

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.	Raju 7536030196
2	Vehicle No. / वाहन संख्या	UP57CB6147
3	Policy No. / पालिसी संख्या	252400/31/2026 / 66974
4	Period of Insurance / बीमा अवधि	22-12-2025 — 21-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/04/2026, 12.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Mathia chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9567325664 m.D Rafeek
8	Estimated Loss / अनुमानित हानि	21.200/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे चाचा का लडका एम डी. रफीक बर्डक लेकर किसी छाम से जा रहा था तभी मठिया चौराहे के पास सामने से एक बर्डक वाले ने एक गाड़ी को ओपरटेक करते हुये मेरी बर्डक मे सामने से चक्कर मार दिया जिससे मेरी बर्डक डेमेज हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padraua 9125197143

Date / दिनांक : 10-04-2026
हस्ताक्षर

Raju
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. 252400/31/2026/66979

Tel. No. _____

Period of Insurance 21-10-2026
 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 : Raju
 (b) Address for correspondence : _____
 (c) Telephone : 7536030196

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F7SHL69916</u> Chassis No. <u>MBLHA0487SHLB4991</u>	Registration No. <u>UP57CB61A7</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
 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 : M.D Rafeek
 (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 : UP5720150021995
 (h) Issuing Authority : _____
 (i) Date of Expiry : 03-11-2035
 (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 : 08-04-2026 12:00 P.M
 (b) Place : Mathia Lawraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरे चाचा का लडका m.d रफिक कारक लेकर किसी काम से जा रहा था तभी मडिया चौराहे के पास सामने से एक कारक वाले ने लडका को आकरले करके डुबे
 (e) If any third party was responsible for this accident give the name and address : मेरी कारक में सामने से बम्बर मार दिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Fendar. Handdle. Handdle-T Fork pipe etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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? : N/A

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 10-04-2002

Signature of the insured RAJU

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 *Raj*
Occupation
Address
.....
.....

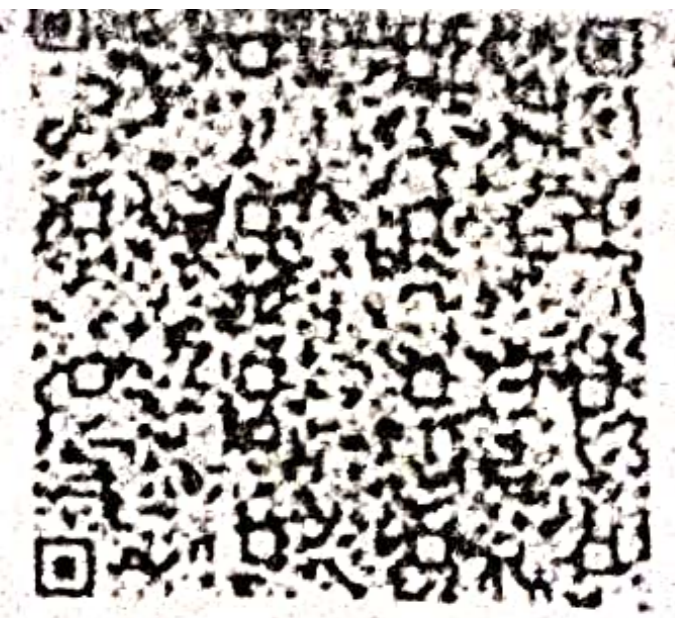
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB6147 Registration Date : 23-Dec-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 : RAJU Son/wife/daughter of : MIR HASAN
 Full Address: (Permanent) : VILL-JUNGLE SHAHAPUR, POST-SINGAPATTI, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-JUNGLE SHAHAPUR, POST-SINGAPATTI, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 22-Dec-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 : AA2147212113 Rear HSRP No : AA1047587834
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW487SHLB4991
 Engine No : HA11F7SHL69916 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)

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 HDB FINANCIAL SERVICES LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 22-Dec-2025.

