

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.	RUBI KHATOON Mob.No. 7267862806.
2	Vehicle No. / वाहन संख्या	UPS7CA2782
3	Policy No. / पालिसी संख्या	252400/31/2026/49607
4	Period of Insurance / बीमा अवधि	22/10/2025 - 70 21/10/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/04/2026 7:30 AM
6	Place of Accident / दुर्घटना का स्थान	चरवनी चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ABEET KUMAR, 96217924 UPS720150000087. 96216924
8	Estimated Loss / अनुमानित हानि	1158220
9	Cause of Accident / दुर्घटना का कारण	अ-गाडी लेक-अप के देवर दिसका) नाम भगोत कुमार व वद सुनद 7 नम करिद गाडी लेक-अप देता लीन चरवनी जीत समुंश 11 म भयान बरक निरुत्थाय देस संतु - पर भागपा उयके भरी गाडी भडीक: शारा कि गयु देखिने कगरीगधारा गाडी देसअरे देसपा दे
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	ANNU MOTORS. TAMRUHIRAJ. KUSHINAGAR. 9415278119.

रुबी खटून.

Date / दिनांक :- 12-04-2026  
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 Maml.

Certificate/Policy No. 252400/31/2026/49607

Tel. No.

Period of Insurance 22/10/2025 To 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 : RUBI KHATSON  
 (b) Address for correspondence : NALLIKOIMDI BUZURG, POST - TAMKOHARA  
 (c) Telephone : KUSHINAGAR. 7267862806.

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F6SHJ8778</u> Chassis No. <u>MBLHALW472SHL2546</u>	Registration No. <u>UP57CA</u> <u>2782</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? NO  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter YES  
 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 : AJEET KUMAR  
 (b) Age : 31  
 (c) Address : VILL. KONDHI GOSHIPATTI  
 (d) Is the Driver :  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : FRIEND.  
 (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 : UP57 20150000087  
 (h) Issuing Authority : KUSHINAGAR  
 (i) Date of Expiry : 02/01/2035  
 (j) Was the licence temporary/permanent : N/A  
 (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 : 09/04/2026, 7:30 AM  
 (b) Place : 2301-2121EJ  
 (c) Speed of vehicle at the time of accident : 40  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 श्रील गौरी लाल कश्यप व देव प्रसाद लाल  
 गौरी लाल कश्यप जी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :  
 (b) Estimated cost of repairs : 1158200  
 (c) When and where can the damaged vehicle be inspected : ANNU 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 :  
 (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 : \_\_\_\_\_

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 12/04/26 200

Signature of the insured सुबी खान

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. UP57CA2782 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. 11582.00

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

Witness श्री. सुनील कुमार  
Name .....  
Signature सुनील कुमार.....  
Address ग्राम कोरवाड़ा पुणे  
पोस्ट नरकपुरा  
जिला पुणे महाराष्ट्र

Signature ..... श्री. सुनील कुमार.....  
Occupation .....  
Address ग्राम कोरवाड़ा पुणे  
पोस्ट नरकपुरा  
जिला पुणे महाराष्ट्र  
Bank Account Number .....  
Name of the Bank .....



# The Oriental Insurance Company Ltd.

Report ID : PGIR0928

## Policy Schedule

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	22-OCT-25
Policy No	252400/31/2026/49607	Proposal No. & Date	R/252400/31/2026/36377 & 22-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:48 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13:48 ON 22/10/2025 TO MIDNIGHT OF 21/10/2030
Insured Name	RUBI KHATOON (GSTIN: )	Lead /Breakin No	/
Insured Address	C/O FIROZ ANSARI, VILL - KOINDI BUZURG,, PO & P.S - TAMKUHI RAJ TAMKUHI RAJ, KUSHINAGAR,,PADRAUNA ( KUSHINAGAR ), , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	68632
Model & Variant	SPLENDOR +SELF DRUM ALLOY FI 135 BSVI			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	68632
Engine -Chassis No	HA11F6SHJ87176 - MBLHAW472SHJL2546			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		
Model Location					

#### Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1150.27	Basic Third Party Liability	3851
Electrical 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	1150.27	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-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles	0	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)	4023
VAI Membership (IMT-8)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
PIP Discount	978	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	978	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4747
VIL 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)	172	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
				4747
Financer Type		Financer Name	HERO FINCORP LTD	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 generating Offices as well as company's website.

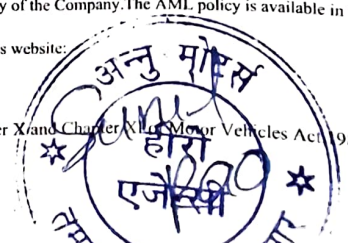
The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

It is arranged 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).

