



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.	Devanand Ram 8670364060
2	Vehicle No. / वाहन संख्या	UP57B7 6299
3	Policy No. / पालिसी संख्या	252400/31/2026/25586
4	Period of Insurance / बीमा अवधि	30-06-2025 - 29-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/05/2026, 06.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kuchaikot
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8757459156 Akhileshwar Ram
8	Estimated Loss / अनुमानित हानि	32,890/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे चान्चा का लड़का आखिलेश्वर राम किसी काम से जा रहा था तभी अचानक एम्बुलेन्स वाले ने ब्रेक मार मेरी स्कूटी एम्बुलेन्स से टकरा कर क्षतिग्रस्त हो गई।
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 Paelwara

Date / दिनांक : 05-05-2026  
हस्ताक्षर

देवानन्द राम  
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. 252400/31/2026/25506  
 Tel. No. \_\_\_\_\_ Period of Insurance 29.06-2026  
 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 : Devanand Jam  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8670364060

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>0CD00156F00375</u> Chassis No. <u>MBLCEW047.86P00647</u>	Registration No. <u>UP57BY6299</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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Akhilashwar Sam  
 (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 : DR2020140052281  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 03-03-2023  
 (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 : 03-05-2020 06:00 P.M  
 (b) Place : Kuchai Kote  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : अचानक समुलेस वाले ने ब्रेक मारा और  
 (e) If any third party was responsible for this accident give the name and address : वही समुलेस से टकरा गयी ।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : 2020, Honda, Model - T etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile parlour

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? : H/A

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 05-05-2008

Signature of the insured देवानंद काम

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 ... के. व. न. र. राम .....  
Occupation .....  
Address .....  
.....  
.....

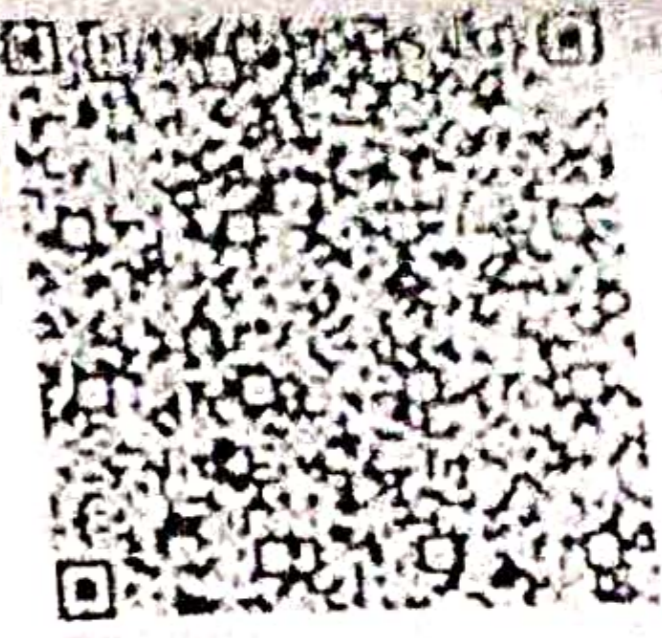
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY6299 Registration Date : 04-Jul-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 : DEVANAND RAM Son/wife/daughter of : MADAN RAM  
 Full Address: (Permanent) : VINOD MATIHANIYAN, POST BALWANSAGAR, PS BISHAMBHARPUR, GOPALGANJ, BIHAR-841501  
 Full Address: (Temporary) : SISWA NAHAR, POST BEDUPAR TARYA SUJAN, TAMKUHI RAJ, KUSHINAGAR-UTTAR PRADESH-274409  
 Fitness UpTo : 03-Jul-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : DHARMAWATI DEVI  
 Relationship with the Nominee : Spouse Norms : Not Available  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2113222076 Rear HSRP No : AA2116226505  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 0 Chassis No : MBLCEW047S6F00647  
 Engine No : ECD001S6F00375 Fuel : PURE EV  
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00  
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 124  
 Colour : BLACK Laden/GV Wt (kgs) : 274  
 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 w.e.f. .

