



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. 252400/31/2025/40464

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

Period of Insurance 04-10-2026

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 : Lutan Singh  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 88 58 072 622

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>MA11P4SHF05221</u> Chassis No. <u>MBLHA0487SHF051</u> <u>75</u>	Registration No. <u>UP59 BZ 5807</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? 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 : \_\_\_\_\_



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? : N/A
- (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? : N/A
- (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 13.04 200 20

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. \_\_\_\_\_ 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 .....  
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 : UP57BZ5807  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. . . 189-274304  
 Owner Name : LUTAN SINGH  
 Full Address: (Permanent) : VILL- VISHUNPURA BARIYAPATTI TOLA, SEMARBARI POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302  
 Full Address: (Temporary) : VILL- VISHUNPURA BARIYAPATTI TOLA, SEMARBARI POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274302  
 Fitness UpTo : 07-Oct-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Relationship with the Nominee : Spouse  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2133086500  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11F4SHF05221  
 Horse Power(BHP) : 8.17  
 Maker's Classification : HF DELUXE (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : SPORTS RED BLACK  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 08-Oct-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : LATE MATHURA SINGH  
 Owner Serial No : 1  
 Link Vehicle No :  
 Nominee Name : MANJU DEVI  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2133719670  
 Month/Year of Manuf. : 06/2025  
 Chassis No : MBLHAW437SHF05175  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 AC Fitted : NO

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 w.e.f. .

Purchase dt : 05-Oct-2025  
 OTT Date : 05-Oct-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 29-Oct-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 61203/-  
 Amount/Rcpt No : 6121 / UP57D25100001695  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

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

Date : 17-Nov-2025 14:34:25

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 17-Nov-2025

Q 5752491



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PZBR0926

Page No: 1

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

Policy Type	DIVISIONAL OFFICE, 340 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)		
Policy No	25240031/2026/01464	Policy Issued On	05-OCT-25
Agent/Broker Code	BA000155144	Proposal No. & Date	R/252400/31/2026/32157 & 05-OCT-2023
Agent/Broker Name	ABHINAV BILATI	Policy Period (OWN DAMAGE)	FROM 18:41 ON 05/10/2025 TO MIDNIGHT OF 04/10/2026
Insured Name	LUTAN SINGH (GSTIN: )	Policy Period (LIABILITY)	FROM 18:41 ON 05/10/2025 TO MIDNIGHT OF 04/10/2030
Insured Address	C/O LATE MATHURA SINGH, VILL-VISHUNPURA BARIYAPATTI SEMARHARI POST-DUDAHI THANA-BISHUNPURA 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	58143
Model & Variant	HERO HF DDLUXE SELF E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	58143
Engine -Chassis No	HA11F4SHP05221 - MBLHAW437SHF05175			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					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	974.48	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	974.48	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (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	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3997
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	720
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	828	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	828	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4717
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	146		

Note:  
1. Policy Issuance is the subject to the realisation of cheque  
2. Consolidated Stamp Duty paid via Challan No  
3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)  
4. Voluntary excess Rs(0)  
5. Subject to Endorsements IMT,7,10,28.

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4717
POS Name	NA	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, classes, 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.

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).

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 05-OCT-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 MVA 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.

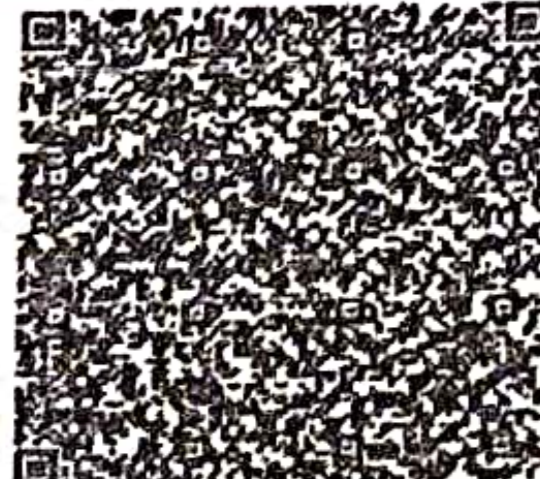
**Driver's Clause:** Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle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