Purchase dt : 22-Dec-2025 Sale Amt : 73764/-
 OTT Date : 22-Dec-2025 Amount/Rcpt No : 7377 / UP57D25120002560
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 23-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Dec-2025 to 22-Dec-2040

Date : 17-Feb-2026 11:14:42

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Kushinagar (U.P.)
 Date : 17-Feb-2026

7713492



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, 01214063570 (GSTIN: 09AAACT0627R4ZU)		
Policy No	252400/31/2026-00974	Policy Issued On	22-DEC-25
Agent/Broker Code	BA0900155144	Proposal No. & Date	R/252400/31/2026/45207 & 22-DEC-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 14:48 ON 22/12/2025 TO MIDNIGHT OF 21/12/2026
Insured Name	RAJU (GSTIN:)	Policy Period (LIABILITY)	FROM 14:48 ON 22/12/2025 TO MIDNIGHT OF 21/12/2030
Insured Address	C/O MIR HASAN, VILL-JUNGLE SHAHAPUR POST-SINGAPATTI, THANA - PADRAUNA 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	70077
Model & Variant	HERO SPLENDOR PLUS E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	70077
Engine - Chassis No	HA11F7SHL69916 - MBLHAW487SHLB4991		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	
RTO Location				

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1174.49	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary P.A Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1174.49	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)	4027
AAI Membership (IMT-8)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	998	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4751
NIL Depreciation		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	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	176	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
			4751
Financer Type	Financer Name	HDB FINANCIAL SERVICES LIMITED	Financer Branch
POS Name	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 Rs1lac, 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, IMTs 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 cheques 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 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 have herein to set his/their hands at 252400 on 22-DEC-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. 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

g) Any Purpose in connection with motor trade.

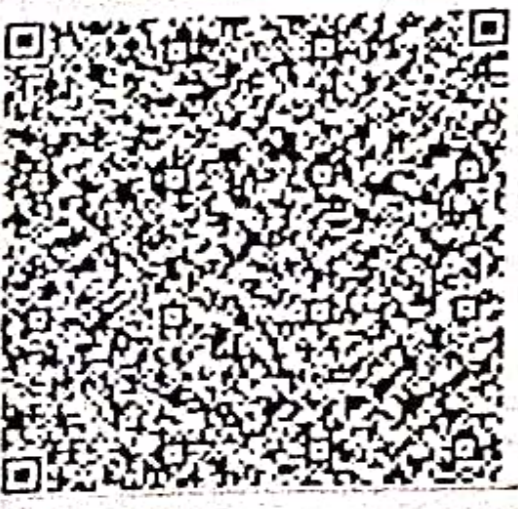
Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & 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

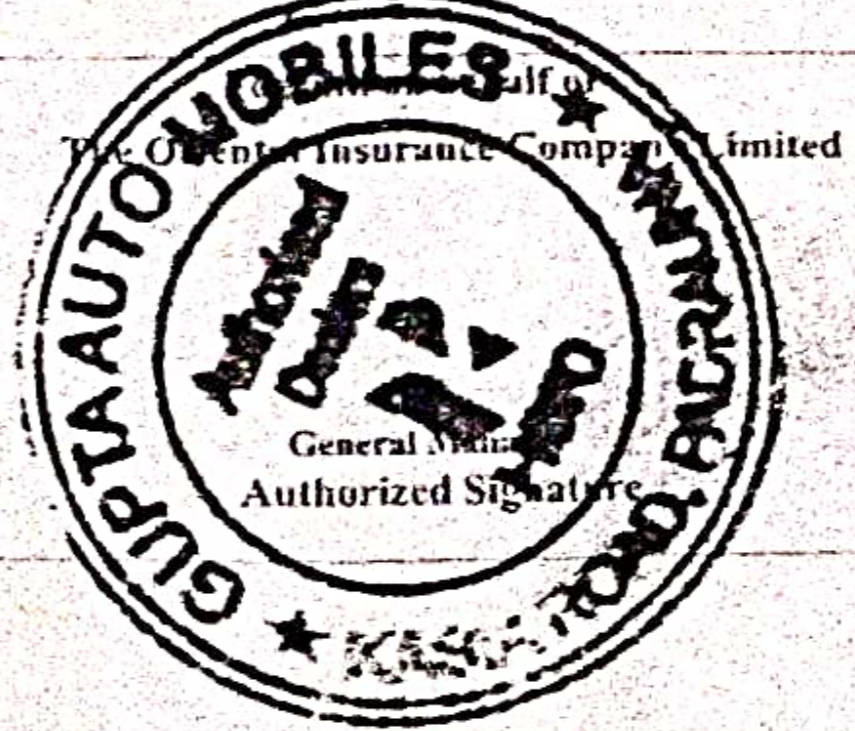
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive 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 : 6595258MD
Approved On : 22-DEC-25
Place : MRT
Printed On : 22-DEC-25



