



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.	7054 519546 Amrun
2	Vehicle No. / वाहन संख्या	UP57BZ2230
3	Policy No. / पालिसी संख्या	252400/31/2026/35985
4	Period of Insurance / बीमा अवधि	07-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/03/2026 8:00AM
6	Place of Accident / दुर्घटना का स्थान	Sapaha Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	7054529546 Shakil Ansari
8	Estimated Loss / अनुमानित हानि	16,200/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी गाड़ी मेरा बेटा शहिल गाड़ी लेकर जा रहा था कुछ कम से तो सकते थे पीछे के रफ्तार से पैर रखने वाले foot step पर एक बॉक्स वाला लम्बर मार दिया और बॉक्स बन्द होने से लेकर सामने के बगल सार्ड से पेड़ से टकरा कर बची और डैमेज हो गयी।
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 Padhana

अमरुन

Date / दिनांक : 02.04.2026  
हस्ताक्षर

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. 252400/31/281/35985

Tel. No. \_\_\_\_\_

Period of Insurance 07-09-2026

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 : AMRUN  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 05782 2230

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HAIIP6 SHJK 1207</u> Chassis No. <u>MBLHA0477SHJJ1370</u>	Registration No. <u>05782 2230</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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHAHIL ANSARI  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : son (बेटा)  
 (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 : LP57 20240006789  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31-01-2045  
 (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 : 25-03-2026 8:00 AM  
 (b) Place : Safaha  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : राकने में पिछे के लाइड से पैर रखने वाले छोट  
 (e) If any third party was responsible for this accident give the name and address : 6 step पर एक बकिक वाला व स्कर मार दिया और  
साथक अम्बेलेस होकर सामने के काल लाइड में

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : FR. VSDR, N/L. Tension Front wheel.  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraung

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

*MIA*

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. : \_\_\_\_\_

*MIA*

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 : \_\_\_\_\_

*MIA*

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 09-04 20028

Signature of the insured *[Signature]*

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 अमरु .....  
Occupation .....  
Address .....  
.....  
.....

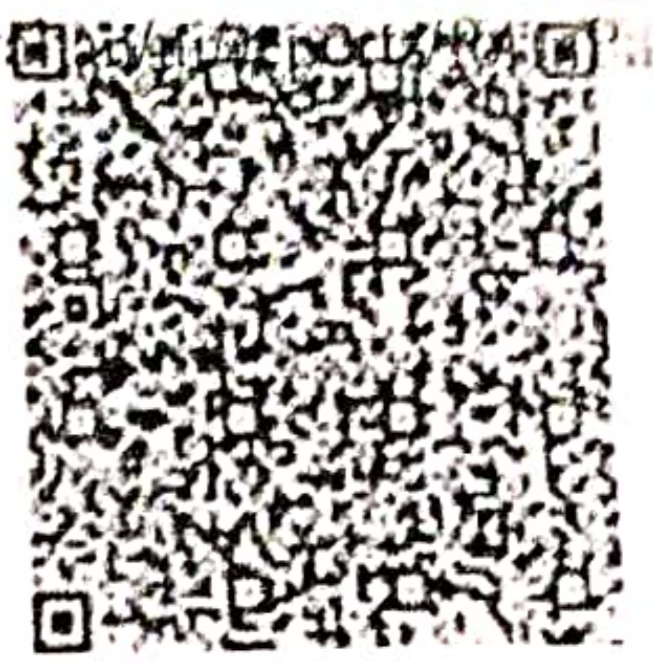
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BZ2230      Registration Date : 09-Sep-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 : AMRUN      Son/wife/daughter of : IMATYAJ  
 Full Address: (Permanent) : VILL-& POST -SIKTA, THANA -KUBERSTHAN, , KUSHINAGAR, UTTAR PRADESH-274303  
 Full Address: (Temporary) : VILL-SIKTA, POST -SIKTA , THANA -KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303

Fitness UpTo : 08-Sep-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 : AA2133140184      Rear HSRP No : AA2131515453  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1      Chassis No : MBLHAW477SHJJ1370  
 Engine No : HA11F6SHJK1207      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+BLACK&ACCE NT I3S(DRS)      Wheel base : 1235  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 113  
 Colour : BLACK AND ACCENT      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)

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 L & T FINANCE LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 08-Sep-2025.

