

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.	
2	Vehicle No. / वाहन संख्या	Gyasuddin Anwar 6888312984
3	Policy No. / पालिसी संख्या	UP57BX9329
4	Period of Insurance / बीमा अवधि	25-04-2026 / 31-12-2026 / 14595
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16-05-2025 — 15-05-2026
6	Place of Accident / दुर्घटना का स्थान	21-04-2026 3:00 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mathaweli Road
8	Estimated Loss / अनुमानित हानि	Shah Ajmuddin Anwar 9208254630
09.	Cause of Accident / दुर्घटना का कारण:	10.5 मिनट मैरी गाड़ी में बेटे शाह अजमुद्दीन इंसानी किसी काम से जा रहे थे कि नहर के रोड के सार्ड से एक रस्सा निकला था वही से हायवेक्ट एक कारक आगे के बायें के सार्ड में रूबरू मार दिया और कारक काया तक गिर गया और
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	M/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	M/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197198 Gupta Automobile Padrauna

गाड़ी ड्रैज हो गया —

Date / दिनांक :
हस्ताक्षर

Gyasuddin Anwar
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. 0594-00/31/2026/14595

Tel. No. _____

Period of Insurance 15-05-2026
 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 : Gayasuddin Ansari
 (b) Address for correspondence : _____
 (c) Telephone : 8380312984

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>MA11F654D002267</u> Chassis No. <u>MB2HAWA65845073310</u>	Registration No. <u>UP57 BT.9329</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 : _____

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shah Ajmuddin 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 : UP5720240016352
- (h) Issuing Authority : _____
- (i) Date of Expiry : 01-07-2042
- (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 : 21-04-2026 3:00 P.M
- (b) Place : Mathewale Road
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : एक गाडी गाडी आणि बसनेत गाडी कोस
- (e) If any third party was responsible for this accident give the name and address : श्री: वरुण सुभाषरावकर, भागा दारुम विरवा
श्रीमंत ए वल

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Miss Road, H/e. etc.
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Cenja Automotiva Padavan

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? : ना

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 22.04.2026

Signature of the insured जयसुदीप शर्मा

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/-

ग्यासुदीन उमरारी

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Page No. 1
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TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORMS OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 BHABI NAGAR, OPP. FILMISTAN CINEMA MARKET, BHILAI (PIN-491005), (DISTRICT: BILASAPUR) (STATE: CHHATTISGARH)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELER 45 Yearly)	Policy Issued On	16-MAY-25
Policy No	252400311202614795	Proposal No & Date	HC352100211202610041 & 16-MAY-2025
Agent/Broker Code	030000153144	Policy Period (OWN DAMAGE)	FROM 16-MAY-2025 TO 15-MAY-2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16-MAY-2025 TO 15-MAY-2026
Insured Name	GAYASUDHIN ASSARI (GSTIN: 01)	Land/Benakin No	
Insured Address	C/O. ALI HASAN, VILL-BADNATHI PUR BARU TOI A POST-MAHINA SARAI PUR, THANA-KARIYA, KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) IN RS.	
Make	HERO MOTORCORP		Vehicle	79181
Model & Variant	HERO SPLENDOR PLUS XTRECH E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	79181
Engine - Chassis No	HAI1F6S4D08267 - NBI HAW48554D03310		TAX 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	
RTD Location				

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	327.11	Basic Third Party Liability	185.1
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	1248.11	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
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	0	PA Paid Driver, Conductor, Cleaner-GRJ6H3	25.1
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	4109
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	751
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	1128	STAMP DUTY	0
SIP Discount	1128	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	198	Krishti Kalyan Cess @ 0.50%	2519
Nil Depreciation	0	Gross Premium Paid	
Return to Invoice	0		
Key Replacement	0		
Consumables	198		
Sub-Total Add-on Coverages	318		
Net own Damage Premium (A)			

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

Noninsuree Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4919
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No

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 on 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 ab initio (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 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 hereon set his/his hands at 252400 on 16-MAY-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 is only in respect of 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 parcels) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) 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 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 these requirements of the motor vehicle act 1989. 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. 5 lakhs.

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 period as per the following rates: 25% preceding two consecutive years, 35% preceding three consecutive years, 45% preceding four consecutive years, 55% preceding five consecutive years, 70% preceding six consecutive years, 85% preceding seven consecutive years, 95% preceding eight consecutive years, 100% preceding nine consecutive years.

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.