UP57 20150021995

UP01058843RG



LMV

04/11/2015



MCWG

04/11/2015



UP

Form 7 Rule 16(2)

पता / Address

VILL- HARPUR
PO- KINNAR PATTI ,PS- JATAHA BAZAR
KUSHINAGAR 274304

मो. रफीक

Holder's Signature

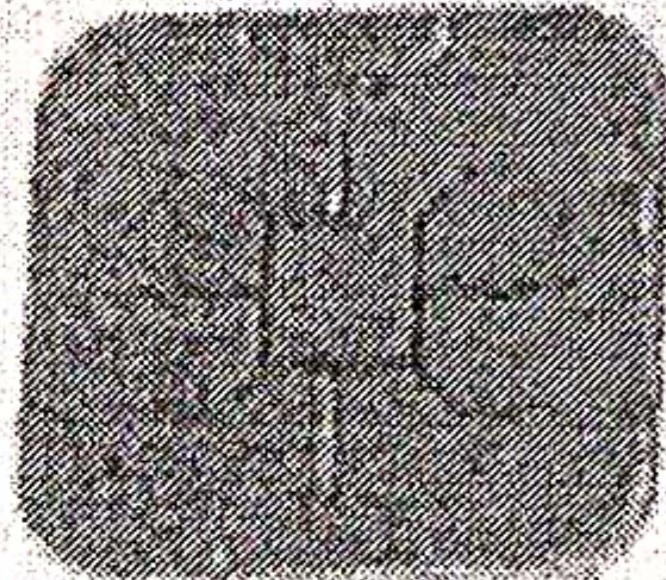
जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

