

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.	Shoaib Akhtar
2	Vehicle No. / वाहन संख्या	UP57BZ2546
3	Policy No. / पालिसी संख्या	252400/31/2026/86347
4	Period of Insurance / बीमा अवधि	15-09-2025 - 14-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-04-2026
6	Place of Accident / दुर्घटना का स्थान	Khadda
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Feroz Ansari 9616668296
8	Estimated Loss / अनुमानित हानि	17160/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरा गाड़ी मैरा भाई फिरोज अंसारी फिरोजी काम ले जा रहे थे तो रास्ते में पीछे से एक बसक वाला जबरन मार दिया और बसक बायां तरफ गिर कर अतिग्रस्त 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.	9125197198 Gupta Automobile Padrauna

Date / दिनांक : 18/04/2026
हस्ताक्षर

Shoaib Akhtar
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. 252400/31/2026/36847

Tel. No. _____

Period of Insurance 11-09-2016

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 : Shoaib Akhtar
 (b) Address for correspondence : _____
 (c) Telephone : 9616660296

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>BCD 001SLC00267</u> Chassis No. <u>M3LCEW0445603318</u>	Registration No. <u>UP57B22546</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
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached > No
 2. Was a pillion rider carried _____

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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Firoj Ansari
(b) Age : _____
(c) Address : _____
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
 3. Owner's relative or friend? : relative (brother)
(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 : CPS 72023 0014 973
(h) Issuing Authority : _____
(i) Date of Expiry : 02-10-2023
(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 : 13-04-2026 11:00 AM
(b) Place : Khadda
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : पिछे से एक कारक वाला बसका पार किया और कारक दायों तक फिर कर क्षतिग्रस्त हो गया।
(e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Lower panel, Body panel. (2)
(b) Estimated cost of repairs : 17160/-
(c) When and where can the damaged vehicle be inspected : CEPTA 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? : NI

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

~~MIA~~

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. : _____

~~MIA~~

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 : _____

~~MIA~~

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 18-04-2002

Shoaib Akhatar
Signature of the insured _____

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.

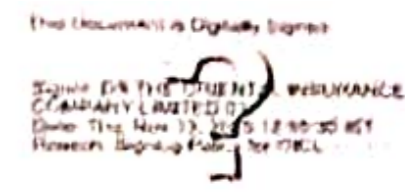
Rs. _____

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

Witness
Name
Signature
Address

Signature *Shoaib AKhatar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



TAX INVOICE / CERTIFICATE CUM POLICY SCHEDULE

FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989

DIVISIONAL OFFICE, 116 KHAIR NAGAR, OPP. ELIMUSTAN CINEMA MEERUT, PIN-01214063570, (GSTIN: 09AAAC10627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type of Body, Type of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, IMF CONTRACT NO, Policy Type, Geographical Area).

Table with 2 main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes sub-totals, deductibles, and various premium components like Basic Premium, Driving Tuition Loading, and Net Liability Premium.

Table for Nominee and Payment Details, including fields for Nominee Name, Payment Method, Bank Name, Amount, and POS Name.

Legal disclaimer text: In the event of a claim under the policy exceeding Rs. One or a claim for refund of premium exceeding Rs. One, 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.

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.

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.