Purchase dt : 30-Jun-2025 Sale Amt : 125000/-  
 OTT Date : Amount/Rcpt No : /  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 09-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Jul-2025 to 03-Jul-2040

Date : 26-Jul-2025 11:35.28

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 26-Jul-2025



Q 4494783



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGIR0928

Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, GSTIN: 09AAACT0627R4ZU

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)	Policy Issued On	30-JUN-25
Policy No	252400/31/2026/25580	Proposal No. & Date	R/252400/31/2026/101525055/2 & 30-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:21 ON 30/06/2025 TO MIDNIGHT OF 29/06/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 19:21 ON 30/06/2025 TO MIDNIGHT OF 29/06/2030
Insured Name	DEVANAND RAM (GSTIN: )	Lead/Breakin No	/
Insured Address	C/O MADAN RAM, R/O VINOD MATHANIYAN POST BALWANSAGAR BISHAMBIHARPPUR, SISWA NAHAR BEDUPAR AHATMALLI, PADRAUNA ( KUSHINAGAR ), NA, 0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO	Vehicle	109250
Model & Variant	VIDA V2 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	109250
Engine - Chassis No	FCD001S6109375 - MBLCFW047S6100647	TMF CONTRACT NO	
Cubic Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	166.03	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-GR36B3	3273
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3712
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	668
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	4380
Add-On Coverages	273	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	273		
Sub Total Add-on Coverages	439		
Net own Damage Premium(A)			

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 :		Payment Method		Bank Name		Amount	
Nominee Name		Payment Method		Bank Name		Amount	4380
Financer Name		Financer Name	Cash	Financer Branch			
POS ID		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, clauses, warranties, exclusions, IMTs and OIG 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 cheque(s) the Company shall not be liable whether or not in the Knowledge of the insured.  
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/have herein to set his/their hands at 252400 on 30-JUN-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 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 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 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 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 five consecutive years/45% preceding ten 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.  
This insurance excludes all pre-existing damages

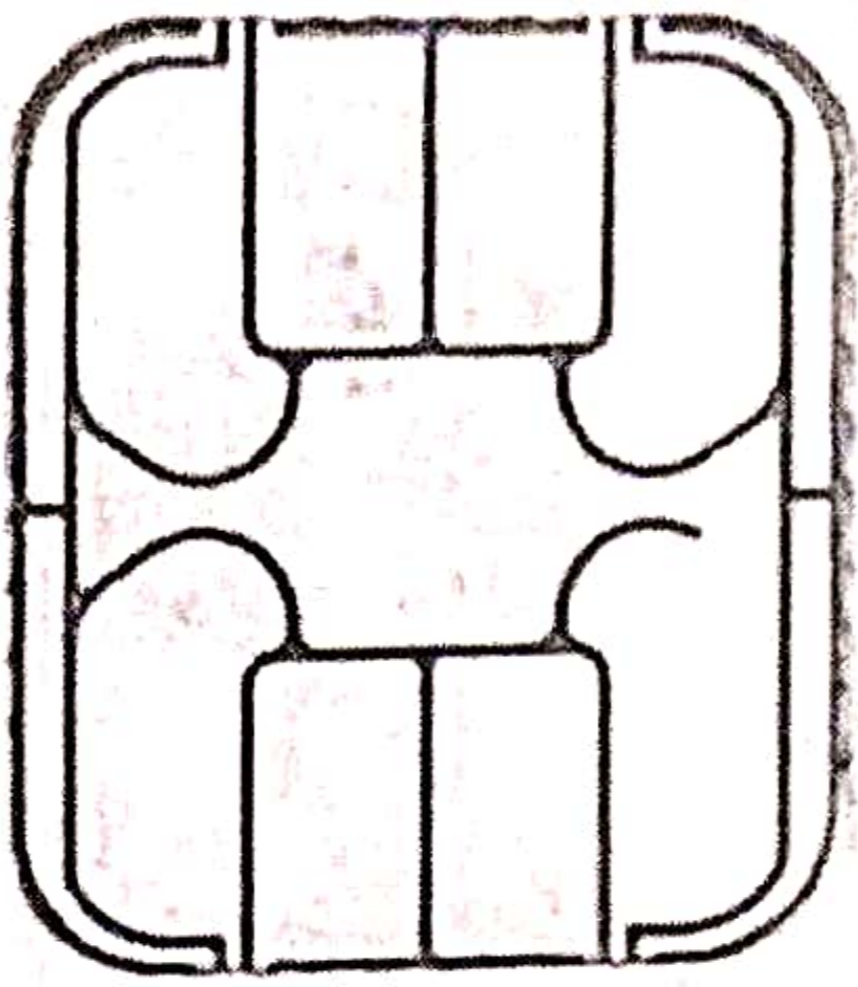
Approved By : UNIV at 252400  
Approved On : 30-JUN-25  
Place : MRT  
Printed On : 04-MAY-26