UNION OF INDIA Driving Licence

UP NT

UP57 20150021995



जारी करने की तिथि

Date of Issue

04/11/2015

वैधता / Validity

03/11/2035

जन्म तिथि

Date of Birth

01/01/1995

Blood Group

UNKNOWN



नाम / Name

MD. RAFEEK

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

SAUKAT ALI



भारत सरकार
Government of India



राजु
Raju
जन्म तिथि/DOB: 01/01/1998
पुरुष/ MALE



6536 5454 8464

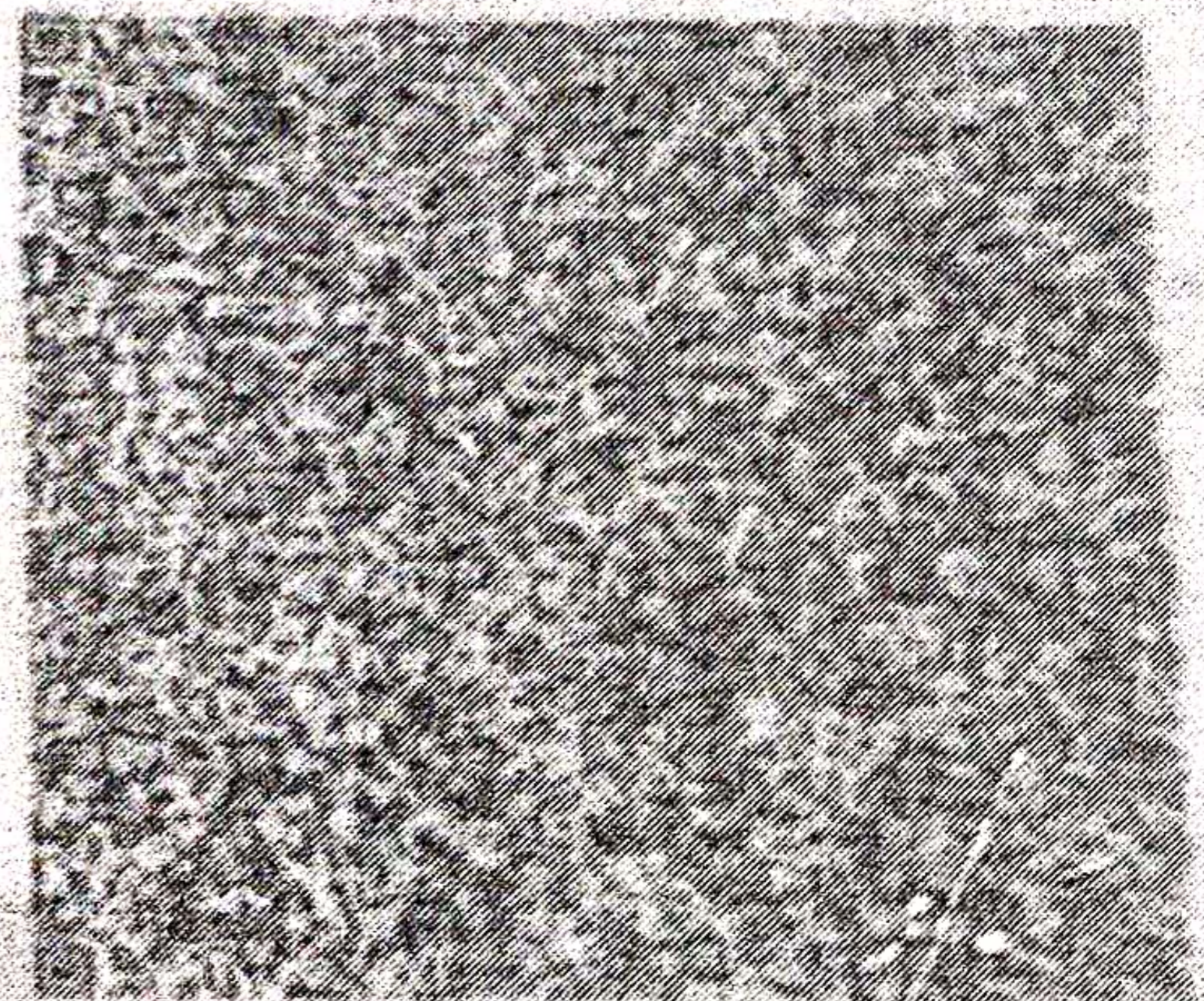
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मेरा आधार, मेरा पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O नीर हसन, जंगल शाहपुर पोस्ट- सिंगा पट्टी, पडरौना,
कुशीनगर,
उत्तर प्रदेश - 274304



6536 5454 8464

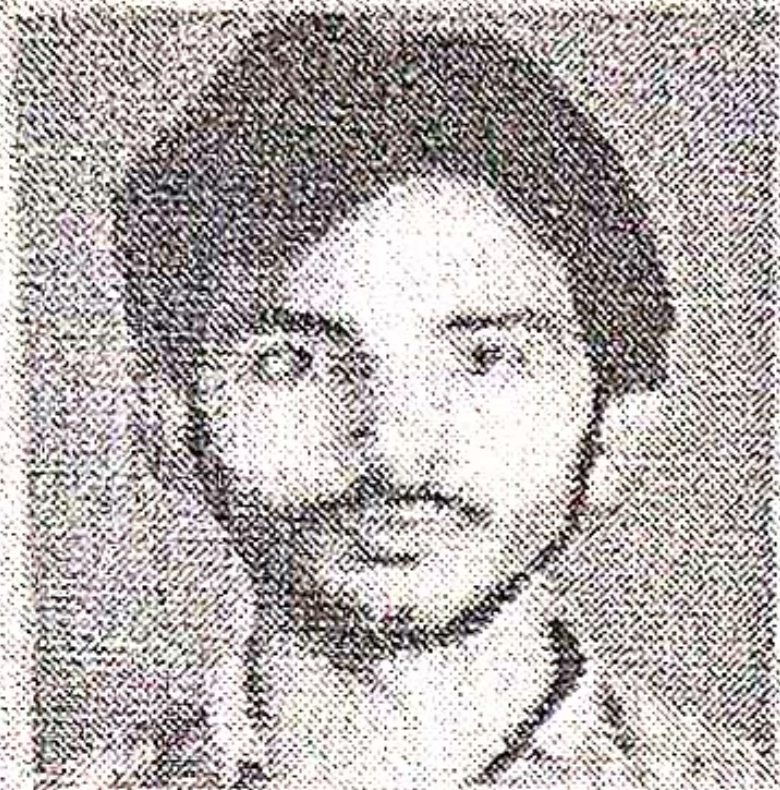
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आयकर विभाग
INCOME TAX DEPARTMENT