Approved By: 660788MD
Approved On: 15-SEP-25
Place: MBU
Printed On: 15-NOV-25

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



शोआब अख्तर

Shoab Akhtar

जन्म तिथि / DOB : 27/01/2003

पुरुष / MALE

भारत सरकार
Government of India

6437 5852 7607

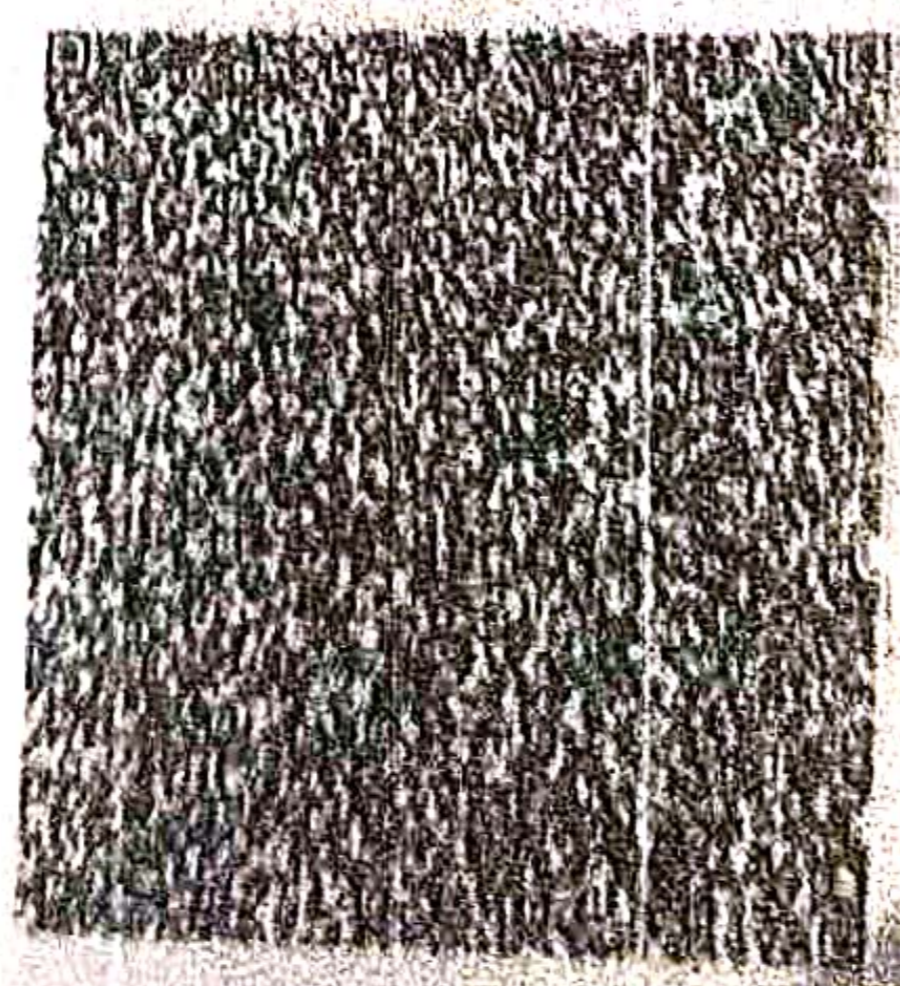
भेरा आधार, भेरी पहचान



भारत सरकार
Government of India

पता: आनन: कविभुवनाह, कोहर गढ़ी,
कुशीनगर, उत्तर प्रदेश, 274802

Address: S/O: Kalimullah, Kohar Gaddi,
Kushinagar, Uttar Pradesh, 274802



6437 5852 7607



1947 help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी आयकर विभाग कार्ड


Permanent Account Number Card

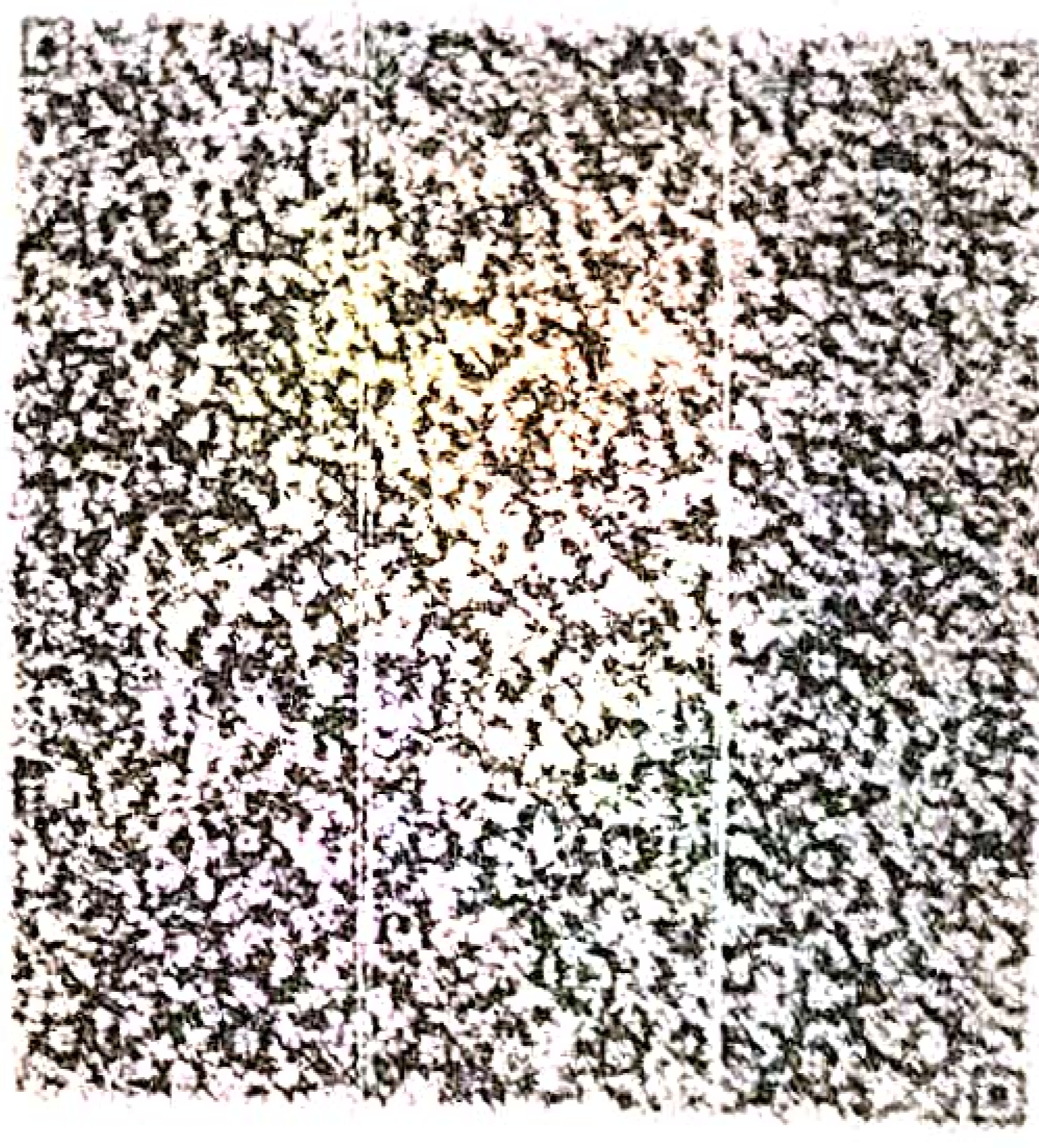
DZTPA3321K

नाम / Name
SHOAIB AKHTAR

पिता का नाम / Father's Name
KALIMULLAH ANSARI

जन्म की तिथि /
Date of Birth
27/01/2003


