



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.	ISLAM
2	Vehicle No. / वाहन संख्या	UP 57 B 29471
3	Policy No. / पालिसी संख्या	252400/31/2026/44485
4	Period of Insurance / बीमा अवधि	16-10-2025 — 15-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22-04-2026 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	Rabindra Nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pradeep Yadav 9648141911
8	Estimated Loss / अनुमानित हानि	9100/-
09.	Cause of Accident / दुर्घटना का कारण: मैरा गाड़ी मैरा होस्ट लेवें किरिया काम मार्केट गये तो वही मोड़ खाई में गाड़ी खड़ा करने कुछ खरीद रहे थे तभी एक कारक बल्ल सामने से बकल मार दिया और गाड़ी इमेज हो गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Gupta Automobile padrauna

Date / दिनांक : 25-04-2026  
हस्ताक्षर

ISLAM  
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. 252400/31/2026/44485

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

Period of Insurance 15-10-2026

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

(a) Name : ISLAM  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9698141511

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11E6SH564677</u> Chassis No. <u>MBU1AW472SH55254</u>	Registration No. <u>UP57B29471</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 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 trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pradeep Yadav  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 Owner's relative or friend? : Friends  
 (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 : UP5720200003251  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31-12-2008  
 (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 : 22-04-2026 4:00 P.M  
 (b) Place : Esbindra Nagar  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : रफ़ रगर्ड में गाड़ी खड़ी करके कुछे खरिफे रहेत  
 (e) If any third party was responsible for this accident give the name and address : तासी एक बहुरक वाला रुपामने से वक्कर मार दिगा वरि गायी डगेज ले गया ।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, M/L, Handle, FR. fender etc.  
 (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? : \_\_\_\_\_

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 25-04-2002

Signature of the insured SIAM

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 ..... *19/11/11* .....  
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 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? Yes /No
5. If yes,
  - (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 : \_\_\_\_\_

13/1/13  
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: PGR19024

Page No: 1

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

Policy Type	DIVISIONAL OFFICE, 136 KHAIR NAGAR, OPP. FILMISTAN CINEMA, MEERUT, (GTEN: 09AAACT162TR4ZU)		
Policy No	272000112020466015	Policy Issued On	16-OCT-25
Agent/Broker Code	BS000011144	Proposal No. & Date	R-252400/112020/10509518144 & 16-OCT-2025
Agent/Broker Name	ABHIRAM BHATT	Policy Period (OWN DAMAGE)	FROM 15:26 ON 16/10/2025 TO MIDNIGHT OF 15/10/2026
Insured Name	PULKA (SULTAN)	Policy Period (LIABILITY)	FROM 15:26 ON 16/10/2025 TO MIDNIGHT OF 15/10/2026
Insured Address	C/O RYASAT, R/O VILL-PATARMYLA KILRD POST-PARADE, TRANARAVINDRA NAGAR, KUNHNAGAR, PADMAUNA (KUNHNAGAR), NAB		Least Benefit No Insured State
			UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCYCLE	Vehicle	71249
Model & Variant	HERO SPLENDOR PLUS FI	Electrical Accessories	0
Registration No	UP 30	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	71249
Engine & Serial No	HA11F6SH06477 - MBLHAN472SHU75154	TMF CONTRACT NO	
Cubic Capacity	159	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	MOJO	Type Of Fuel	PETROL
RTI Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1194.13	Basic Third Party Liability	3851
Elect Accessories	0	Compulsory PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	179.13	Legal Liability (% Cbs driver (IMT-21)	0
Geographical Area Exts (IMT -1)	0	Legal Liability to Employees (IMT-23)	0
Driving Traction Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Traction Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conduense, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-18)	0	Total Premium (A+B)	4030
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishik Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4756
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Compulsory Stamp Duty paid via Chafun 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 Rat(0)	
Net own Damage Premium(A)	179	5. Subject to Endorsements IMT.7.10.24.	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	SHERIRAM FINANCE LIMITED	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				Amount
				4756
				GORAKHPUR
				NA

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 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: [www.orientalinsurance.co.in](http://www.orientalinsurance.co.in) or on demand from the policy issuing office.