Purchase dt : 08-Sep-2025      Sale Amt : 80616/-  
 OTT Date : 08-Sep-2025      Amount/Rcpt No : 8062 / UP57D25090000776  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-Sep-2025

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

This certificate is valid from 09-Sep-2025 to 08-Sep-2040

Date : 26-Sep-2025 14:14:50  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 26-Sep-2025

5145793

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

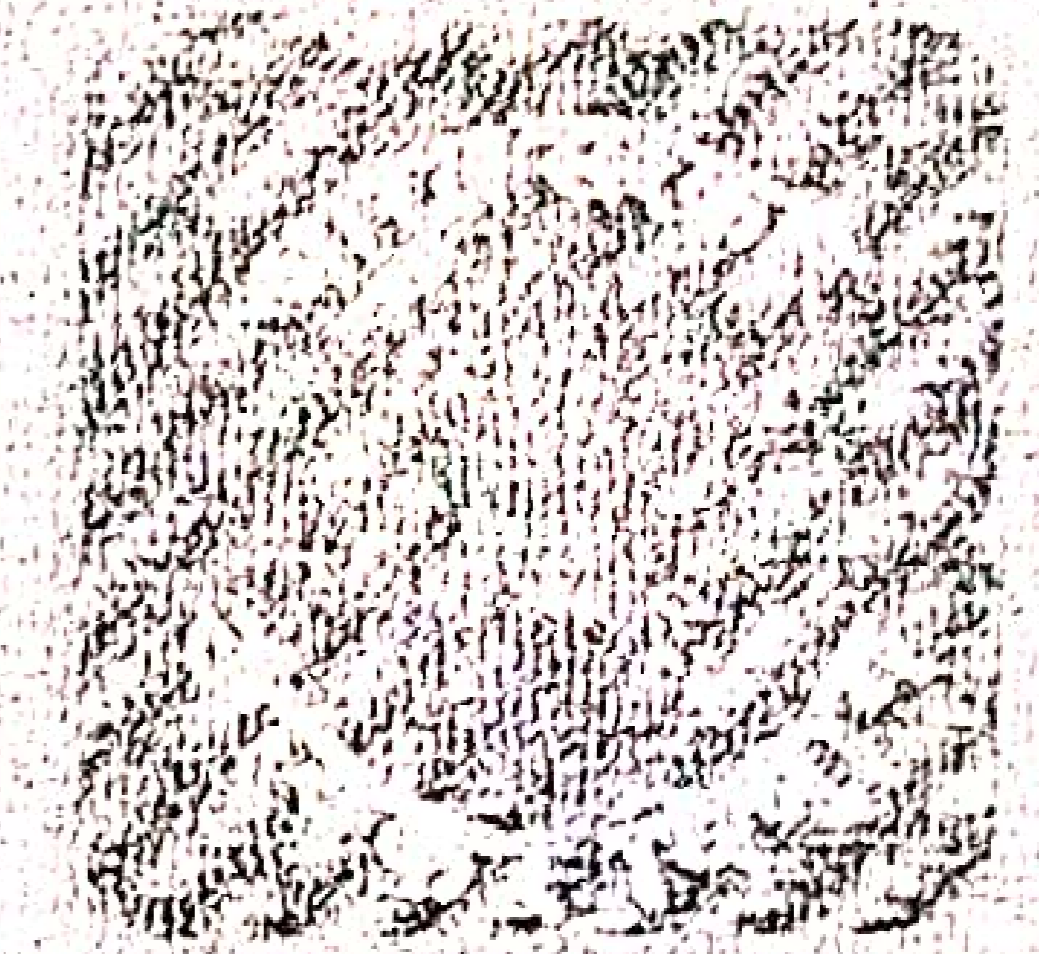
CBQPA0243Q

नाम / Name  
AMRUN

पिता का नाम / Father's Name  
IMTEYAZ

जन्म की तारीख / Date of Birth  
20/11/1983

अमरुन  
हस्ताक्षर / Signature



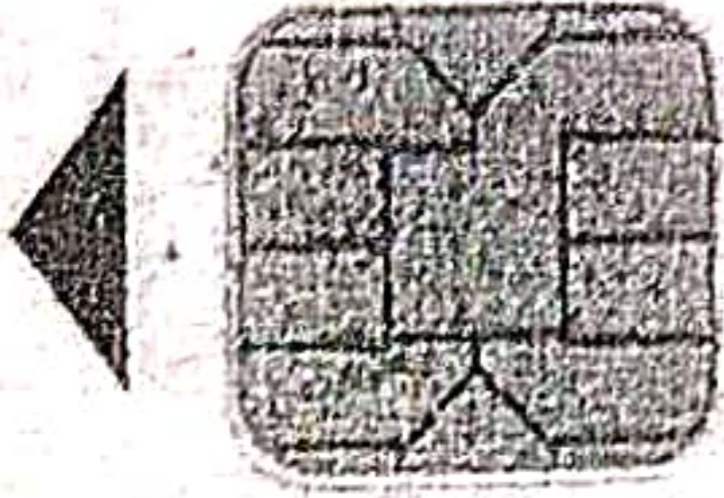
05032017



**Indian Union Driving Licence  
Issued by Uttar Pradesh**



**UP57 20240006739**



Issue Date    Validity (NT)    Validity (TR)\*  
19-04-2024    31-01-2045    \_\_\_\_\_



Holder's Signature

(19-04-2024)

Date of First Issue

Name: **SHAHIL ANSARI**  
 Date of Birth: **01-02-2005**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **INTYAJ ANSARI**  
 Address:  
**Sikata Sikta Padrauna Kushinagar Uttar Pradesh 274303**

