

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. | Vinod RAO |
| 2 | Vehicle No. / वाहन संख्या | UP57 CA2946 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/48538 |
| 4 | Period of Insurance / बीमा अवधि | 20-10-2025 - 19-10-2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 02-05-2026 1:30 p.m |
| 6 | Place of Accident / दुर्घटना का स्थान | Ramkot |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Aman Rao 9005455759 |
| 8 | Estimated Loss / अनुमानित हानि | 7000/- |
| 9 | Cause of Accident / दुर्घटना का कारण: | मैत्री गाड़ी मैत्री बेरा किसी काम से गाड़ी लेकर था उसे भी लो रास्ते में एक बसक वल्ल पिछे से टक्कर मार दिया और आगे था उसे गाड़ी के पिछले हिस्से में टक्कर हो गयी और गाड़ी उमेल हो गयी - |
| 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 |

विनोदशव

Date / दिनांक : 02-05-2026
हस्ताक्षर

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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/48538

Period of Insurance 19-10-2026
 Claim No. _____

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

(a) Name : 1. INSURED Uined Rao
 (b) Address for correspondence : _____
 (c) Telephone : 9005455759

2. THE INSURED VEHICLE

| | | |
|----------------------------|---|--|
| Make & Year <u>2025</u> | Engine No. <u>HA11P4SD 06131</u> Chassis No. <u>M3CHAW50254D06C</u> <u>59</u> | Registration No. <u>UP57CA 2946</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 : _____
- all A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Aman Rao
 (b) Age :
 (c) Address :
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? : Son
 (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 : UP5720230011947
 (h) Issuing Authority :
 (i) Date of Expiry : 25-07-2041
 (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 : 02-05/2026 1:30 P.M.
 (b) Place : Ramkola
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : एक बड़े गाड़ी ने मुझे टक्कर मारी
 (e) If any third party was responsible for this accident give the name and address : श्री 313

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear Bumper, Front View 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? :
 N/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 07-05-2008

Signature of the insured *[Signature]*

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 19/11/2019
Occupation
Address
.....

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION



Registration No : UP57CA2946 Registration Date : 26-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 : VINOD RAO Son/wife/daughter of : RAJVANSHI
 Full Address: (Permanent) : VILL-BHATAHI KHURD, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
 Full Address: (Temporary) : VILL-BHATAHI KHURD, POST-RAMKOLA, THANA-RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305
 Fitness UpTo : 25-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 : AA2142495639 Rear HSRP No : AA2141829187
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW502S4D06658
 Engine No : HA11F4S4D06131 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

| Description | As Road | 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 : 20-Oct-2025 Sale Amt : 61203/-
 OTT Date : 20-Oct-2025 Amount/Rcpt No : 6121 / UP57D25100009048
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Feb-2026
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 26-Oct-2025 to 25-Oct-2040

Date : 28-Mar-2026 13:38:08
 Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
AR.T.O. (A)
 KUSHINAGAR (U.P.)
 28-Mar-2026

8296721



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)

| | | | |
|-------------------|--|----------------------------|--|
| Policy Type | DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570 (GSTIN: 09AAACT0627R4ZU) | | |
| Policy No | 252400/31/2026/48538 | Policy Issued On | 20-OCT-25 |
| Agent/Broker Code | BA0000155144 | Proposal No. & Date | R/252400/31/2026/106073385/1 & 20-OCT-2025 |
| Agent/Broker Name | ABHINAV BHATI | Policy Period (OWN DAMAGE) | FROM 20:39 ON 20/10/2025 TO MIDNIGHT OF 19/10/2026 |
| Insured Name | VINOD RAO (GSTIN:) | Policy Period (LIABILITY) | FROM 20:39 ON 20/10/2025 TO MIDNIGHT OF 19/10/2026 |
| Insured Address | C/O RAJVANSHI, R/O VILL-BHATAHI KHURD POST & THANA, RAMKOLA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA, 0 | | Lead /Breakin No Insured State |
| | | | UTTAR PRADESH |

INSURED MOTOR VEHICLE DETAILS

| | | | |
|---------------------|------------------------------------|----------------------------|------------------------|
| Make | HERO MOTOCORP | Vehicle | 58143 |
| Model & Variant | HERO HF DELUXE SELF E20 | Electrical Accessories | 0 |
| Registration No | NEW | Non Electrical Accessories | 0 |
| Year Of Manufacture | 2025 | Total IDV | 58143 |
| Engine -Chassis No | HA11F4S4D06131 - MBLHAW502S4D06658 | TMF CONTRACT NO | |
| Cubic Capacity | 100 | Policy Type | Zone B - Rest of India |
| Seating Capacity | 1 + 1 | Geographical Area | |
| Type Of Body | SOLO | Type Of Fuel | PETROL |
| RTO Location | | | |

Schedule Of Premium (Amount in Rs.)

