



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.	Mr Pramod Yadav
2	Vehicle No. / वाहन संख्या	UP57BY 4007
3	Policy No. / पालिसी संख्या	252400/31/2026/17552
4	Period of Insurance / बीमा अवधि	26-05-2025 - 25-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03-05-2026 5:00 P.m
6	Place of Accident / दुर्घटना का स्थान	Dharampur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pramod Yadav 9453539633
8	Estimated Loss / अनुमानित हानि	4030/-
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर जा रहे थे तो अचानक सामने से एक कुत्ता अचानक से भागा जिसको बचाने के चक्कर में गाड़ी का ब्रेकिंग ब्रिडल सामने दूसरी गाड़ी से टकरा कर अचानक ब्रेक गिर कर दालिग्रस्त 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.	9125197148 Gupta Automobile padraunq

Pramod Yadav

Signature of Insured / बीमाधारक के

Date / दिनांक : 06-05-2026  
हस्ताक्षर



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. 252400131/2026/17552

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

Period of Insurance 25-05-2026

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 : Pramod yadav  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9453539633

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11E7SHB07779</u> Chassis No. <u>M3LHA022SHB03590</u>	Registration No. <u>UP57B44007</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 : Pramod Yadav  
(b) Age :  
(c) Address :  
(d) Is the Driver  
1.  Owner  
2.  paid driver? :  
3.  Owner's relative or friend? :  
(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 : LP572014 0002333  
(h) Issuing Authority :  
(i) Date of Expiry : 04-02-2034  
(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 : 03-05-2028 5:00 P.M.  
(b) Place : Dharampur  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address :  
[Handwritten description in Hindi]

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : View Photo. etc  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padhary

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 : \_\_\_\_\_

*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 Police 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 06-05-2002

Signature of the insured *Pramesh Yadav*

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 *Pranod yadav* .....  
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 : UP57BY4007      Registration Date : 30-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 : PRAMOD YADAV      Son/wife/daughter of : SURENDRA YADAV  
 Full Address: (Permanent) : VILL SOHANARIA, POST DUMMAR BHAR, PS RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL SOHANARIA, POST DUMMAR BHAR, PS RAVINDRA NAGAR, KUSHINAGAR- UTTAR PRADESH-274304  
 Fitness UpTo : 29-May-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 : AA2128977547      Rear HSRP No : AA1042387565  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1      Chassis No : MBLHAW220SHB03590  
 Engine No : HA11E7SHB07779      Fuel : PETROL  
 Horse Power(BHP) : 7.91      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ I3S (DRS)      Wheel base : 1236  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 111  
 Colour : MATT GREY      Laden/GV Wt (kgs) : 241  
 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 : 26-May-2025      Sale Amt : 79866/-  
 OTT Date : 26-May-2025      Amount/Rcpt No : 7987 / UP57D25050006058  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-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 30-May-2025 to 29-May-2040

Date : 01-Jul-2025 16:10:29  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 01-Jul-2025



Q 3740596

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, 01214063870 (GSTIN: 09AAACT0611R4ZU)

Policy Type	UNDED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	26-MAY-25
Policy No	252400/31/2026/17552	Proposal No. & Date	R/252400/31/2026/1176 & 26-MAY-2025
Agent/Broker Code	A0000155144	Policy Period (OWN DAMAGE)	FROM 11:41 ON 26/05/2025 TO MIDNIGHT OF 25/05/2026
Agent/Broker Name	BHINAV BHATI	Policy Period (LIABILITY)	FROM 11:41 ON 26/05/2025 TO MIDNIGHT OF 25/05/2030
Insured Name	RAMOD YADAV (GSTIN: 0)		
Insured Address	O SURENDRA YADAV, VILL-SOHANARIA POST-DUMMAR BHAR, TAHAN- AVINDRANAGAR, PADRAUNA ( KUSHINAGAR ), NA,	Lead /Breakin No	
		Insured State	UTTAR PRADESH
Make	MOTOCORP	INSURED DECLARED VALUE (IDV) (in Rs.)	
Model & Variant	SPLENDOR PLUS FI	Vehicle	75873
Registration No		Electrical Accessories	0
Year Of Manufacture		Non Electrical Accessories	0
Engine -Chassis No	E7SHB07779 - MBLHAW220SHB03590	Total IDV	75873
Cubic Capacity		TMF CONTRACT NO	
Seating Capacity		Policy Type	Zone B - Rest of India
Type Of Body		Geographical Area	INDIA
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1271.63	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessorie	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1195.63	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Fc (MT -I)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loadi	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductible	0	Net Liability Premium (B)	3851
Anti Theft Device (I)	0	Total Premium (A+B)	4156
AAI Membership (IA)	0	GST	748
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle	0	STAMPDUTY	0.00
SIP Discount	1081	Swachh Bharat Cess@0.50%	0
Sub -Total Deductib	1081	Krishi Kalyan Cess@0.50%	0
		Gross Premium Paid	4904
NIL Depreciation	190		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on C	190	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-1)	
Net own Damage Pr	305	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT.7,10,28,	

Payment Method	Cheque No./Transaction No.	Bank Name	Amount
			4904
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			NA

In the event of a claim under this policy exceeding Rs.1lao 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 on the company's website.

The insurance under this policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.com

Warranted that in case of a claim on demand from the policy issuing office, the insured shall not be liable under the policy and the policy shall be void abinitio (from inception).

Our of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/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.

Insured being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 26-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 on the certificate in order to comply with the MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations as to use:** Use 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 (5) Speed testing (6) Reliability trails (7) Any purpose in connection with motor trade.

