

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.	8318 79 8853 Aslam Ansari
2	Vehicle No. / वाहन संख्या	UP57BX 5073
3	Policy No. / पालिसी संख्या	252400 / 31 / 2026 / 6661
4	Period of Insurance / बीमा अवधि	23-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27-03-2026 4: pm
6	Place of Accident / दुर्घटना का स्थान	Hekimpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8318 79 8853 Nasib Ansari
8	Estimated Loss / अनुमानित हानि	14150/-
9	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी मेरा भाई नसीब लेकर किसी काम से जा रहे थे तभी सड़के में भागे जा रहे डेला वाला डेला पर लकड़ी लाद कर लेकर जा रहे स्लोप रोड पर डेला वाले के आगे कोई गाड़ी ब्रेक लगाया तब तक डेला भी ब्रेक लगाया जिससे मेरी बर्क उसके
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 / फोन नं.	9125197148 Gupta Automobile Padrauna

Date / दिनांक : 04-04-2026
हस्ताक्षर

Aslam Ansari
Signature of Insured / बीमाधारक के

डेला पर लदने लकड़ी के बिस्से से मेरे गाड़ी आगे बिस्से से धुस गया
और उसके डेले से तक्कर हो गया और बर्क हायां तक्कर
कर शक्तिगस्त हो गया -



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. 252400/31/2016/6641

Tel. No. _____

Period of Insurance 23-04-2016
 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 : Aslam Ansari
 (b) Address for correspondence : _____
 (c) Telephone : 8318790053

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>FF17ERSGCO3447</u> Chassis No. <u>MBLJFN3525603475</u>	Registration No. <u>UP57BX5073</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 : _____
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Nasib Ansari
 (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 : UP5720230013488
 (h) Issuing Authority : _____
 (i) Date of Expiry : 09-08-2045
 (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 : 27-08-2026 4:00 P.M
 (b) Place : Hathampur
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : दो वज्रों के हाथों में टिके हुए गाड़ी में
 (e) If any third party was responsible for this accident give the name and address : गौरी सिंह के लड़के को गाड़ी चलाते हुए गाड़ी में टिके हुए

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front - view, M/A, mirror, metal
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile Madhvana

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 _____

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 Police 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 07-04-2002

Signature of the insured Ashwin Prasad

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/-

Aslam Ansoni

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PCH09028

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, 01214063570, (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	24-APR-25	
Policy No	252400/31/2026/6661		Proposal No. & Date	R/252400/31/2026/4427 & 24-APR-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 15:47 ON 24/04/2025 TO MIDNIGHT OF 23/04/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 15:47 ON 24/04/2025 TO MIDNIGHT OF 23/04/2030	
Insured Name	ASALAM ANSARI (GSTIN: 0)				
Insured Address	C/O RAJMOHAMMAD ANSARI, VILL-BIHARAWALIYA POST-NAIKA CHHAPRA, THANA -KASIA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA,			Lead /Breakin No	
				Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	72062	
Model & Variant	HERO DESTINI 125 PRIME		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	72062	
Engine -Chassis No	JF17ERSGC03447 - MBLJFN352SGC03475		TMF CONTRACT NO		
Cubic Capacity	125		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1207.76		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	
Basic Premium	1135.76		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%)	0	
	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)	4140	
AAI Membership (IMT-8)	0		GST	746	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0.00	
SIP Discount	1027		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	1027		Krishl Kalyan Cess@0.50%	0	
	Add-On Coverages		Gross Premium Paid	4886	
NIL Depreciation	180		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation 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 0 (IMT-22)		
Sub Total Add-on Coverages	180		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	289		5. Subject to Endorsements IMT,7,10,28,		
Nominee Details :	Nominee Name	Age	Relation		
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
				4886	
Financer Type	Financer Name	L&T Finance Limited		Financer Branch	
POS Name	POS ID	NA		POS PAN NO/Aadhar No	
				NA	
<p>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.</p> <p>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: www.orientalinsurance.org or on demand from the policy issuing office.</p> <p>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).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>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.</p> <p>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</p> <p>IMPORTANT NOTICE</p> <p>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".</p>					
<p>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</p> <p>(7) Any Purpose in connection with motor trade.</p> <p>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.</p> <p>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 1998. 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</p> <p>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/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.</p> <p>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.</p> <p>* This insurance excludes all pre existing damages</p>					
Approved By :	659525SMD				
Approved On :	24-APR-25				
Place :	MRT				
Printed On :	21-JEC-25				