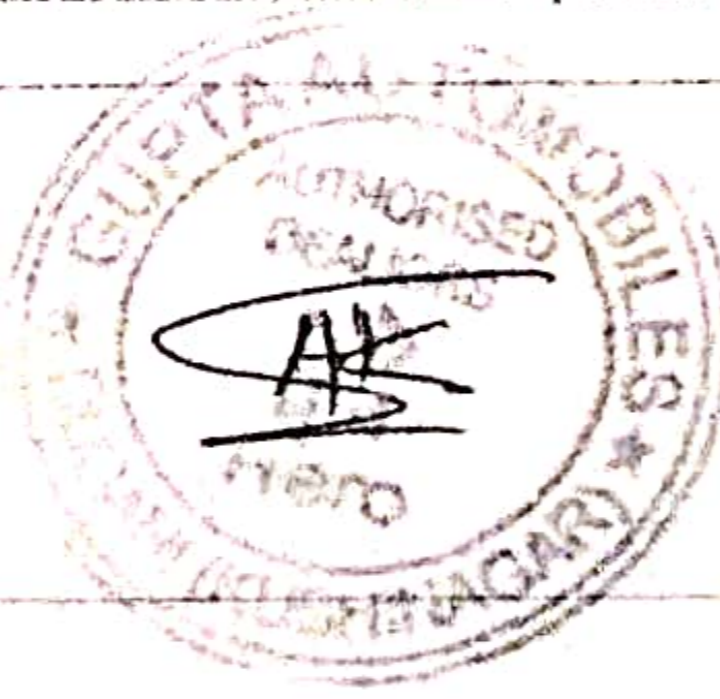
**No Claim bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive 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, 1998.

\* This insurance excludes all pre-existing damages



Approved By : 639525SMD  
Approved On : 05-OCT-25  
Place : MRT  
Printed On : 05-OCT-25



For and on behalf of  
The Oriental Insurance Company Limited  
General Manager  
Authorized Signature

Handwritten notes in Hindi at the bottom right of the page.

**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**

**UP57 20150013761**



Issue Date: 16-04-2025  
 Validity (NT): 26-06-2035  
 Validity (TR)\*: 15-04-2030



Name: **LUTAN SINGH**

Holder's Signature

Date of Birth: 03-05-1993

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **MATHURA SINGH**

Address:

VILL. VISHUNPURA BARIYA PATTI TOLA  
 SEMBARI PO+PS. VISHUNPURA TANKUHA  
 RAJ. KUSHINAGAR 274302

Date of First Issue 27-06-2015

DL No: **UP57 20150013761**

UPDL 571000013761



Invalid Carriage (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	UP57	27-06-2015	NT			
LMV	UP57	UP57	06-03-2017	TR			
TRANS							
MVSD							