It is warranted that in case of discontinuation of premium cheque(s) 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 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 hereunto set his hands at 252400 on 16-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 M.V. 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 (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 also that the person holding an effective license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limit of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-4 (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 0.

**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 four 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.

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. \* That insurance excludes all pre existing damages

Approved By : UNTV@252400  
Approved On : 16-OCT-25  
Place : MGT  
Printed On : 10-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited

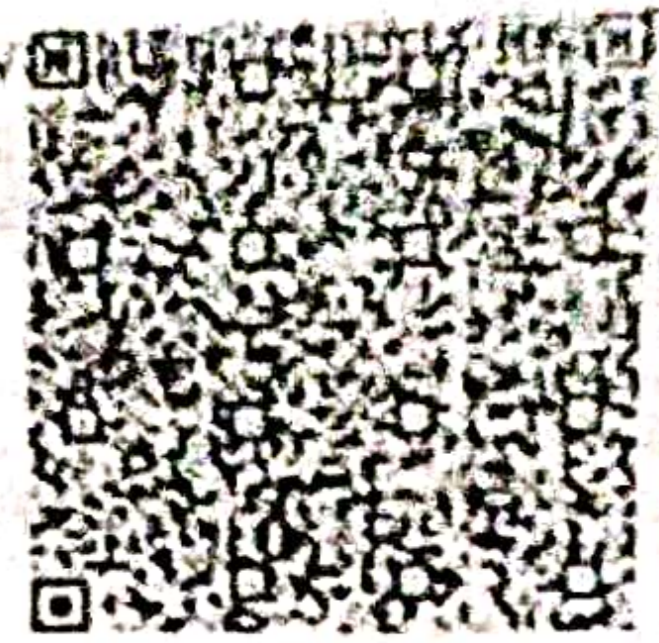
General Manager  
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BZ9471 Registration Date : 21-Oct-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 : ISLAM Son/wife/daughter of : RIYASAT  
 Full Address: (Permanent) : VILL-DHARMPUR KHURD, POST-PAKADI, THANA-RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-DHARMPUR KHURD, POST-PAKADI, THANA-RAVINDRA NAGAR, KUSHINAGAR- UTTAR PRADESH-274304  
 Fitness UpTo : 20-Oct-2040 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 : AA2133167934 Rear HSRP No : AA2134819756  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW472SHJ75154  
 Engine No : HA11F6SHJ64677 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)

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 SHRIRAN FINANCE LIMITED, GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 16-Oct-2025.

Purchase dt : 16-Oct-2025 Sale Amt : 74999/-  
 OTT Date : 16-Oct-2025 Amount/Rcpt No : 7500 / UP57D25100005609  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 15-Nov-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :

This certificate is valid from 21-Oct-2025 to 20-Oct-2040

Date : 12-Dec-2025 17:40:19  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
A.R.T.O. (A)  
Date : 12-Dec-2025  
Kushinagar (U.P.)

