



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./<br>बीमाधारक का नाम & मोबाइल नं.  | 99 84270925<br>ILIVAS ANSARI,                 |
| 2   | Vehicle No. / वाहन संख्या  | UP57B4 4689                                   |
| 3   | Policy No. / पालिसी संख्या   | 252400/31/2026/23286                          |
| 4   | Period of Insurance / बीमा अवधि  | 17/06/2025 to 16/06/2026                      |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय  | 30-03-2026 6:00 P.M.                          |
| 6   | Place of Accident / दुर्घटना का स्थान  | रवपरधिका                                      |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं   | Ilyash Ansari, UP5720160004460<br>99 84270925 |
| 8   | Estimated Loss / अनुमानित हानि   | 7121/-  |
| 09. | Cause of Accident / दुर्घटना का कारण : शाम के समय मार्केट से घर जाते वक़्त रास्ते से सामने अचानक नील गाय भाग कर सीड़ क्रॉस कि तब तक भेरी गाड़ी उससे टक्कर हो गयी तभी पीछे से एक कारक वाला टक्कर मार दे दिया और कारक हायां तक बिर कर क्षतिग्रस्त हो गया । |   |
| 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<br>No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन<br>नं.   | 9125197148<br>Gupta automobile Padma.         |

Date / दिनांक : 06/04/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

  
इलियास अंसारी



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. 252400/31/2026/23286

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

Period of Insurance 17/6/25 to 16/6/26

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 : Ilyash Anzasi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9984270925

2. THE INSURED VEHICLE

|                                 |  |  |
|---------------------------------|--|--|
| Make & Year<br><u>Hero/2025</u> | Engine No. <u>H911F7SHF23277</u><br>Chassis No. <u>MBLHAW487SHF47745</u> | Registration No.<br><u>UP57BY</u><br><u>4689</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?  
 (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 : Ilyash Anand  
(b) Age :  
(c) Address : Kushinagar Padsauna  
(d) Is the Driver :  
1. Owner   
2. paid driver?  
3. Owner's relative or friend?  
(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 : UP5720160004460  
(h) Issuing Authority :  
(i) Date of Expiry : 08/03/2036  
(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 : 30/03/2026, 06.00 P.m.  
(b) Place : Khajurik  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : वाइक लील गया से टकरा गई उसी वकत  
(e) If any third party was responsible for this accident give the name and address : पिढे से एक वाइक वाले ने टकरा भी मार दिया

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side  
(b) Estimated cost of repairs : 7121/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padsauna.

### 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 06/04/26 200

Signature of the insured

रामेश्वर  
रामेश्वर

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 Subramanian  
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 : UP57BY4689 Registration Date : 19-Jun-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 : ILIYAS ANSARI Son/wife/daughter of : RAFIK ANSARI  
 Full Address: (Permanent) : VILL-BAHORA CHHAPRA SARGARIA URF, RAMNAGAR POST- NAURANGIA, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274305  
 Full Address: (Temporary) : VILL-BAHORA CHHAPRA SARGARIA URF, RAMNAGAR POST- NAURANGIA, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274305  
 Fitness Up To : 18-Jun-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 : AA1043240745 Rear HSRP No : AA1043058962  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW487SHF47745  
 Engine No : HA11F7SHF23277 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  
 Sleeper 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)

| 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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 18-Jun-2025.

Purchase dt : 17-Jun-2025 Sale Amt : 78776/-  
 OTT Date : 17-Jun-2025 Amount/Rcpt No : 7878 / UP57D25060002955  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 23-Jun-2025  
**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 19-Jun-2025 to 18-Jun-2040

Date : 26-Jul-2025 11:53:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 26-Jul-2025

Q 4494854

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 188 KHAIR NAGAR, OPP. FILMISTAN CINEMA MARKET, (GSTIN: 09AAACT0617R4ZU)

|                   |  |                            |   |
|-------------------|--|----------------------------|---|
| Policy Type       | BLIND POLICY (MOTORIZED TWO WHEELERS (5 Year))   | Policy Issued On           | 17 JUN 25                                 |
| Policy No         | 252000316202623286   | Proposal No. & Date        | R-252000316202618043 & 17-JUN-2025        |
| Agent/Broker Code | BA9080155144   | Policy Period (OWN DAMAGE) | FROM 15-11-2025 TO MIDNIGHT OF 16-06-2026 |
| Agent/Broker Name | ABHINAV DEWATI   | Policy Period (LIABILITY)  | FROM 15-11-2025 TO MIDNIGHT OF 16-06-2026 |
| Insured Name      | ILIVAS ANSARI (GSTIN: )  | Lead/Breakin No            |   |
| Insured Address   | CU RAFIK ANSARI VILL - BAIFORA CHHAPRA SAROARIA URF RAMNAGAR POST - NAURANGIA, THANA-NEBULA NAURANGIA, PADRAUNA (KUSHINAGAR), N.A. | Insured State              | UTTAR PRADESH                             |

| INSURED MOTOR VEHICLE DETAILS |                                   | INSURED DECLARED VALUE (IDV) (IN RS.) |                        |
|-------------------------------|-----------------------------------|---------------------------------------|------------------------|
| Make                          | HERO MOTOR CORP                   | Vehicle                               | 74837                  |
| Model & Variant               | HERO SPLENDOR PLUS L20            | Electrical Accessories                | 0                      |
| Registration No               | NEW                               | Non Electrical Accessories            | 0                      |
| Year Of Manufacture           | 2025                              | Total IDV                             | 74837                  |
| Engine / Chassis No           | HA11E75H23277 - MBLHAW4875HF47745 | TMF 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                 |
| RTU Location                  |                                   |                                       |                        |

Schedule Of Premium (Amount in Rs.)

| OWN DAMAGE SECTION (A)                        |         | LIABILITY SECTION (B)   |      |
|---|---------|---|------|
| Vehicle                                       | 1254.27 | Basic Third Party Liability   | 3851 |
| Exc Accessories                               | 0       | Compulsory PA Cover Premium   | 0    |
| Non-Exc Accessories                           | 0       | PA Cover for 0 Person Of Rs (0) each (IMT-16)                         | 0    |
| Basic Premium                                 | 1179.27 | 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-16)                                 | 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)   | 4151 |
| AAI Membership (IMT-8)                        | 0       | GST   | 748  |
| No Claim Bonus                                | 0       | SERVICE TAX   | 0    |
| Discount for vehicle designed for handicapped | 0       | STAMP DUTY  | 0.00 |
| SIP Discount                                  | 1066    | Swachh Bharat Cess@ 0.50%   | 0    |
| Sub-Total Deductibles                         | 1066    | Krishi Kalyan Cess@ 0.50%   | 0    |
| Add-On Coverages                              |         | Gross Premium Paid  | 4899 |
| MI Depreciation                               | 187     | Note:   |      |
| Return to Insurer                             | 0       | 1. Policy Issuance is the subject to the evaluation 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 50 (IMT-22) |      |
| Sub-Total Add-on Coverages                    | 187     | 4. Voluntary excess Rs(0)   |      |
| Net own Damage Premium (A)                    | 300     | 5. Subject to Endorsements IMT.7.10.2K.                               |      |

|                 |                |                            |                      |
|-----------------|----------------|----------------------------|----------------------|
| Insurer Details | Insurer Name   | Age                        | Relation             |
| Payment Details | Payment Method | Cheque No./Transaction No. | Bank Name            |
| Financer Type   | Financer Name  | IDFC FIRST BANK LTD        | Financer Branch      |
| POS Name        | POS ID         | NA                         | POS PAN NO/Aadhar No |

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 applications (both on as well as company's website).

The insurance under the policy is subject to conditions, clauses, warranty, exclusions, IMTs and DIC endorsements mentioned herein above which are available on company's website.

Claims are 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 hereunto set his/her hands at 252400 on 17-JUN-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 free 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Stunt driving (7) Illegal Purpose as connected 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.

Clause of Liability: Clause under section II-1 (1) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988 under Section II-1 (1) of the policy - Damage to third party property is its... (Task 1) A Cover under section III for owner-Driver is RS.

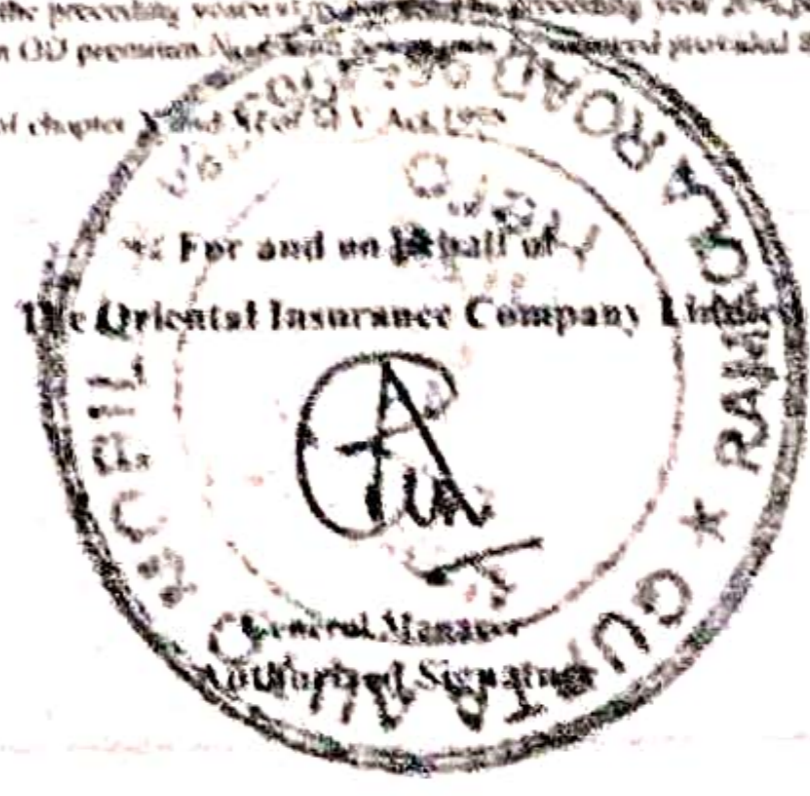
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year or the preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years 50% of M.B on OD premium. NCB will be carried forward provided the policy is continuous 50 cars 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 : 6502560D  
Approved On : 17-JUN-25  
Place : MRT  
Printed On : 17-JUN-25

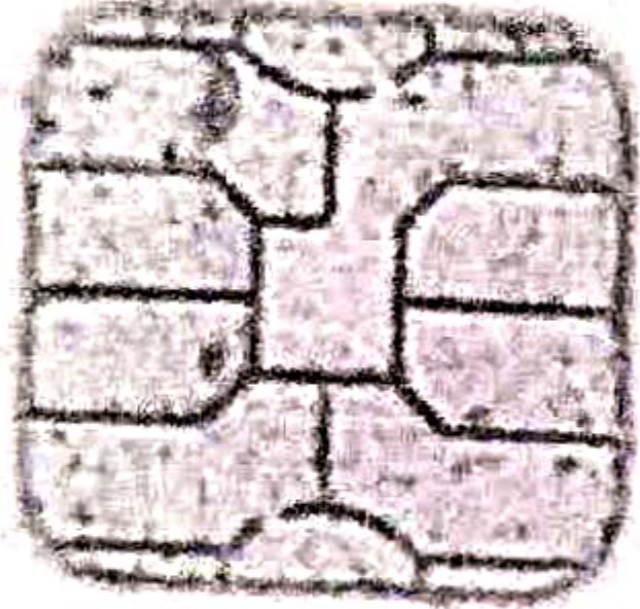


यह बीमा पॉलिसी, गाड़ी का फुल बीमा (100%) एक साल का तथा थर्ड पार्टी बीमा पाँच साल के लिए ही मान्य है।