**Driver's Clause:** Any person holding an effective driving 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:** For 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 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs per year under section III for owner-Driver is RS 50 lakhs per year. For section III for owner-Driver is RS 50 lakhs per year.

**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 on 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 will be provided provided the policy is renewed within 90 days of the preceding year.

I/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 Chapter XI of Motor Vehicles Act, 1988.

\* This insurance excludes existing damages



Approved By : 659525SMD  
Approved On : 26-MAY-25  
Place : MRT  
Printed On : 26-MAY-25



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

AFEPY8092D

नाम / Name  
PRANJOY YADAV

पिता का नाम / Father's Name  
SURENDRA YADAV

जन्म की तारीख /  
Date of Birth  
20/07/1984

  
हस्ताक्षर / Signature



123456789

UPAHWP00569P1ZE

# UNION OF INDIA Driving Licence

UP57 20140002333



सर्वोच्च शिक्षण  
विभाग  
05/02/2014  
दिनांक

04/02/2014

UNKNOWN



**PRAMOD YADAV**

**SURENDRA YADAV**

सुरेन्द्र यादव - सचिव/सहायक सचिव

UP57 20140002333

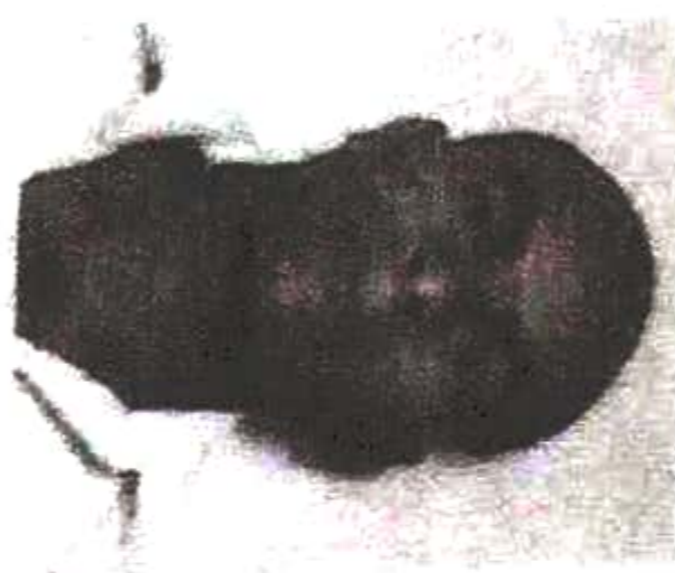
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सुरेन्द्र यादव  
PO. DUNDAI BHANUP. KANUR  
KUSHIWARA

सचिव/सहायक सचिव



Issue Date: 29/10/2014



भारत सरकार  
Government of India



प्राणो यदव  
Pramod Yadav  
जन्म तिथि/DOB: 24/08/1994  
लिंग/ GENDER: MALE

4738 0286 2998  
VID : 9174 8921 0913 2890  
भारत आदर्श, भारत परिवर्तन

UWMPG0569P1ZE

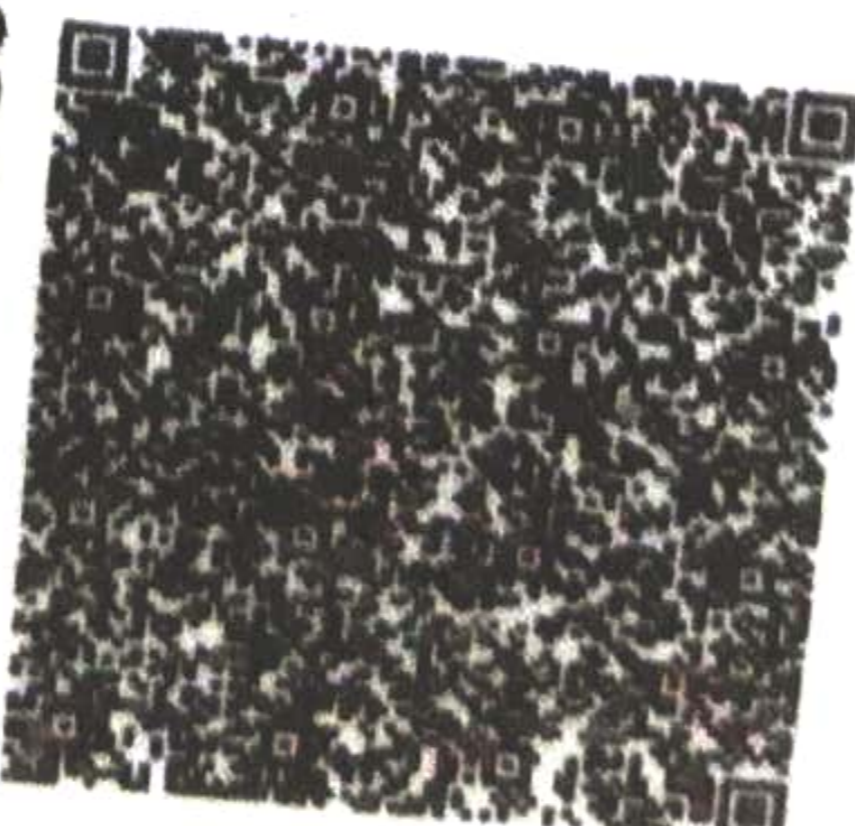
Download Date: 03/12/2021



भारत सरकार  
Unique Identification Authority of India



प्राणो यदव, ग्राम सोहनरिया पोस्ट, उत्तर प्रदेश - 274304  
Address:  
S/O Surendra Yadav, Gram sohanaria Post  
Durmhar Bhar, Sohanaria, Kushinagar,  
Uttar Pradesh - 274304



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