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

GOVERNMENT OF BIHAR

DL : BR-2820140052281

FORM-7



Valid Till (Transport)

Valid Till (Non-Transport)

03-03-2033

Name : AKHILESHWAR RAM

Address : PURAN RAM

Address : AT BINOD MATIHANIYA, PS  
BISWAMBHARPUR,  
GOPALGANJ

DOB : 04-03-1983 BG : B+

Badge No :

\* Authorisation to drive the following vehicle  
class throughout India.  
Type of Vehicles : LMV NT MCWG Only

Signature of Holder

Issuing Authority

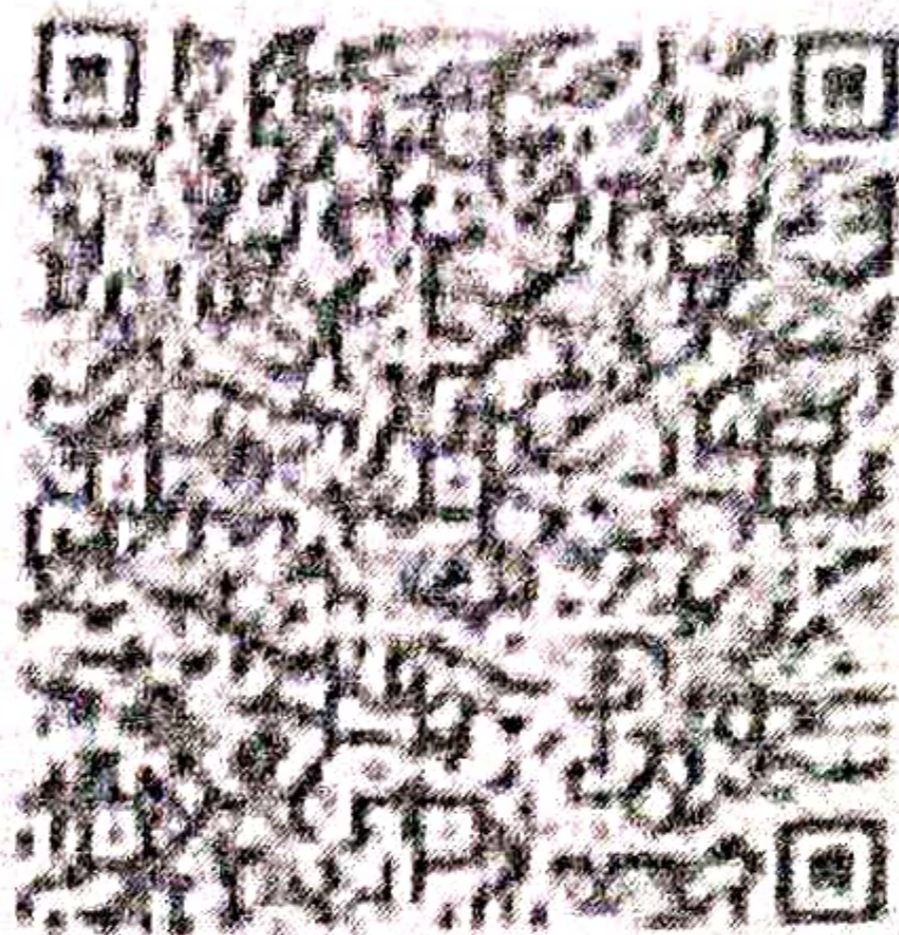
Issued on : 13-09-2024

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

CMDPR3498G

नाम / Name

DEVANAND RAM

पिता का नाम / Father's Name

MADAN RAM

जन्म की तिथि / Date of Birth

10/01/1981



हस्ताक्षर / Signature



10/01/1981



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: आत्मज: मदन राम, विनोद  
मटिहनियाँ, मटिहानी बिनोद,  
गोपालगंज, बल्वनसागर, बिहार,  
841501