| OWN DAMAGE SECTION(A) | | LIABILITY SECTION (B) | |
|---|--------|---|------|
| Vehicle | 974.48 | Basic Third Party Liability | 3851 |
| Elec Accessories | 0 | Compulsary PA Cover Premium | 0 |
| Non-Elec Accessories | 0 | PA Cover for 0 Person Of Rs (0) each (IMT-16) | 0 |
| | | Legal Liability (WC) to driver (IMT-28) | 0 |
| Basic Premium | 146.48 | Legal Liability to Employees (IMT-29) | NA |
| Geographical Area Extn (IMT -1) | 0 | Legal Liability to Passenger (IMT-46) | NA |
| Driving Tuition Loading On OD Premium (60%) | 0 | Driving Tuition Loading On TP Premium (60%) | 0 |
| Sub-Total Additions | 0 | PA Paid Driver, Conductor, Cleaner-GR36B3 | 3851 |
| | | Net Liability Premium (B) | 3997 |
| Deductibles | 0 | Total Premium (A+B) | 720 |
| Voluntary Deductibles (IMT 22A) | 0 | GST | 0 |
| Anti- Theft Device (IMT-10) | 0 | SERVICE TAX | 0.00 |
| AAI Membership (IMT-8) | 0 | STAMPDUTY | 0 |
| No Claim Bonus | 0 | Swachh Bharat Cess@0.50% | 0 |
| Discount for vehicle designed for handicapped | 0 | Krishi Kalyan Cess@0.50% | 4717 |
| SIP Discount | 0 | Gross Premium Paid | |
| Sub -Total Deductibles | 0 | | |
| Add-On Coverages | 0 | | |
| NIL Depreciation | 0 | | |
| Return to Invoice | 0 | | |
| Key Replacement | 0 | | |
| Consumables | 0 | | |
| Sub Total Add-on Coverages | 146 | | |
| 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 Name | | Age | 1 | Relation | | Amount | 4717 |
| Payment Method | | Bank Name | | Financer Branch | | | |
| Financer Name | Cash | POS PAN NO/Aadhar No | NA | | | | |
| POS ID | NA | | | | | | |

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs 1 lac, 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.

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 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 hereon set his/their hands at 252400 on 20-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 MVA 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 trails

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 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 there 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 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.

* This insurance excludes all pre existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : UNIV@252400
Approved On : 20-OCT-25
Place : MRT
Printed On : 10-NOV-25

General Manager
Authorized Signature



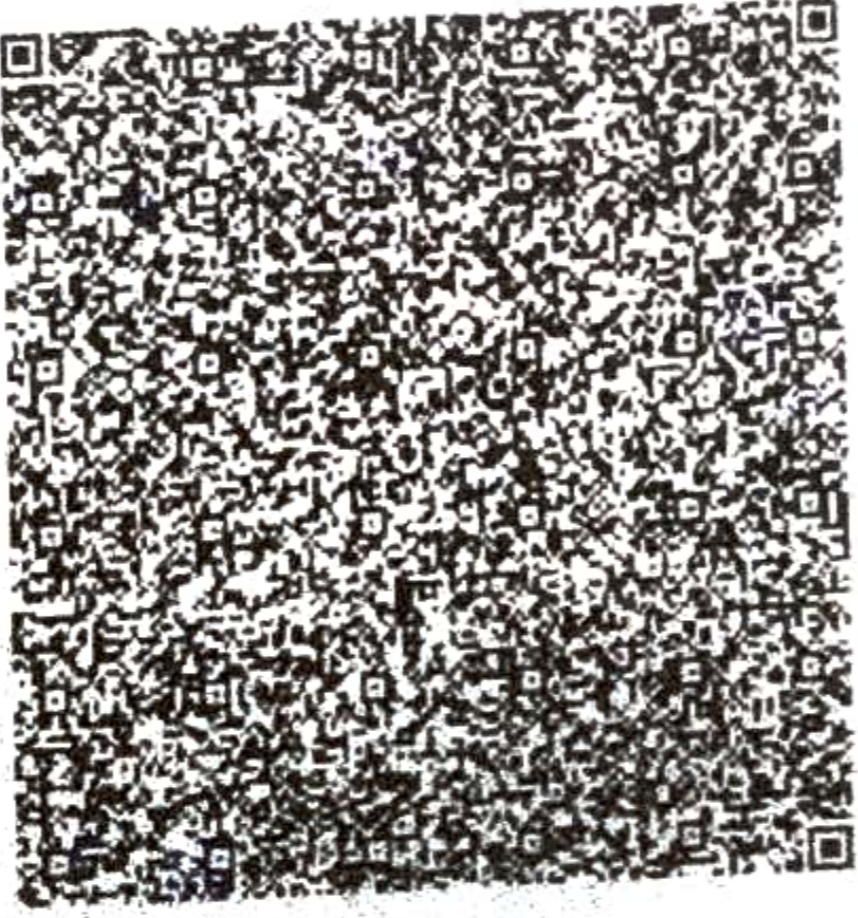
Print Date 15/12/2020



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: आत्मज: राजवंशी, भथही खुर्द, कुशीनगर,
उत्तर प्रदेश, 274305
Address: S/O: Rajvanshi, Bhatthahi Khurd,
Kushinagar, Uttar Pradesh, 274305



8113 6261 9411



1947



help@uidai.gov.in



www.uidai.gov.in

Issue Date: 17/05/2015



भारत सरकार
Government of India



विनोद राव
Vinod Rao
जन्म तिथि / DOB : 14/07/1973
पुरुष / MALE

8113 6261 9411

मेरा आधार, मेरी पहचान

UIDAI



आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



VINOD RAO

RAJVANSHI

14/07/1973

Permanent Account Number

AUYPRT7795K

Vinod Rao

Signature



22042010



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230011947

Issue Date 10-08-2023 Validity (NT) 25-07-2041 Validity(TR)* _____



(10-08-2023)

aman Rao
Holder's Signature

Date of First Issue

Name: **AMAN RAO**
Date of Birth: **26-07-2001** Blood Group: **B+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **VINOD RAO**

Address:
Bhathahi Khurd Kushinagar
Uttar Pradesh 274305

DL No: **UP57 20230011947**

UPDL000011520835



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 | 10-08-2023 | NT | | | |
| | LMV | UP57 | 10-08-2023 | NT | | | |
| | MVSD | | | | | | |
| | | | | | | | |

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR