



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 Mumukh. Certificate/Policy No. 252400/31/2026/16792
 Tel. No. Period of Insurance 06/05/2023 - 30-05/05/2026.
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED
 (a) Name PAMILA
 (b) Address for correspondence VILL. THARARIYA (TINPARIA)
 (c) Telephone Post THARARIYA L. DENHARIM. DIST. ROSHTA

2. THE INSURED VEHICLE MDH6 9662357236

Make & Year <u>2025</u>	Engine No. <u>SP16EPPGK03963</u> Chassis No. <u>MBLJFN255P4K00477</u>	Registration No. <u>UP57BT</u> <u>7341</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? MD
- (c) Was trailer attached? MD
- (d) If a Motor Cycle/scooter Yes
 - 1. Was a side-car attached? MD
 - 2. Was a pillion rider carried? MD

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 _____
- M/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : BRIJNANDAN SINGH
 (b) Age : 48
 (c) Address : VILL - MATHIYA SARAN,
TARIYA SUZAN, KUSHINAGAR
 (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 : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP5720090002549
 (h) Issuing Authority : KUSHINAGAR
 (i) Date of Expiry : 30/06/2028
 (j) Was the licence temporary/permanent : NO
 (k) Details of endorsement/suspension, if any : NO
 (l) Has he been involved in any accident before? : NO
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 02/04/2026 - 12:30 PM
 (b) Place : वाराणसी (सी 3) 231227 (यम)
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : शरणाई गाड़ी में जाते जाते जाते जाते जाते
 (e) If any third party was responsible for this accident give the name and address : दामु शर्मा 231227 (यम) 92112

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : दाइल साई गजाना साई गजाना साई
 (b) Estimated cost of repairs : 732125
 (c) When and where can the damaged vehicle be inspected : ANMO MOTORS

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 : N/A
 (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 : _____

N/A

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. : _____

N/A

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 : _____

N/A

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 07/04/2026 200

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. UP57 BX 7341 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. 7321=00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name Amit

Signature Amit

Address

Timphelega
Kushinagar
Tanya Lachhian

Signature P. Ramid

Occupation

Address Timphelega

Tanya Lachhian

Kushinagar

Bank Account Number

Name of the Bank

Policy Schedule

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)

BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	06-MAY-25
252400/31/2026/10792	Proposal No.& Date	R/252400/31/2026/99290477/4 & 06-MAY-2025
BA0000155144	Policy Period (OWN DAMAGE)	FROM 12:45 ON 06/05/2025 TO MIDNIGHT OF 05/05/2026
me ARHINAV BIHATI	Policy Period (LIABILITY)	FROM 12:45 ON 06/05/2025 TO MIDNIGHT OF 05/05/2030
PRAMILA KUMARI (GSTIN:)	Lead/Breakin No	
D/O MOTEELAL PRASAD, R O VILL- TINJARIA, PG-TARYA LACHHIRAM, PS - TARYA SUJAN..PADRAUNA (KUSHINAGAR), . NA.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
HERO MOTOCORP	Vehicle	71332	
HERO XOOM LX	Electrical Accessories	0	
NEW	Non Electrical Accessories	0	
2025	Total IDV	71332	
JF16EPPGK03963 - MBLJFN25SPGK00477	TMF CONTRACT NO		
110	Policy Type	Zone B - Rest of India	
1.1.1	Geographical Area		
SOLO	Type Of Fuel	PETROL	

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
	1195.52	Basic Third Party Liability	3851
Accessories	0	Compulsary PA Cover Premium	0
Electrical Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Premium	107.52	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Additional Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Legal Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
theft Device (IMT-10)	0	Total Premium (A+B)	4137
Membership (IMT-8)	0	GST	744
Discount Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
Mount	0	Swachh Bharat Cess@0.50%	0
Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4881
Depreciation	178	Note:	
Discount to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Placement	0	2. Consolidated Stamp Duty paid via Challan No	
Discounts	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Additional Add-on Coverages	178	4. Voluntary excess Rs(0)	
Damage Premium(A)	286	5. Subject to Endorsements IMT,7,10,28,	

Policy Details :	Nominee Name	Age	1	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
				4881
Financier Type	Financer Name	HERO FIN CORP LTD.	Financer Branch	DELHI
Policy Name	POS ID	NA	POS PAN NO/Aadhar No	NA

in the event of a claim under the policy exceeding Rs.1lacs or a claim for refund of premium exceeding Rs1lacs, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our Offices as well as company's website.

Policy under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

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).

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

to 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.

whereof the undersigned being authorised by and on behalf of the company has have herein to set his/their hands at 252400 on 06-MAY-25

Sunil Rao

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

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



No : UP57BX7341 Registration Date : 08-May-2025
 Type of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, 189-274304
 : PRAMILA KUMARI Son/wife/daughter of : MOTEELAL PRASAD
 Address (Permanent) : VILL - TINFARIA, PO - TARYA LAGHHIRAM, P.S - TARYA SUJAN, KUSHINAGAR, UTTAR
 PRADESH-274409
 Address (Temporary) : VILL - TINFARIA, PO - TARYA LAGHHIRAM, P.S - TARYA SUJAN, KUSHINAGAR-UTTAR
 PRADESH-274409
 Validity To : 07-May-2040 Owner Serial No : 1
 Description :
 Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 : INDIVIDUAL Norms : BHARAT STAGE VI
 Name : HERO MOTOCORP LTD
 RP No : AA2128977839 Rear HSRP No : AA1042387856
 Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2023
 Identifiers : 1 Chassis No : MBLJFN255PGK00477
 : JF16EPPGK03963 Fuel : PETROL
 Power(BHP) : 8.04 Cubic Capacity : 110.90
 Classification : XOOM (LX) Wheel base : 1300
 Cap(in all) : 2 Standing Cap : 0
 Cap : 0 Unladen Wt (kgs) : 108
 : POLESTAR BLUE Laden/GV Wt (kgs) : 238
 Criteria : AC Fitted : NO
 Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Manuf.	Description	As Regd.	Weight(in kgs)
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Port:			
Year:			
Other:			
Bandem:			

Motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, DELHI, ,

Delhi, Delhi-110057 w.e.f. 07-May-2025.