Claim is 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 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.

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-OCT-25



यह बीमा पालिसी, गाड़ी का फल बीमा





Indian Union Driving Licence  
issued by Government of UTTAR PRADESH



**UP57 20150000087**

Issue Date    Validity(NT)    Validity (TR)  
03-01-2015    02-01-2035    15-01-2031



Holder's Signature

Name: **AJEET KUMAR**  
Date of Birth: 13-05-1995    Blood Group: B+    Organ Donor: **N**  
Son / Daughter / Wife of: **MANGARU KUSHWAHA**  
Address:  
Vill- Koindi Bujurg Po- Tamkuhiraj , Ps- Tarya Sujan Tamkuhi Raj, Kushinagar  
274407

Date of first issue 03-01-2015

DL No : **UP57 20150000087**

**DLUP00200600**



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\*    Hill Validity\*  
00-00-0000    00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	03-01-2015	NT			
	LMV	UP57	03-01-2015	NT		00-00-0000	
	TRANS	UP57	07-09-2016	TR		00-00-0000	
MVSD			--			--	
			--			--	
			--			--	

Emergency Contact Number

Licensing Authority  
Kushinagar

Form 7 Rule 16(2)



आयकर विभाग  
INCOME TAX DEPARTMENT

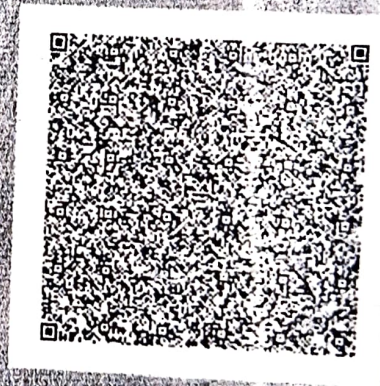


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

MRZPK3754M



नाम / Name

RUBI KHATOON

पिता का नाम / Father's Name

JUMMADIN ANSARI

जन्म की तारीख / Date of Birth

01/01/1998

हस्ताक्षर / Signature

14405

Aadhaar no. issued: 12/08/2015



रुबी खातून

Rubi Khatoun

जन्म तिथि/DOB: 01/01/1998

महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफ़लाइन 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).

4769 5896 8081

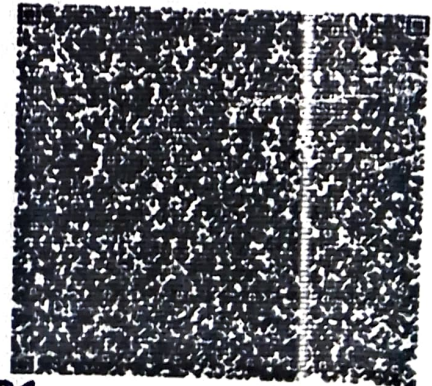
मेरा आधार, मेरी पहचान



Details as on: 28/08/2015

पता:  
इम्बल / ओ. फिरोज अंसारी, कोइन्दी बुजुर्ग, तमकुही, कुशीनगर,  
उत्तर प्रदेश - 274407

Address:  
W/O. Firoz Ansari, Koindi Buzurg, PO: Tamkuhi,  
DIST: Kushinagar,  
Uttar Pradesh - 274407



4769 5896 8081

VID : 9107 3313 9081 0503

1947

help@uidai.gov.in

www.uidai.gov.in

भारत सरकार  
भारत



**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-0426-3	Date	12-04-2026
Customer Name	RUBI KHATOON	Contact No.	7267862806
VIN	MBLHAW472SHJL2546	Model	SPLENDOR +
Insurance Company	22221	Reg No.	UP57CA2782
HMCGL Card No	2107526660000057	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	35010AAE301S -"KIT, LOCKS & KEYS"	83012000	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
2	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	5,116.00
3	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	83400KCC830RS -VISOR ASSEMBLY FRONT BLACK 1	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
6	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
7	37100AAE31099S -METER ASSY COMB	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	0.00	0.00	1,175.00
8	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
9	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
10	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
11	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
12	61312ADH600S -STAY METER	87141090	Paid	81.36	1	9.00	9.00	0.00	0.00	0.00	0.00	96.00
13	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00

Parts Total

0.00 10,992.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	10,992.00
Labour Total	590.00
SGST (Parts) 9%	838.37
CGST (Parts) 9%	838.37
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
<b>Total</b>	<b>11,582.00</b>