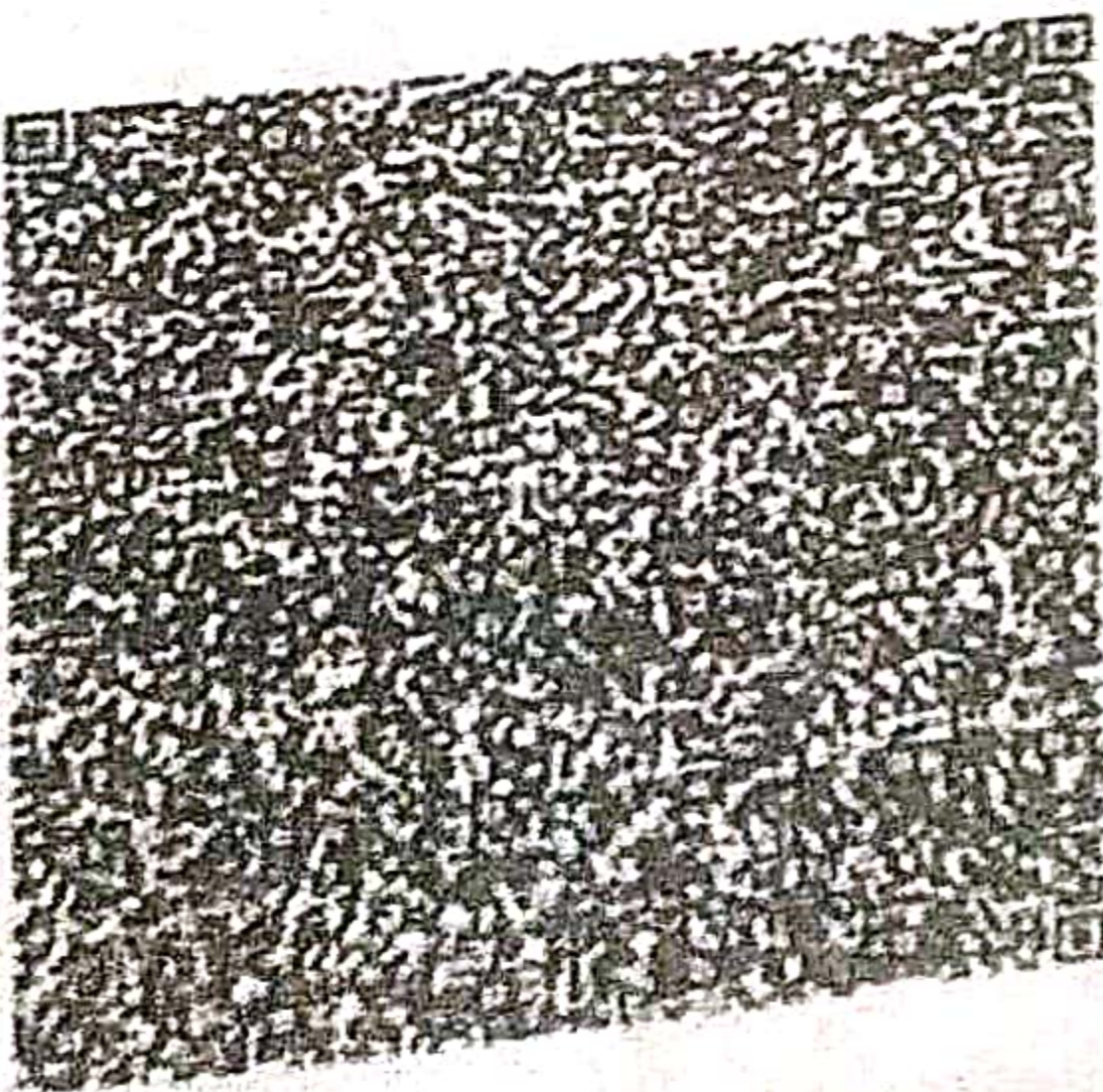


भारतीय निकाश प्रणाली प्राधिकरण
Unique Identification Authority of India



पता:
C/O प्रमेश चौहान, बबुला हारपुर, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
C/O Bhulan Chauhan, Babula Harpur,
Kushinagar,
Uttar Pradesh - 274304



5320 5959 3199

VID : 9129 9191 3804 9954



1047



help@uidai.gov.in



www.uidai.gov.in

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20210005382

Issue Date: 22-08-2022
 Validity (NT): 04-05-2036
 Validity (TR)*: 21-08-2027



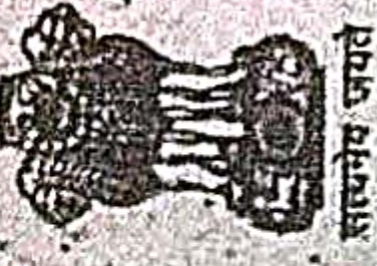
Holder's Signature

Organ Donor: N

Name: JITENDRA KUMAR RAWAT
 Date of Birth: 05-05-1996
 Blood Group: Son/Daughter/Wife of: SWAMINATH RAWAT

Address: VILL-BABUIYA HARPUR TOLA KHARSAL PO
 BABUIYA HARPUR PS PADRAUNA
 PADRAUNA, KUSHINAGAR, UP 274304

Date of First Issue (13-04-2021)



DL No: UP57 20210005382

UPDL 000009087197



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	13-04-2021	NT			
LMV	LMV	UP57	13-04-2021	NT			
TRANS	TRANS	UP57	22-08-2022	TR			
MVSD							

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR