

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.	Vijay Kumar 9936286867
2	Vehicle No. / वाहन संख्या	UP57BY3896
3	Policy No. / पालिसी संख्या	252400/31/2026/22417
4	Period of Insurance / बीमा अवधि	13-06-2025 - 12-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-05-2026 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Naurangiya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vijay 9936286867
8	Estimated Loss / अनुमानित हानि	16.000/-
9	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर जा रहे थे ती रास्ते में एक बर्क वाला बया त्रक से टक्कर मार दिया और गाड़ी लेकर हायां त्रक गिरकर गाड़ी बिसय गया है
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 padrang

गाड़ी क्षतिग्रस्त हो गया / -

विजय

Date / दिनांक : 11-05-2026
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 _____ Certificate/Policy No. 252900/31/2020/22417
 Tel. No. _____ Period of Insurance 12-06-2026
 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 : Cligay
 (b) Address for correspondence : _____
 (c) Telephone : UP57BY3096 (9936206067)

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>(0CD00156P00091)</u> Chassis No. <u>M3LCEW04656F00610</u>	Registration No. <u>UP57BY3096</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
 1. Was a side-car attached? NO
 2. Was a pillion rider carried? _____

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 : _____

MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ujjay
(b) Age : _____
(c) Address : _____
(d) Is the Driver
1. Owner : Ownr
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 : UP57 2015 000 90 40
(h) Issuing Authority : _____
(i) Date of Expiry : 01-05-2020
(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 : 05-05-2020 3:00 P.M
(b) Place : Naurangin
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक बसक काला बसो अफ ले एकर गल
(e) If any third party was responsible for this accident give the name and address : दिया और गाडी लेकर हाया अफ गिर कर
दिएर) 049 9

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : UP57 pancel, lowe pancel
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padrana

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 : _____

NIA

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. : _____

NIA

10. THEFT

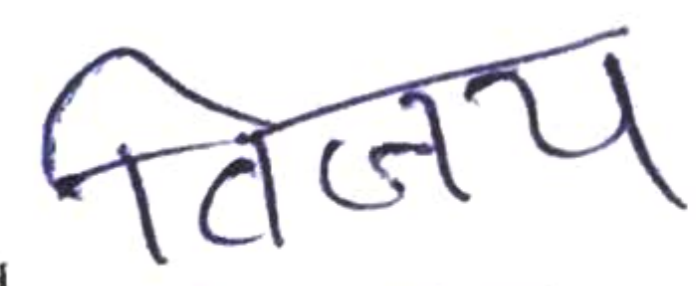
- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

NIA

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 11-05-2002

Signature of the insured



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 *विजय*
Occupation
Address
.....
.....

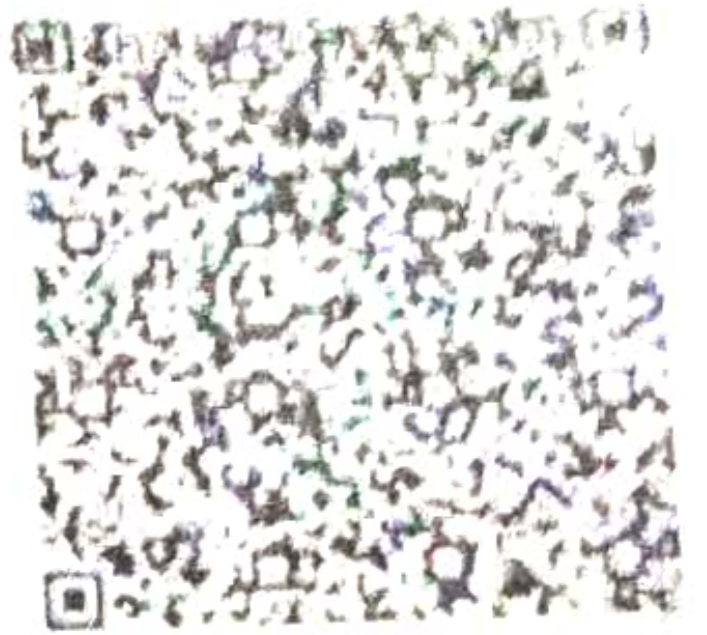
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY3896 Registration Date : 15-Jun-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 : VIJAY KUMAR Son/wife/daughter of : VEEPAT
 Full Address: (Permanent) : VILL-RAMNAGAR, POST-RAMPUR JUNGLE, THANA-HANUMANGANJ, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-RAMNAGAR, POST-RAMPUR JUNGLE, THANA-HANUMANGANJ, KUSHINAGAR, UTTAR PRADESH-274304
 Fitness UpTo : 14-Jun 2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2116226493
 Front HSRP No : AA2113222064 Month/Year of Manuf. : 06/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW046S6F00610
 No of Cylinders : 0 Fuel : PURE EV
 Engine No : ECD001S6F00091 Cubic Capacity : 0.00
 Horse Power(BHP) : 8.04 Wheel base : 1301
 Maker's Classification : VIDA V2 PLUS Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 124
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 274
 Colour : BLACK AC Fitted : NO
 Other Criteria :
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cars (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 : 12-Jun-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-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 15-Jun-2025 to 14-Jun-2040