**DL No: UP57 20240006739**

UPDL000013244916



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	UP57	19-04-2024	NT			
	LMV	UP57	19-04-2024	NT			

Form 7 Rule 16(2)

Licensing Authority  
KUSHINAGAR

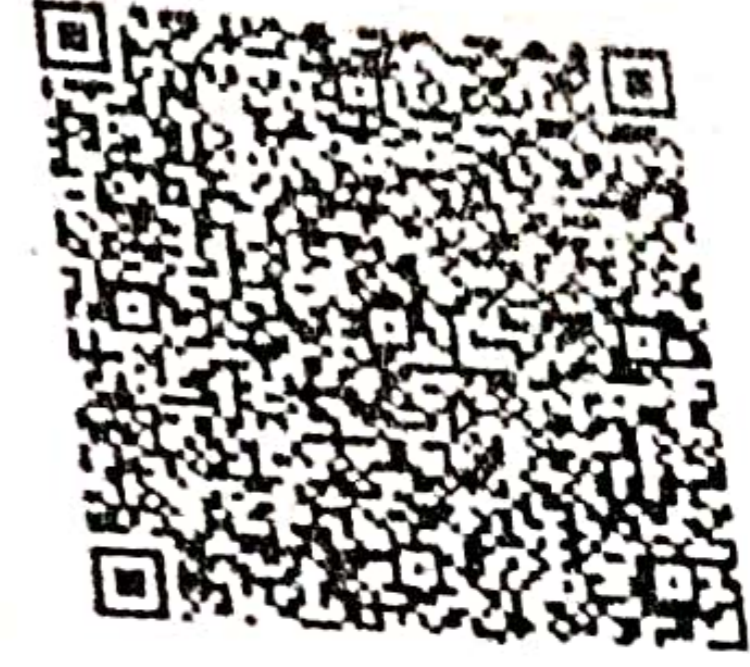


भारत सरकार  
Government of India



अमरुन  
Amrun

जन्म तिथि / DOB : 20/11/1983  
महिला / Female



2991 4305 4089

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: W/O: इमतेयाज, सिकता,  
कुशीनगर, सिकता, उत्तर प्रदेश,  
274303

Address: W/O: Imatyaj, Sikta, Kushinagar,  
Sikata, Uttar Pradesh, 274303

2991 4305 4089



1947  
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



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)

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)	Policy Issued On	08-SEP-25
Policy No	252400/31/2026/35985	Proposal No. & Date	R/252400/31/2026/28149 & 08-SEP-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19.02 ON 08/09/2025 TO MIDNIGHT OF 07/09/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 19.02 ON 08/09/2025 TO MIDNIGHT OF 07/09/2030
Insured Name	AMRUN (GSTIN )	Lead /Breakin No	
Insured Address	C/O IMATYAJ, VILL & POST-SIKTA, THANA KUBERSTHAN KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.	Insured State	UTTAR PRADESH

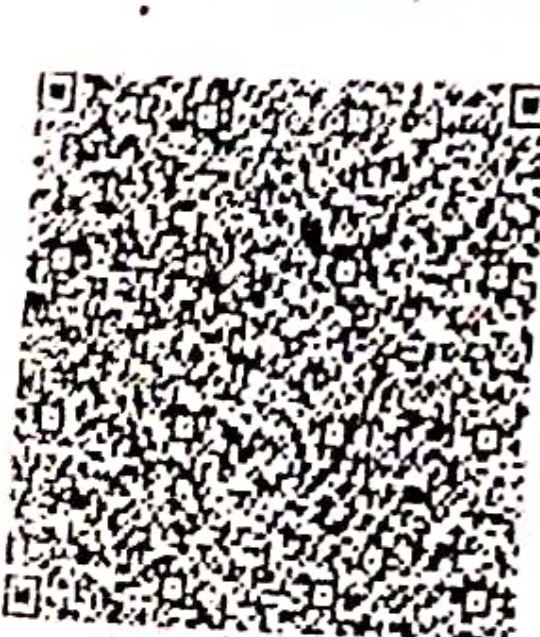
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76585
Model & Variant	HERO SPLENDOR PLUS 135 BLA L20	Electrical Accessories	0
Registration No	4EW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76585
Engine -Chassis No	HA11F6SH1K1207 - MBLHAW477SHJ1370	IME CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1283.57	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	1283.57	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
Deductibles		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)	4044
AM Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
STP Discount	1091	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1091	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4772

Nominee Details :		Payment Details :	
Nominee Name	Age	Payment Method	Cheque No./Transaction No.
Relation	Bank Name	Financer Name	Bank Name
Amount	Amount	Financer Branch	Amount
	4772	POS Name	POS PAN NO/Aadhar No
		NA	NA

**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 trails (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 is up to Rs. 7.5 Lakhs P & 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 preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45% 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 loss/bills are issued in accordance with the provisions of chapter X and XI of MV Act, 1988.



Approved By : 6595268KID  
Approved On : 08-SEP-25  
Place : MUM  
Printed On : 08-SEP-25