भारत सरकार

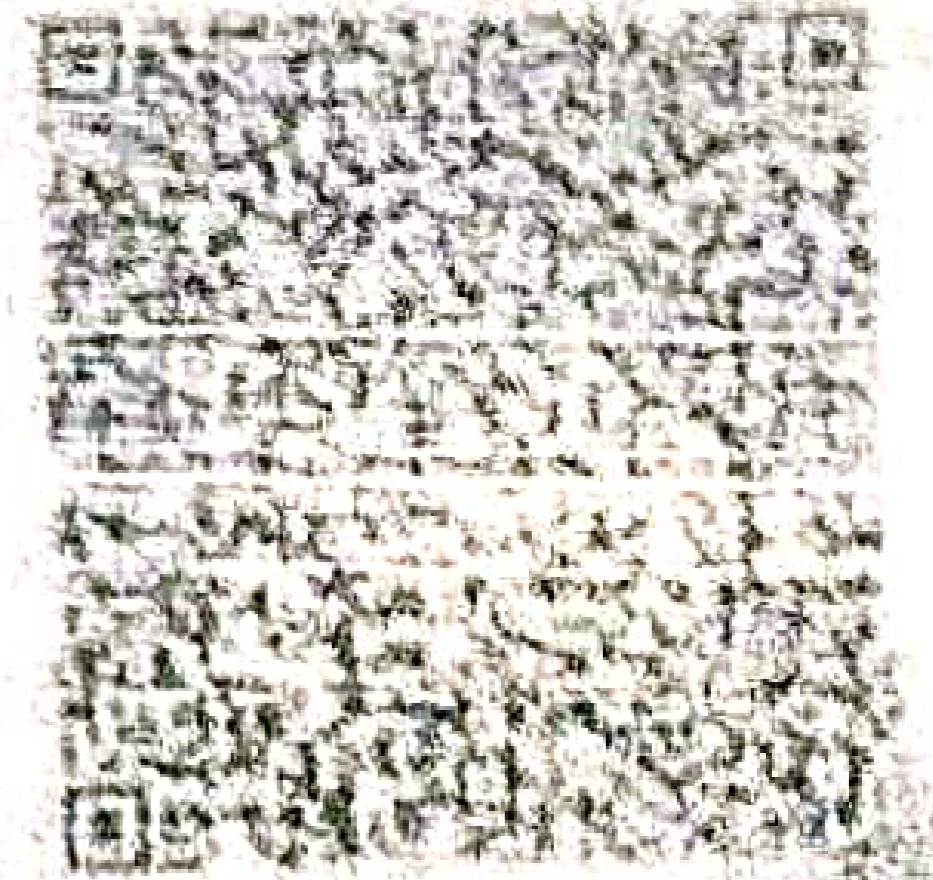
Government of India

असलम असादी

Asalam Ahsan

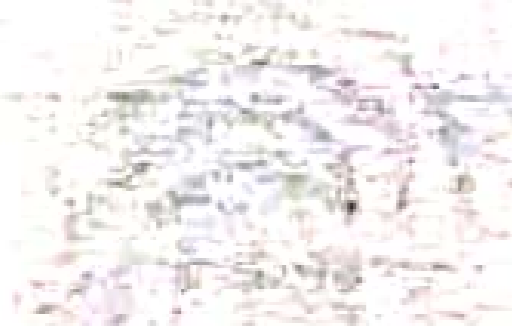
जन्म तिथि / DOB : 04/04/1998

पुरुष / Male



9141 3989 7750

आधार - आम आदमी का अधिकार

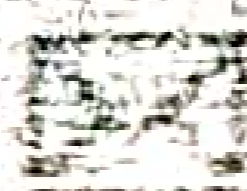


Unique Identification Authority of India

असलम असादी,
असलम असादी,
पिन कोड: 774206

Address:
S/O: Rajmohammed Ahsan,
Bhatwalya, Nalka Chhapra,
Kushinagar Nalka Chhapra, Bihar
Pincode: 774206