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

Approved By: 659525SMH
Approved On: 16-MAY-25
Place: MHT
Printed On: 15-05-25

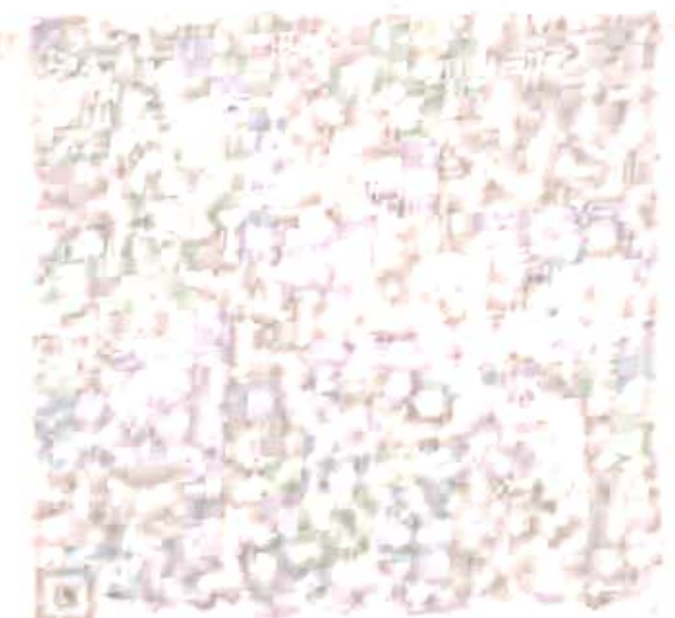


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA/(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No	: UP57BX9329	Registration Date	: 19-May-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	: GAYASUDDIN ANSARI	Son/wife/daughter of	: ALI HASAN
Full Address: (Permanent)	: VILL-BALNATH PUR BABU TOLA, POST -MATHIYA NARAIPUR, THANA -KASIYA, KUSHINAGAR, UTTAR PRADESH-274402		
Full Address: (Temporary)	: VILL-BALNATH PUR BABU TOLA, POST -MATHIYA NARAIPUR, THANA -KASIYA, KUSHINAGAR-UTTAR PRADESH-274402		
Fitness Up To	: 18-May-2040	Owner Serial No	: 1
Detailed Description			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2124735796	Rear HSRP No	: AA2124120560
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 04/2025
No of Cylinders	: 1	Chassis No	: MBLHAW465S4D03310
Engine No	: HA11F6S4D08267	Fuel	: PETROL
Horse Power(BHP)	: 8.17	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Wheel base	: 1235
Seating Cap(In all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 113
Colour	: BLACK TORNADO GREY	Laden/GV Wt (kgs)	: 243
Other Criteria		AC Fitted	: NO
Vehicle Purchase Ac	: 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 w.e.f.

Purchase dt	: 16-May-2025	Sale Amt	: 83351/-
OTT Date	: 16-May-2025	Amount/Rcpt No	: 8336 / UP57K250500036??
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 17-Jun-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-May-2025 to 18-May-2040

Date : 23-Jul-2025 10:04:35

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 23-Jul-2025

Q 4427955

आयकर विभाग

INCOME TAX DEPARTMENT

GAYASUDDIN ANSARI

ALI HASAN ANSARI

06/07/1978

Permanent Account Number

BSPPA6599E

भारत सरकार

GOVT. OF INDIA

गयासुद्दीन अंसरी

044

भारत सरकार
Government of India



गयासुदीन अंसारी
Gayasuddin Ansari
जन्म तिथि/DOB: 12/11/1960
पुलक/MALE

3384 9276 7968

VID : 9187 2029 4421 0256

मेरा आधार मेरी पहचान



आरक्षण विशिष्ट पहचान अधिकारक
Unique Identification Authority of India

Digitized by eGangotri
Digitized Date: 07-02-2023

पता:
श्री अली हुसन अंसारी, बाबू टोला, बैज नाथपुर, कुशीनगर,
उत्तर प्रदेश - 274402

Address:
S/O, Babu Tola, Baij Nathpur, Kushinagar
Uttar Pradesh - 274402



3384 9276 7968

VID : 9187 2029 4421 0256

गयासुदीन अंसारी



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20240016351



Issue Date Validity (NT) Validity (TR)
06-09-2024 01-07-2042



Holder's Signature

Organ Donor: N

Name: SHAH AJMUDDIN ANSARI
Date of Birth: 02-07-2002 Blood Group:
Son/Daughter/Wife of: GYASUDDIN ANSARI

Address:
GRAM-BAJNATHPUR BABU TOLA POST-MATHRA
NARAIKUR MATHRA NARAIKUR KASYA
KUSHINAGAR UTTAR PRADESH 274402

Date of First Issue 06-09-2024

DL No: UP57 20240016351

UPDL 00001405 1838



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	06-09-2024	NT			
	LMV	UP57	06-09-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)