



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.	NASIBUN 7408958775
2	Vehicle No. / वाहन संख्या	UP57CB 4234
3	Policy No. / पालिसी संख्या	252400/31/2026 / 64144
4	Period of Insurance / बीमा अवधि	01/12/2025 - 30-11-2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-04-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Kasia Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Naushad 8588112849
8	Estimated Loss / अनुमानित हानि	11450/-
9	Cause of Accident / दुर्घटना का कारण : मेरी गाड़ी मेरे रिश्तेदार नौसाद किसी काम से कारक लेकर गये तो रास्ते में शाम के समय नील गाय रोड़ कास करने के चकर में अचानक से मेरी गाड़ी के आयां त्रक से झट्ट जितके धुने से मेरी ठकी पर तबकरा दुपरी और रोड़	
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.	Gupte Automobile Padrauna 9125197140

के किनारे पेड़ से तबकरा हो 18 जका और गाड़ी डमेज हो गया ऊपर वाले के कृपया से उन्हें किसी तरह का चोट नहीं आये। - नसीबुन

Date / दिनांक :

हस्ताक्षर 23-04-2026

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. 252400/31/2028/641/40

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

Period of Insurance 30-11-2030  
 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 : Nasibun  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7408450775

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11P6SHLM 0307</u> Chassis No. <u>M3LHAW473SHLL</u> <u>0058</u>	Registration No. <u>UP57CB0234</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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Nausad  
 (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 : UPS 720120005630  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 29-09-2032  
 (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 : 20-04-2026 6:00 P.M  
 (b) Place : Kasia Road  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : दोस कारों के बीच में चलाकर ही अचानक ही मोटर साइकिल के अगले हिस्से में जाकर गिरा और मोटर साइकिल पर चढ़ा जाई।  
 (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 : Wind, Dents, Fuel Tank  
 (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? : \_\_\_\_\_

MIA

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 Police 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 29.04.2008

Signature of the insured मसीकुन

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 ..... नसीबुन .....  
Occupation .....  
Address .....  
.....  
.....  
Bank Account Number .....  
Name of the Bank .....

**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and enters into any transaction specified in rule 114B**

1. Full name and address of the declarant \_\_\_\_\_
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? \_\_\_\_\_
5. If yes, Yes /No
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID PG000024

Page No 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FU MISTAN CINEMA MEERUT-01214063570 (GSTIN: 09AAACT062TR4Z1)

Table with 4 columns: Field Name, Value, Field Name, Value. Includes Policy Type, Policy No, Agent Broker Code, Agent Broker Name, Insured Name, Insured Address, Lead/Breakin No, Insured State.

Table with 4 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area, RTO Location.

Schedule Of Premium (Amount in Rs.)

Table with 4 columns: Section Name, Amount, Section Name, Amount. Divided into OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, etc.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Chalan No 3. The Policy is subject to a compulsory Deductible of Rs 0 (3MT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT.7.10.2K

Table with 4 columns: Nominee Name, Cheque No/Transaction No., Bank Name, Amount. Includes Payment Method, Financer Name, POS ID, Financer Branch, POS Name.

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 AMI policy of the Company. The AMI 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. 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. 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 here to set his hand at 252400 on 01-DEC-25

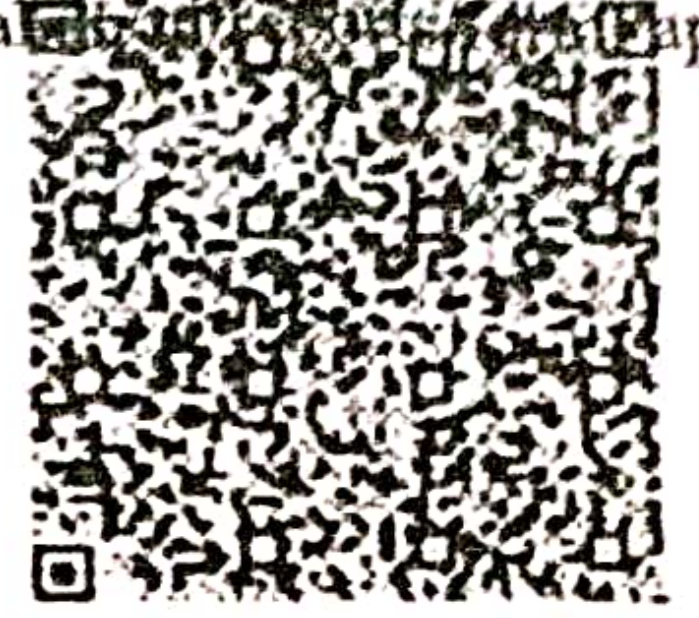


Approved By: 6505256MD Approved On: 01-DEC-25 Place: MRT Printed On: 01-DEC-25

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



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57CB4234 Registration Date : 03-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 : NASIBUN Son/wife/daughter of : AFJAL ANSAR
Full Address: (Permanent) : VILL-NAUGAWAN, POST-SEKHAVANIYA, THANA-KASIA, KUSHINAGAR, UTTAR PRADESH-274402
Full Address: (Temporary) : VILL-NAUGAWAN, POST-SEKHAVANIYA, THANA-KASIA, KUSHINAGAR-UTTAR PRADESH-274402
Fitness UpTo : 02-Dec-2040 Tax UpTo : One Time
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 : AA2147216580 Rear HSRP No : AA2143880053
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
No of Cylinders : 1 Chassis No : MBLHAW473SHLL0858
Engine No : HA11F6SHLM0387 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+BLACK&ACCE Wheel base : 1235
NT I3S(DRS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK AND ACCENT 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)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 01-Dec-2025.

Purchase dt : 01-Dec-2025 Sale Amt : 74999/-
OTT Date : 01-Dec-2025 Amount/Rcpt No : 7500 / UP57D25120000311
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 22-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 03-Dec-2025 to 02-Dec-2040

Date : 22-Apr-2026 16:00:49
Taxation Particulars / Advance Registration Mark Fee Details

D.F.S.C. Issued
Signature of Registering Authority
Date : 22-Apr-2026

8349615



भारत सरकार  
GOVERNMENT OF INDIA



नसीबुन  
NASIBUN  
जन्म तिथि/ DOB: 18/09/1985  
महिला / FEMALE



9963 3935 6565

-आम आदमी का अधिकार



भारत सरकार  
GOVERNMENT OF INDIA

पता:  
W/O: अफजल अंसारी, -, -  
सेखवनीया, नौगावां,  
कुशीनगर,  
उत्तर प्रदेश - 274402

Address:  
W/O: Afsal Ansari  
SEKHAVANIYA, Nougawan  
Kushinagar,  
Uttar Pradesh - 274402

9963 3935 6565

Aadhaar-Aam Admi ka Adhikar