9141 3989 7750



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

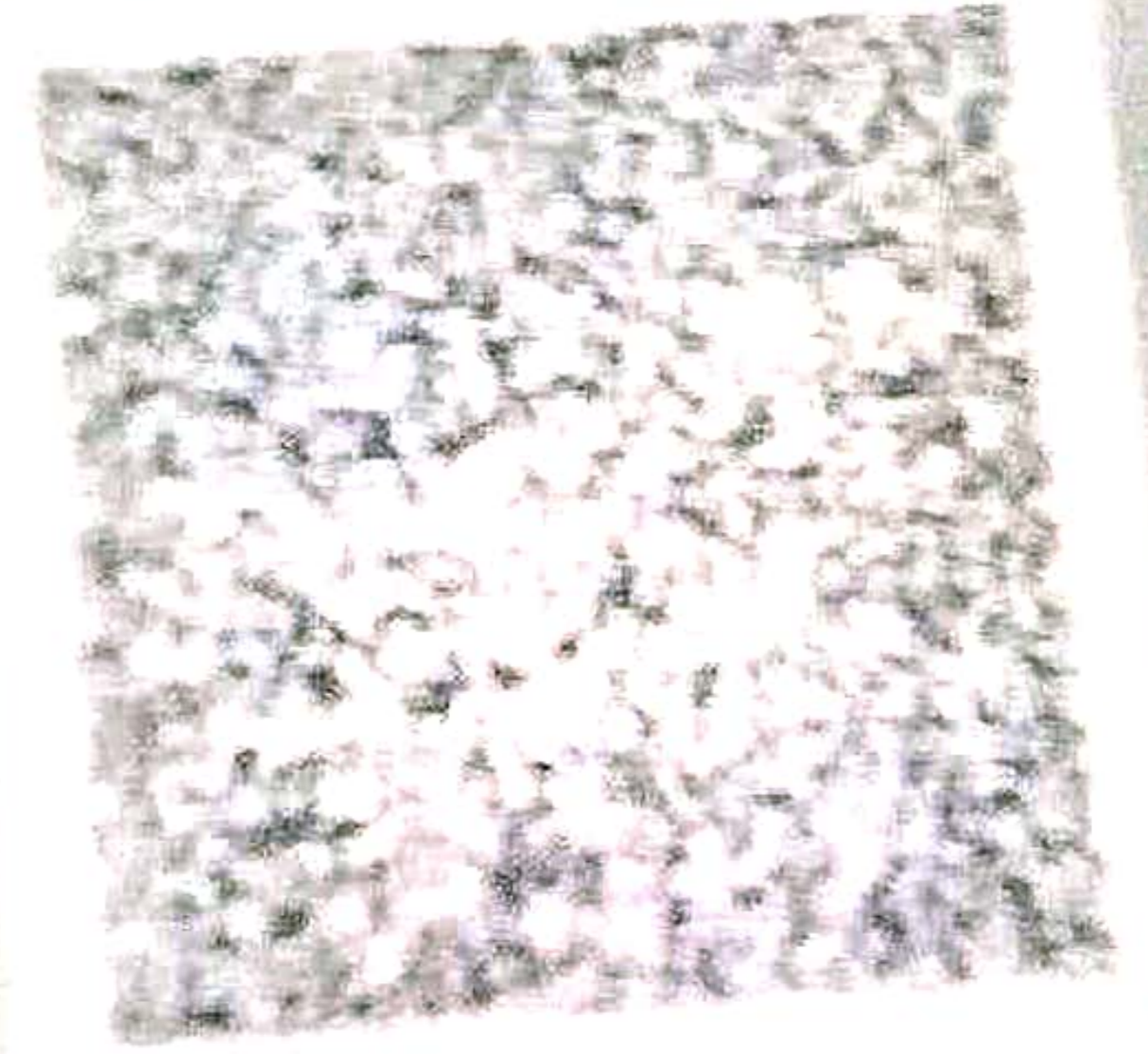
EPBPA5107Q



ASALAM ANSARI

पिता का नाम / Father's Name
RAJMOHAMMAD ANSARI

01/01/1993



[Handwritten signature]

Signature

DL No: UP57 20230013488

UP57 20230013488



Invalid Carnage (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	04-09-2023	NT			
	LMV	UP57	04-09-2023	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

UP57 20230013488



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20230013488

Issue Date: 06-09-2023
Validity (NT): 09-06-2043
Validity (TR):



UP57 20230013488

Signature

Name: NASIB ANSARI
Date of Birth: 10-06-2005 Blood Group: Organ Donor: N
Son/Daughter/Wife of: MUSTAKIM ANSARI

Address:
Bharwalia Post Naikachhapra Naika
Chhapra Kushinagar Uttar Pradesh 274206

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX5073 Registration Date : 25-Apr-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 : ASALAM ANSARI Son/wife/daughter of : RAJMOHAMMAD ANSARI
 Full Address: (Permanent) : VILL-BHARAWALIYA, POST-NAIKA CHHAPRA, THANA-KASIA, KUSHINAGAR, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL-BHARAWALIYA, POST-NAIKA CHHAPRA, THANA-KASIA, KUSHINAGAR-UTTAR PRADESH-274206
 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
 Front HSRP No : AA2124518882 Rear HSRP No : AA2124902494
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLJFN352SGC03475
 Engine No : JF17ERSGC03447 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 115
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245
 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. 24-Apr-2025.

Purchase dt : 24-Apr-2025 Sale Amt : 75855/-
 OTT Date : 24-Apr-2025 Amount/Rcpt No : 7586 / UP57D25040003927
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 04-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 : 20-May-2025 15:41:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Kushi Nagar (UP)
 Date: 20-May-2025

Q 3393786