Purchase dt	: 07-May-2025	Sale Amt	: 75086/-
Date	: 07-May-2025	Amount/Rcpt No	: 7509 / UP57D25050001445
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 13-May-2025		

Inter State/Transfer/Conversion/Reassign Details

Previous Owner	:	Previous RegNo	:
State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 08-May-2025 to 07-May-2040

Date : 26-Jun-2025 10:46:23

Registration Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 26-Jun-2025

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

UP57 20090002549

UP005049-595



LMV
23/06/2009



MCWG
23/06/2009



जारी करने की तिथि
Date of Issue
23/06/2009

वैधता / Validity
(NT) 30/06/2028

जन्म तिथि
Date of Birth
01/07/1978

Blood Group
AB+



नाम / Name

BRJNANDAN SINGH

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

GAYA SINGH

पता / Address

R/O- RAMPUR BANGARA
MATHIYA KIRAM, TARIA SUJAN
KUSHINAGAR 274409

Holder's Signature

(UP)

Form / Rule 102

जारीकर्ता / Issuing Authority Sign
KUSHINAGAR

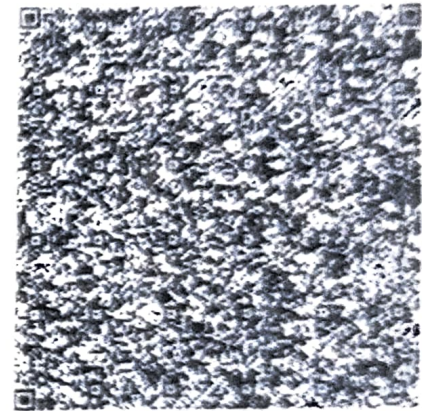
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
JNTPK4216B



नाम / Name

PRAMILA KUMARI

पिता का नाम / Father's Name

MOTEELAL PRASAD

जन्म की तारीख / Date of Birth

01/01/2001

Pramila Kumari

हस्ताक्षर / Signature

35396

भारत सरकार
Government of India



प्रमिला

Pramila

जन्म तिथि/DOB: 15/06/2003

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).

7698 0443 6124

मेरा आधार, मेरी पहचान



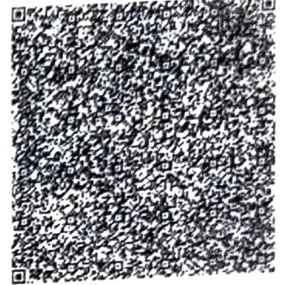
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 06/05/2025

पता:
मात्मजा: मोतीलाल प्रसाद, तिम्फरिया, तरया लछिराम,
कुशीनगर,
उत्तर प्रदेश - 274409

Address:
D/O: Moteelal Prasad, Tinfaria, PO: Tarya Lachhiram,
DIST: Kushinagar,
Uttar Pradesh - 274409



7698 0443 6124

VID : 9146 3974 4097 8062

1947

help@uidai.gov.in

www.uidai.gov.in

ANNU MOTORS

N.H.-28, NEW TAHSIL, TAMAKUHI RAJ, KUSHINAGAR, 274407, UP, INDIA

State Code: 9 Contact: 94152-78119, 9918715197 , ,

GSTIN No: 09AHBPR0791F1Z9

Associate Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	21075-02-REST-0426-2	Date	07-04-2026
Customer Name	PRAMILA KUMARI	Contact No.	9662357236
VIN	MBLJFN255PGK00477	Model	XOOM
Insurance Company	22221	Reg No.	UP57BX7341
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64340AAWD00RS -COVER FRONT UPPER POLESTAR BLUE	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
2	64300AAWD00RS -COVER FRONT R(POLESTAR BLUE)	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
3	64301AAWD00RS -COVER FRONT L(POLESTAR BLUE)	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
4	64304AAWD004S -COVER FRONT LOWER RIGHT	87141090	Paid	616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	728.00
5	64350AAWD00RS -COVER FRONT LOWER LEFT BL(BR) -004S(G)	87141090	Paid	1,327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
6	64320AAWD00XS -COVER RIGHT FLOOR SIDE	87141090	Paid	515.25	1	9.00	9.00	0.00	0.00	0.00	0.00	608.00
7	64330AAWD00XS -COVER LEFT FLOOR SIDE	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
8	53175ABV000S -LEVER COMPLETE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
9	53205AAWD00S -HANDLE COVER FRONT	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
10	88120AAWD01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	191.53	1	9.00	9.00	0.00	0.00	0.00	0.00	226.00
Parts Total											0.00	6,731.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XOOM	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
Jobs Total											0.00	590.00

Parts Total	6,731.00
Labour Total	590.00
SGST (Parts) 9%	513.38
CGST (Parts) 9%	513.38
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
Total	7,321.00

Rupees in Words: Seven Thousand Three Hundred Twenty One Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after

21075 - Main W/S