नाम / Signature

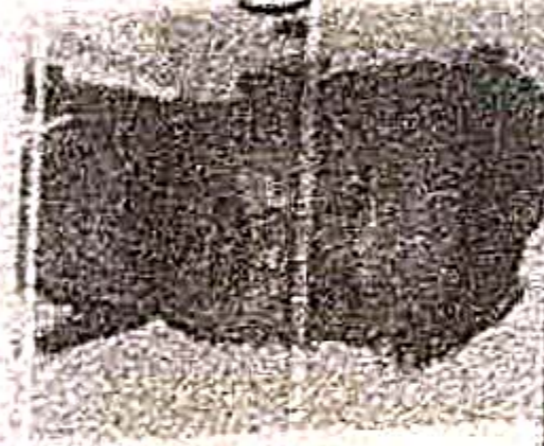


01022001

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20230014873

Issue Date 04-10-2023 Validity (NT) 03-10-2033 Validity (TR)



Name: FIROJ ANSARI

Holder's Signature

Date of Birth: 01-01-1990 Blood Group: O+ VE Organ Donor: N

Son/Daughter/Wife of: KALMULLAH

Address:

Kohar Gaddi Kushinagar Uttar Pradesh 274802



Date of First Issue (04-10-2023)

DL No: UP57 20230014873



Invalid Carriage (Regn Numbers)²

Hazardous Validity²

Hill Validity²

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number²	Badge Issued Date²	Badge Issued By²
गाडी	MCWG	UP57	04-10-2023	NT			
गाडी	LMV	UP57	04-10-2023	NT			
गाडी	MVSD						

Emergency Contact Number

9651778052

Licensing Authority

UP57 KUSHINAGAR

Form 7 Rule 16(2)