Q 6219987



भारत सरकार  
Government of India



इस्लाम

Islam

जन्म तिथि/DOB: 01/01/1993

पुरुष/ MALE

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

**3133 1841 2050**

**मेरा आधार, मेरी पहचान**



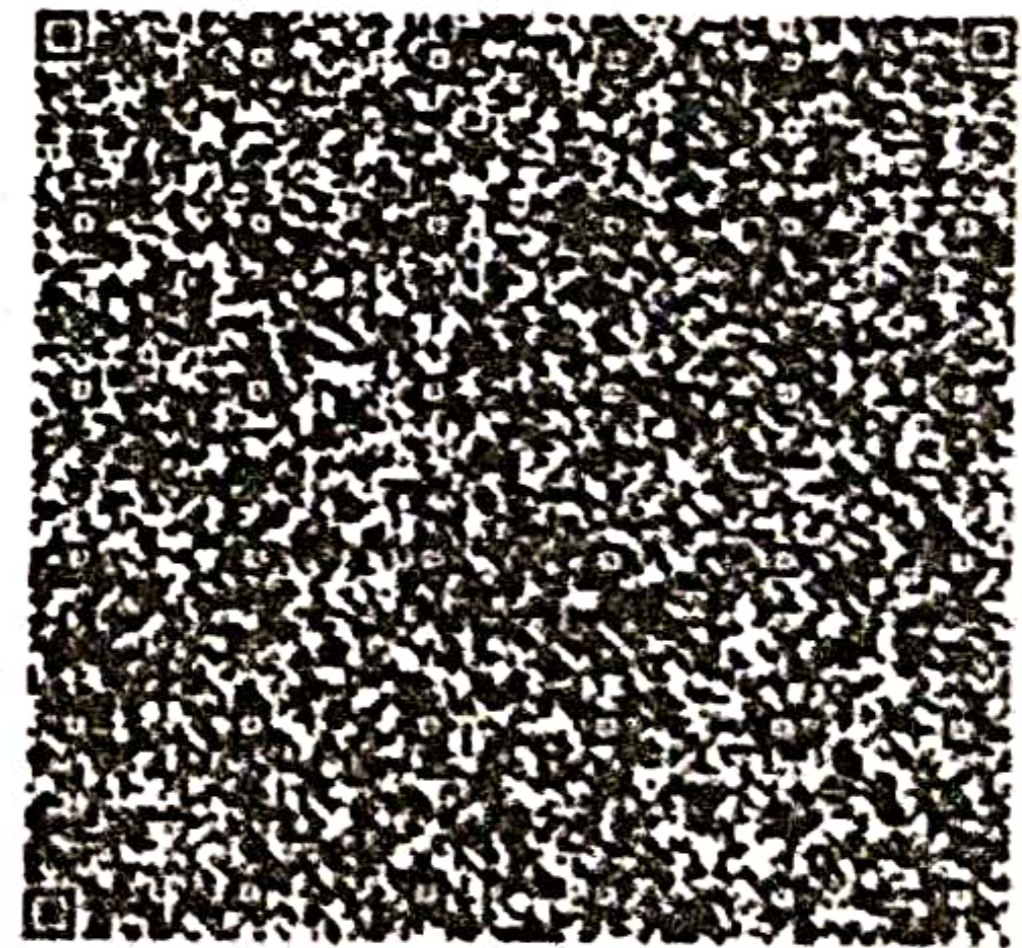
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:  
आत्मज: रियासत, धरमपुर खुर्द, धरमपुर खुर्द, पकड़ी बुजुर्ग,  
कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
S/O: Riyasat, dharmpur khurd, Dharampur Khurd,  
PO: Padrauna, DIST: Kushinagar,  
Uttar Pradesh - 274304



**3133 1841 2050**

**VID : 9182 8412 4920 4537**

☎ 1947

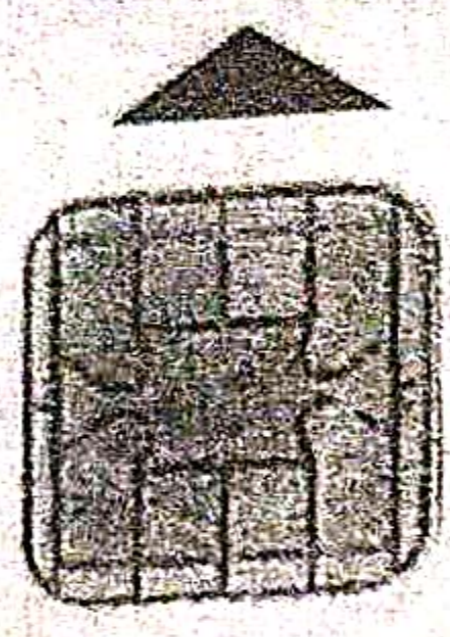
✉ help@uidai.gov.in

🌐 www.uidai.gov.in

Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20200003251

Issue Date 27-02-2020 Validity (NT) 31-12-2033 Validity (TRV) \_\_\_\_\_



Holder's Signature

Name: PRADEEP YADAV

Date of Birth: 01-11-1994 Blood Group: \_\_\_\_\_

Organ Donor: N

Son/Daughter/Wife of: VIRENDAR YADAV

Date of First Issue

Address: DHARMA PUR KI RD POST PAKDI BILJURG  
Padrauna, Kusrinagar, UP 274304

DL No: UP57 20200003251

UPDL 00000267/3770

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
MCW/S	LMV	UP57	27-02-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSRINAGAR, U.P.