Date : 26 Jul-2025 11:35:45

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 26-Jul-2025

Q 4494784



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGDR991K
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, 01214063570, (GSTIN: 09AAACT0627R4Z1)

Policy Type	BUNDED POLICY (MOTORISED TWO WHEELERS-45 Years)	Policy Issued On	13-JUN-25
Policy No	252400/31/2026/22412	Proposal No. & Date	R/252400/31/2026/100789837/9 & 13-JUN-2025
Agent/Broker Code	RA0000155144	Policy Period (OWN DAMAGE)	FROM 12.17 ON 13/06/2025 TO MIDNIGHT OF 12/06/2026
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 12.17 ON 13/06/2025 TO MIDNIGHT OF 12/06/2026
Insured Name	VIJAY KUMAR (GSTIN:)	Lead/Breakin No	
Insured Address	C/O VEERPAT, R/O VII L-RAMNAGAR POST-RAMPUR JUNGLE THANA-HANUMANGANJ, 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	ECD001SGF00091 - MBLCEW046S6F00610	TMF CONTRACT NO	
Cubic Capacity	0	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL

Schedule Of Premium (Amount in Rs.)			
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	100.03	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 Premiums (90%)	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	STAMP DUTY	0
SDP 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	
NH Depreciation	0	Note	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	273	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub-Total Add-on Coverages	439	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT, 7, 10, 28.	

Nominee Name		Age	1	Relation	
Payment Method		Bank Name		Amount	4380
Financer Name	Cash	Financer Branch		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 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.

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 (ii) 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 - Damages 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.

I, 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 Motor Vehicles Act, 1988.

This insurance excludes all pre-existing damages.

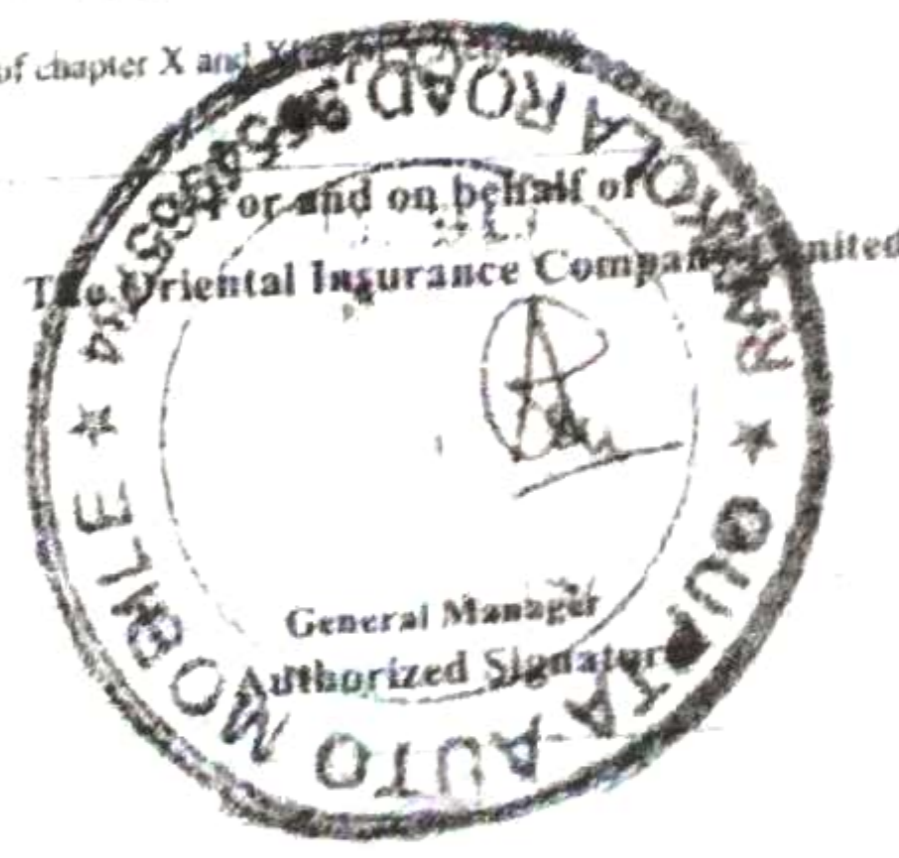
Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Unlicensed driving (4) Race Making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade.