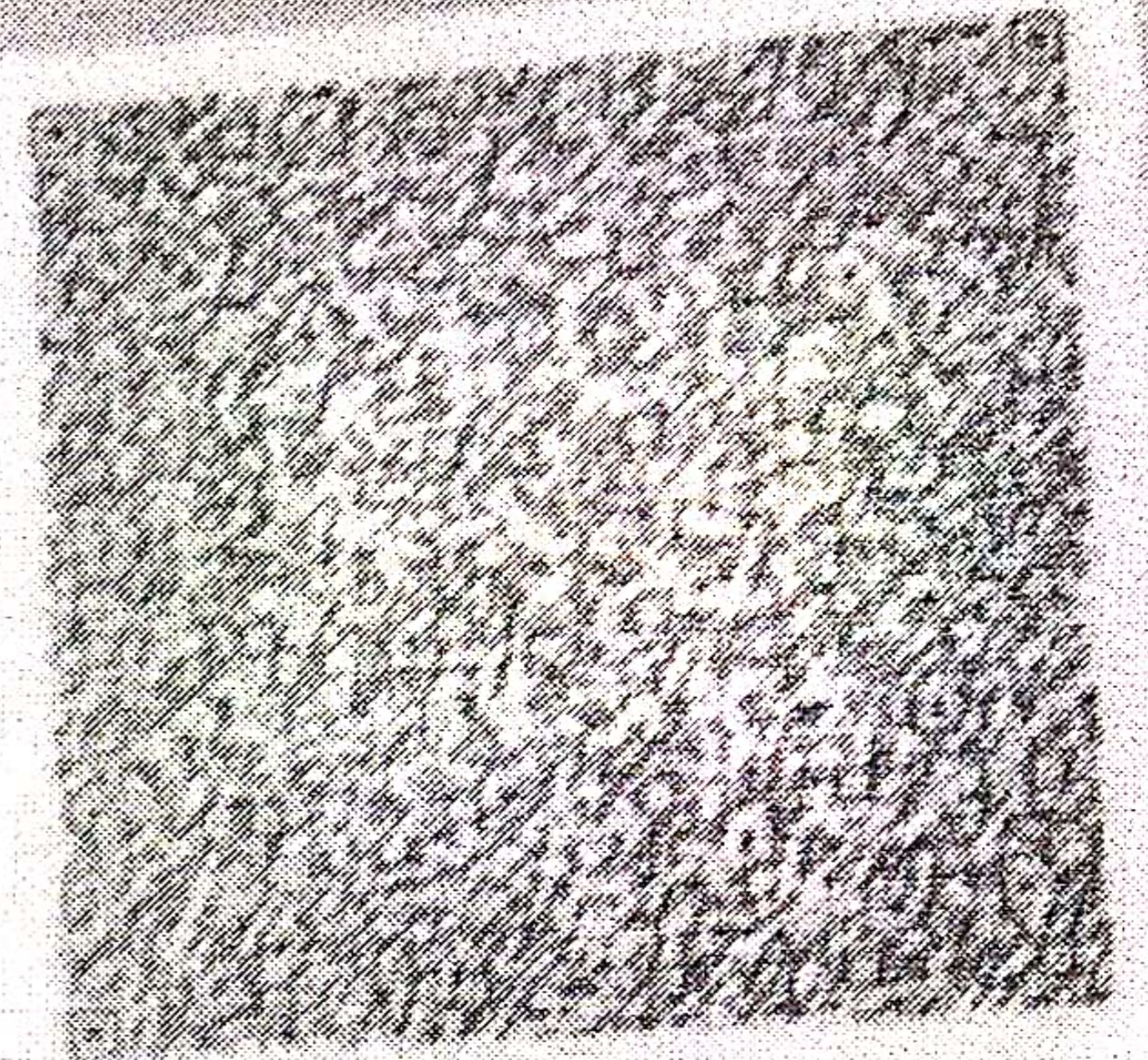


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DVFPR4600N



नाम / Name
RAJU

पिता का नाम / Father's Name
MIR HASAN

जन्म की तारीख /
Date of Birth
01/01/1998

RAJU
हस्ताक्षर / Signature

01112018