Emergency Contact Number

Licensing Authority  
 UP57 KUSHINAGAR



आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी संचय संख्या कार्ड

Permanent Account Number Card

TRUUPS1449P



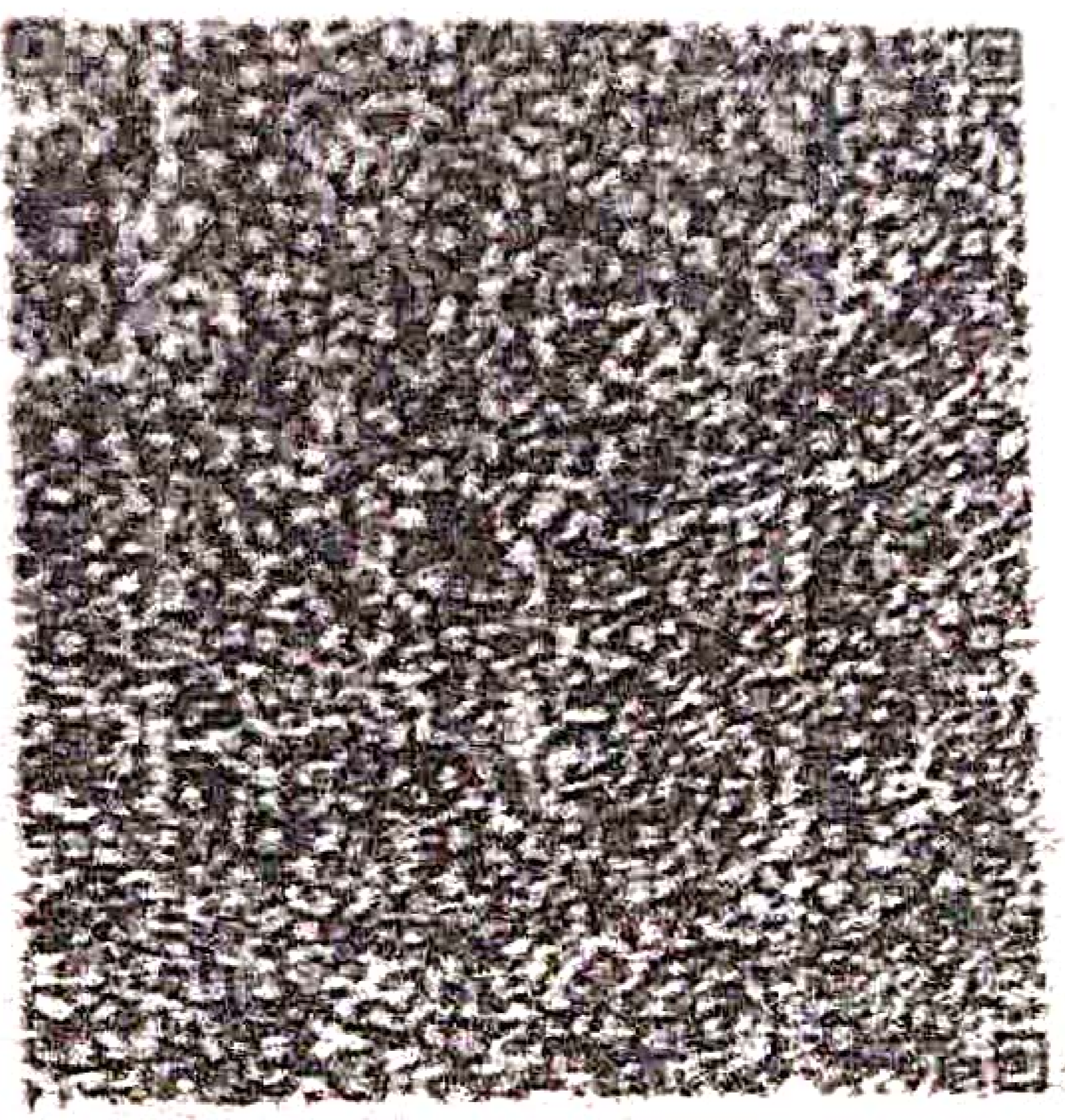
नाम / Name  
LUTAN SINGH

पिता का नाम / Father's Name  
LATE MATHURAN SINGH

जन्म की तिथि /  
Date of Birth  
17/05/1987

सुनील सिंह

Signature



09042025



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	
2	Vehicle No. / वाहन संख्या	Lutan Singh 8858 072 622
3	Policy No. / पालिसी संख्या	UP57 BZ 5807
4	Period of Insurance / बीमा अवधि	252400181/2026 / 40464
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04-10-2026 10-04-2026 09:00 p.m
6	Place of Accident / दुर्घटना का स्थान	मढिया भकरीया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Lutan Singh 8858 072 622
8	Estimated Loss / अनुमानित हानि	9695/-
9	Cause of Accident / दुर्घटना का कारण : रात के समय घर जा रहे थे काम के शकल में मोड़ पर खामने अचानक एक गाड़ी वाला था जिससे टक्करा कर दायां तरफ गिर 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 No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Gupta Automobile Padrauna

लुटन सिंह

Date / दिनांक : 10-04-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के