Approved By: UNIV@252400

Approved On: 13-JUN-25

Place: MR1

Printed On: 13-JUN-25



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

आयकर वेब पोर्टल
Income Tax e-filing portal

QBOPK6443L



VIJAY KUMAR

पिता का नाम - Father's Name

VEEPAT

जन्म तिथि - Date of Birth

01/01/1968

0.00

₹ 0.00

00000



UNION OF INDIA Driving Licence (UP) (NT)

UP57 20150009848



आपी कवने की तिथि
Date of Issue
13/05/2015

वैधता / Validity
01/05/2028

जन्म तिथि
Date of Birth
02/05/1978

Blood Group
UNKNOWN



नाम / Name

VIJAY

पिता/पत्नी का नाम / Son/Daughter/Wife of

BIPAT

UP57 20150009848

UP02842320RS



LMV

13/05/2015



MCWG

13/05/2015



(UP)

Form 7 Rule 16(2)

पता / Address

VILL - RAMNAGAR

PO- RAMPUR JUNGLE, PS- HANUMANGANJ

KUSHINAGAR 274801

[Handwritten Signature]

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR



भारत सरकार

Government of India

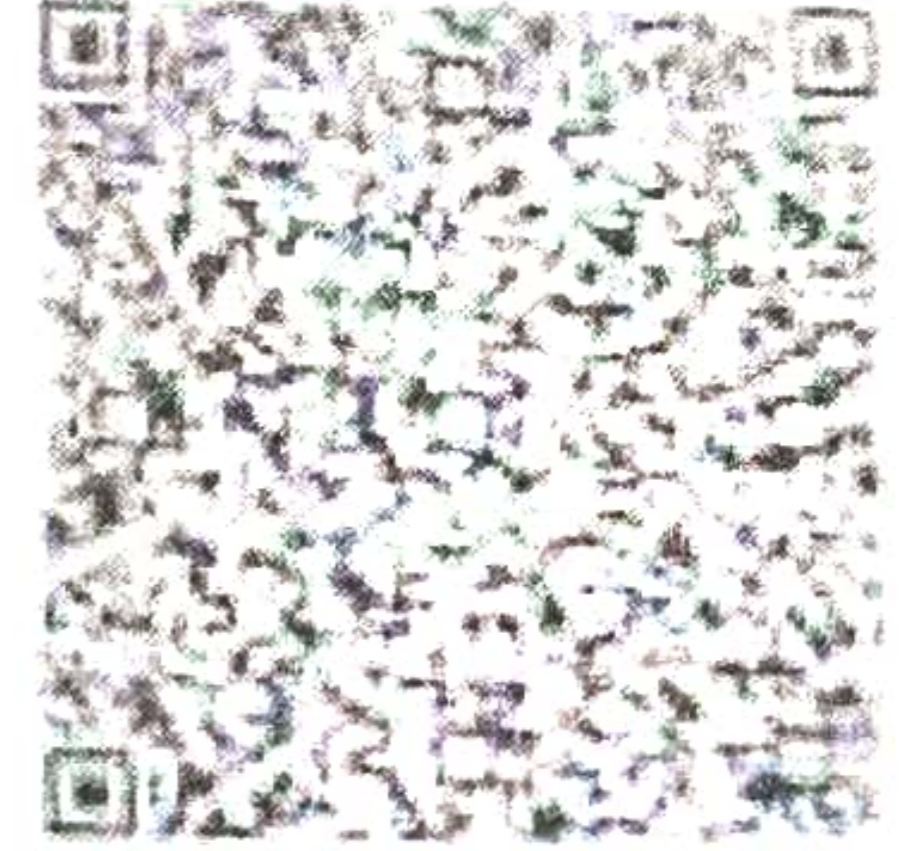


विजय कुमार

Vijay Kumar

जन्म तिथि / DOB : 01/01/1968

पुरुष / Male



5078 2140 3495

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

भात्मज वीपत, रामनगर, रामपुर
जंगल, कुशीनगर, रामपुर जंगल,
उत्तर प्रदेश, 274801

Address:

S/O: Veepat, ramnagar, Rampur
Jungal, Kushinagar, Rampur
Jungle, Uttar Pradesh, 274801

5078 2140 3495



1947
1800 300 1947



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