Address: S/O: Madan Ram, Vinod  
Matihaniyan, Matihani Binod, Gopalga  
Balwansagar, Bihar, 841501

2767 3734 0421



1947  
1800 300 1947



help@uidai.gov.in

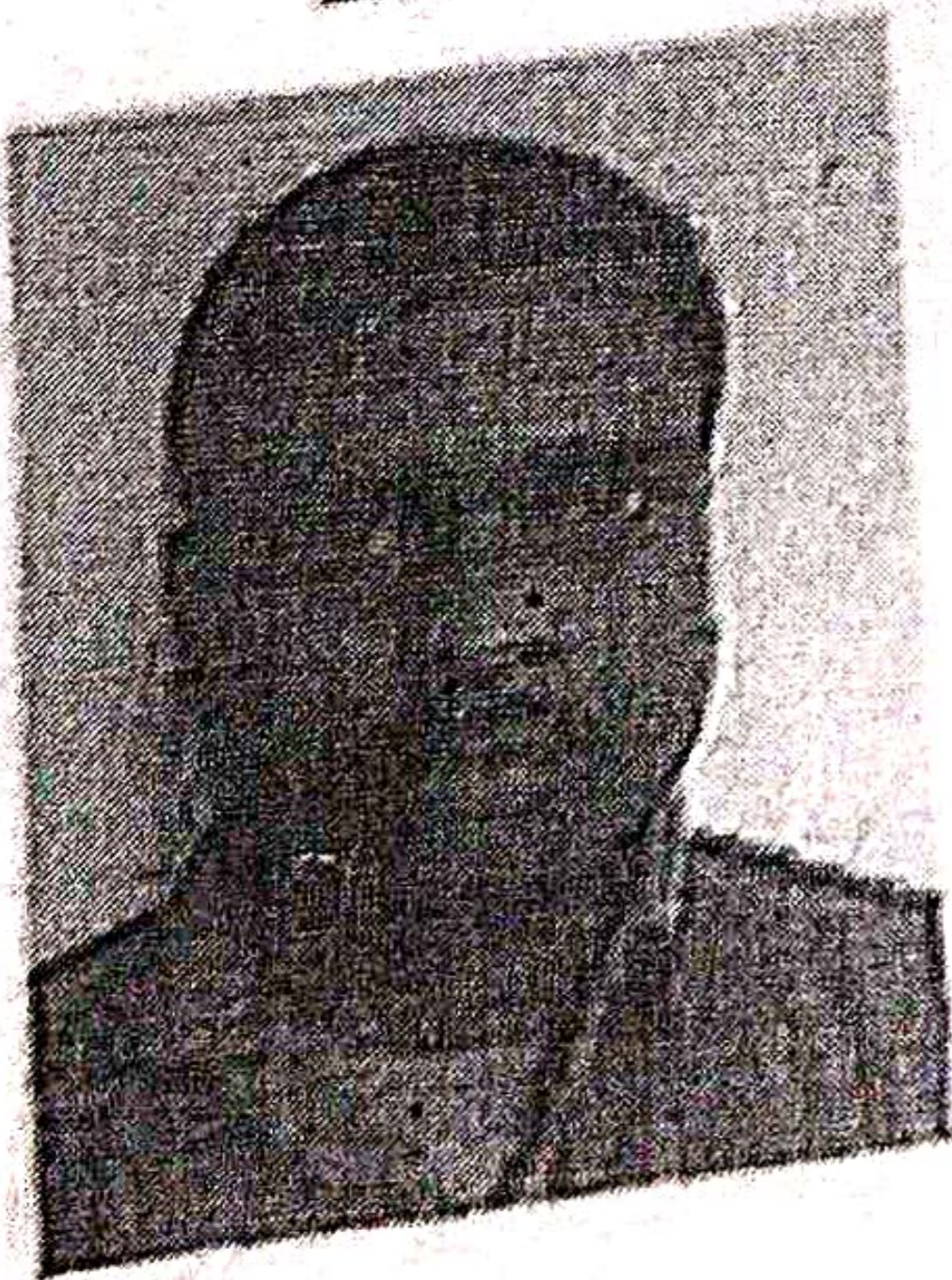


www.uidai.gov.in



भारत सरकार

Government of India

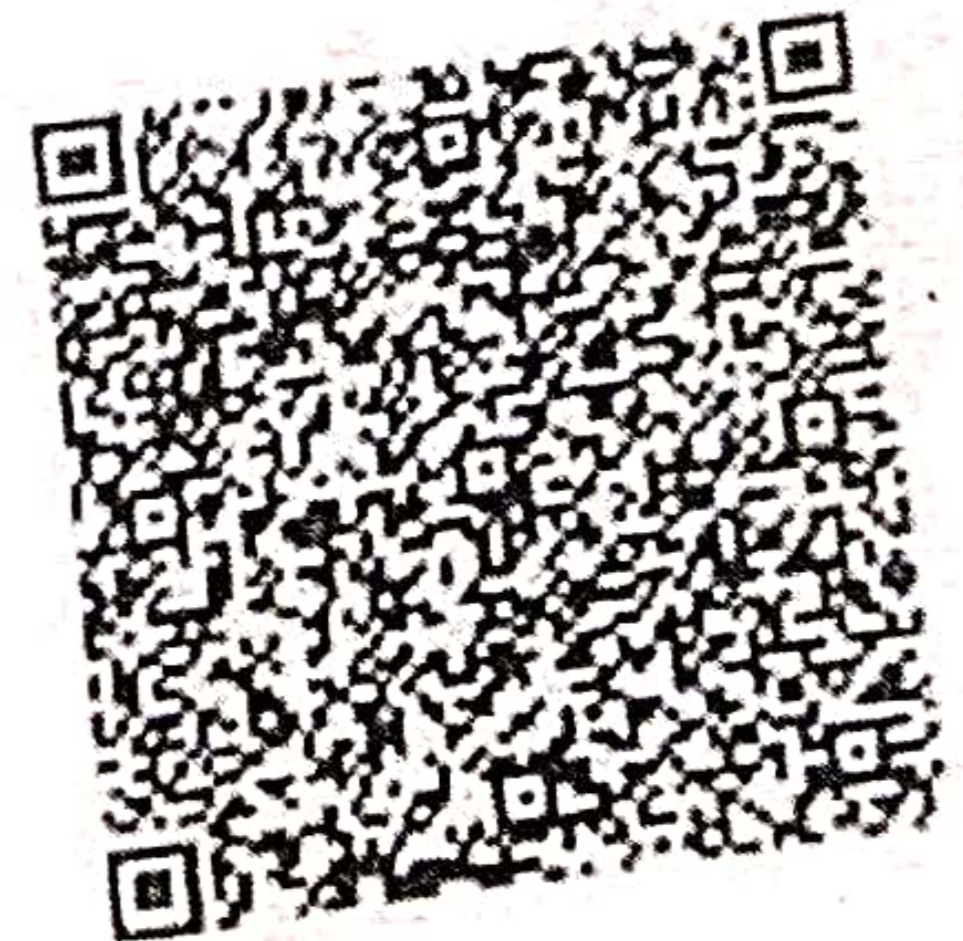


देवानन्द राम

Devanand Ram

जन्म तिथि / DOB : 10/01/1981

पुरुष / Male



2767 3734 0421

आधार - आम आदमी का अधिकार

530442

**DL : BR-2820140052281**

**Original LA : DTO,GOPALGANJ**

**Old DL No :**

**Date Of Issue : 13-09-2014**

**Class Of Vehicles :**

<b>Vehicle Class</b>	<b>Issue Date</b>
<b>LMV-NT</b>	<b>13-09-2014</b>
<b>MCWG</b>	<b>13-09-2014</b>