UNION OF INDIA **Driving Licence** (UP) (NT)

UP57 20160004460

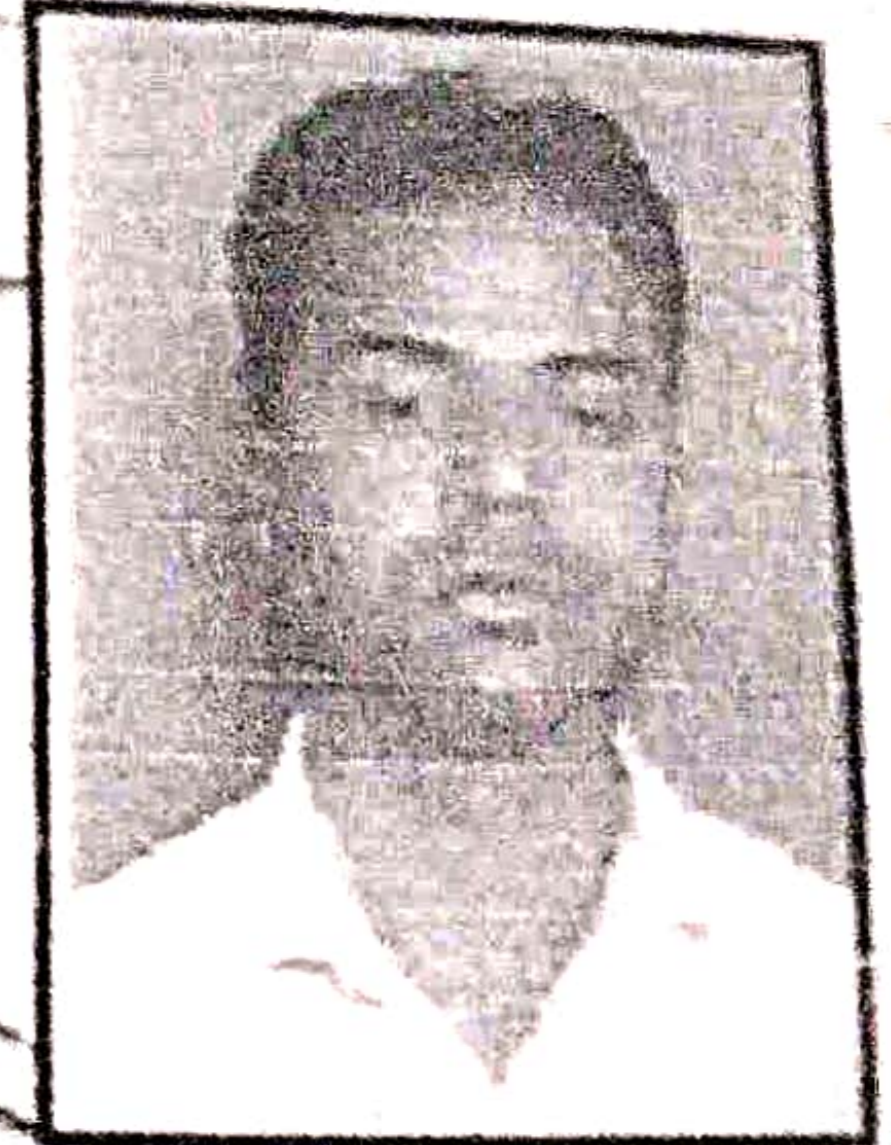


जारी करने की तिथि  
Date of Issue  
09/03/2016

वैधता / Validity  
(UP) 08/03/2036

जन्म तिथि  
Date of Birth  
10/07/1995

Blood Group  
UNKNOWN



नाम / Name

**ILIYAS ANSARI**

पिता/पति का नाम / Son/Daughter/Wife of

**RAFIK ANSARI**

UP57 20160004460

UP01921459RS



LMV  
09/03/2016



MCWG  
09/03/2016



(UP)

Form 7 Rule 16(2)

पता / Address

R/O-TOLA BAHORA CHHAPRA SARGATIYA URF RAM N/  
NAURANGIYA, NEBUA NAURANGIYA  
KUSHINAGAR

इलियास अंसरी

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ILYAS ANSARI

RAFIK ANSARI

10/07/1995

Permanent Account Number

BYJPA4771N

इलियास अंसारी

Signature

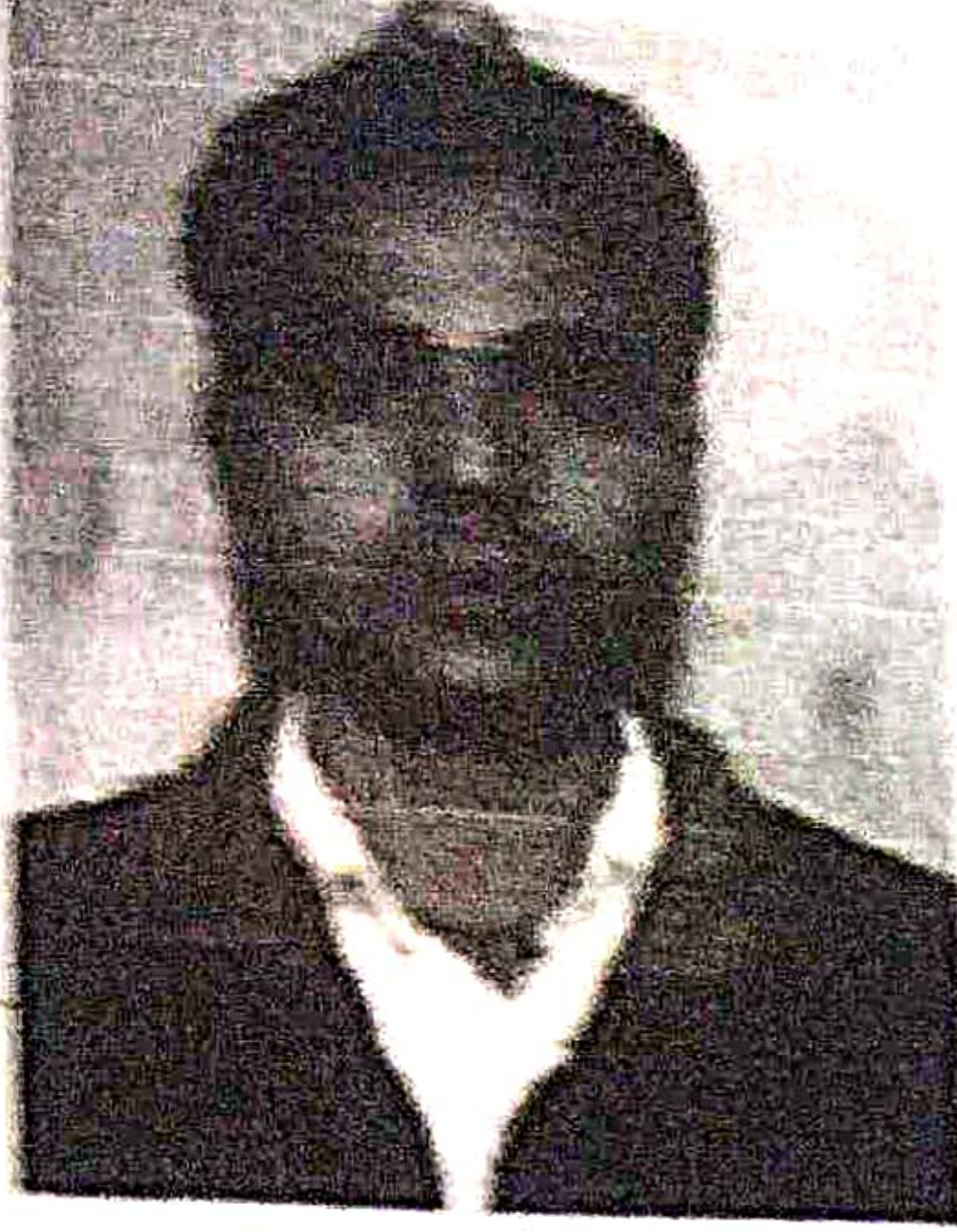


07122016



भारत सरकार

Government of India

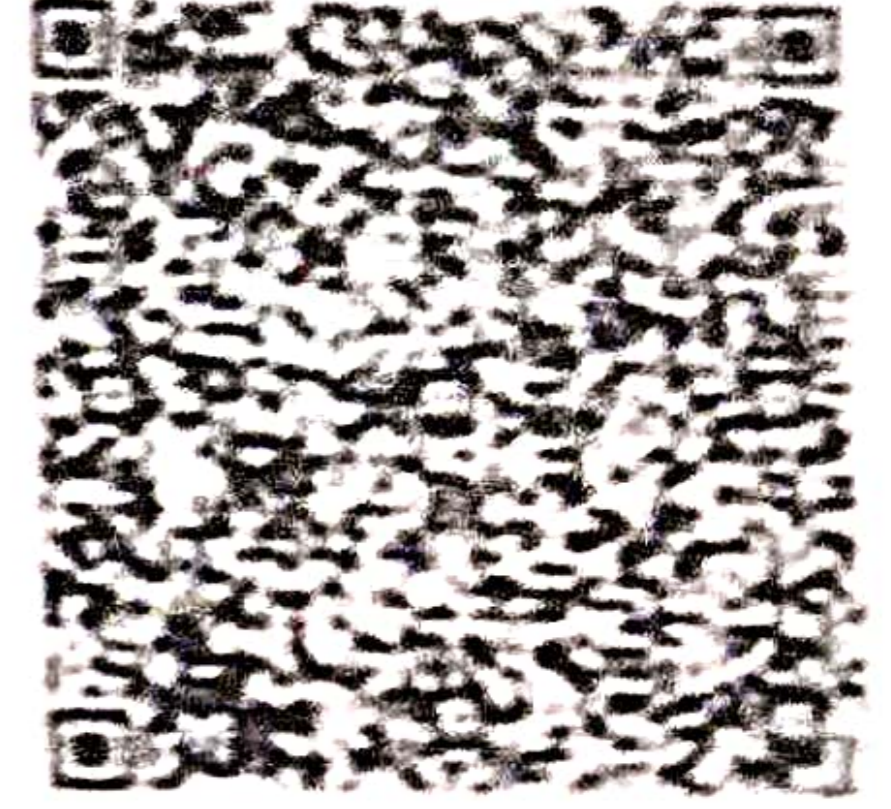


इलियास अंसारी

Ilyas Ansari

जन्म तिथि / DOB 10/07/1995

पुरुष / Male



8347 2307 7170

आधार - आम आदमी का अधिकार



भारत सरकार, न्यायिक प्रशासन विभाग, न्यायिक अधिकरण

UIDAI (Unique Identification Authority of India)

पता:

S/O: रफीक अंसारी, टोला-बहोरा  
छापरा, सर्गनिया उर्फ रामनगर,  
नौरंगिया, कुशीनगर, उत्तर प्रदेश,  
274305

Address:

S/O: Rafik Ansari, Iola-bahora  
chhapra, Sargania Urf Ramnagar  
Naurangia, Kushinagar, Uttar  
Pradesh, 274305

8347 2307 7170



100 230 7170



help@uidai.gov.in



www.uidai.gov.in