

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.	Mayank kumar, 8881264792
2	Vehicle No. / वाहन संख्या	UP57CA1448
3	Policy No. / पालिसी संख्या	252400/31/2026/46820
4	Period of Insurance / बीमा अवधि	18/10/2025 to 18/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/05/2026, 07.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Samaj Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720240019893 7379525837, Ritesh Chauhan
8	Estimated Loss / अनुमानित हानि	8680/-
09.	Cause of Accident / दुर्घटना का कारण:	मेश भतीजा रितेश चौहान कईक लेकर समुद्र बाजार सामन लाने गया था कईक खरी कर के सामन ले रहा था तभी एक पीकप वाले ने मेरी कईक को पिछे से टक्कर मार दिया मेरी कईक क्षतिगत 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 Gupto automobile Padmauna.

Date / दिनांक : 11/05/2026.
हस्ताक्षर

Signature of Insured / बीमाधारक के
- mayank



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. 252400/31/2026/46820

Tel. No. _____

Period of Insurance 18/10/25 to 17/10/26

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 : Mayank Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 8881264799

2. THE INSURED VEHICLE

Make & Year <u>Hesol/2025</u>	Engine No. <u>HA11F8S4F10780</u> Chassis No. <u>MBLHAW46184F12835</u>	Registration No. <u>UP57CA</u> <u>1448.</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?
 (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 : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ritesh Chauhan
(b) Age :
(c) Address : Kushinagar
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720240019893
(h) Issuing Authority :
(i) Date of Expiry : 19/01/2042
(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 : 07/05/2026, 07.00 P.M.
(b) Place : Samay Bazar
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : बाइक टक्की करके सामन ले रहे थे तभी पीकप वाले
(e) If any third party was responsible for this accident give the name and address : ने पिछे से टक्कर मार दिया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear and Side
(b) Estimated cost of repairs : 8600/-
(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? :
N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
- (b) If yes, give full details : _____

9. WITNESS

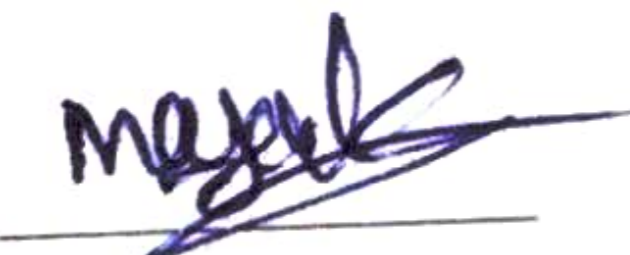
- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

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 : _____

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 11/05/2026 200

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 *Majid K*

Occupation

Address

.....

.....

Bank Account Number

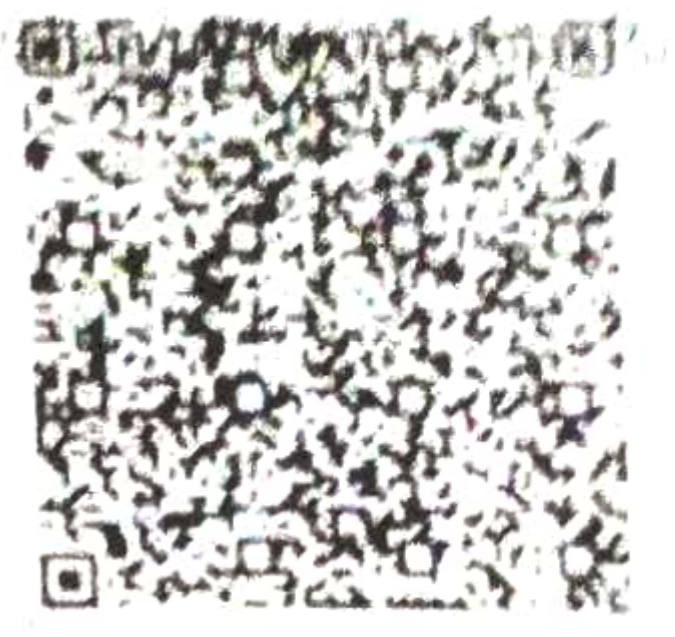
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA1448 Registration Date : 24-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 : MAYANK KUMAR KHARWAR Son/wife/daughter of : SOHAN KHARWAR
 Full Address: (Permanent) : VILL-BIHAR KHURD BANGALA, POST-BIHAR BUZURG, , KUCHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL-BIHAR KHURD BANGALA, POST-BIHAR BUZURG, , KUSHINAGAR-UTTAR PRADESH-274401
 Fitness UpTo : 23-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 Rear HSRP No : AA2138243010
 Front HSRP No : AA2140319838 Month/Year of Manuf. : 06/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW461S4F12835
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F6S4F18780 Cubic Capacity : 97.20
 Horse Power(BHP) : 8.17 Wheel base : 1235
 Maker's Classification : SPLENDOR+ XTEC (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 243
 Colour : Red Black AC Fitted : NO
 Other Criteria :
 Vehicle Purchase As : Fully Built

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

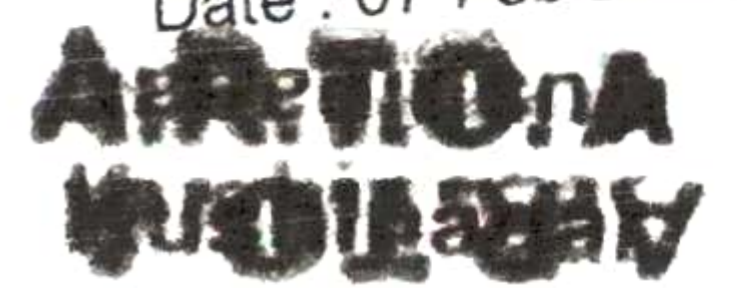
By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LIMITED, PADRAUNA, Kushinagar, Uttar Pradesh-274304 w.e.f. 18-Oct-2025.

Purchase dt : 18-Oct-2025 Sale Amt : 77982/-
 OTT Date : 18-Oct-2025 Amount/Rcpt No : 7799/ UP57D25100007546
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Jan-2026
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 24-Oct-2025 to 23-Oct-2040

Signature of Registering Authority
Date : 07-Feb-2026



Date : 07-Feb-2026 11:28:29
Taxation Particulars / Advance Registration Mark Fee Details

Q 7671736



The Oriental Insurance Company Ltd.
Policy Schedule

Page No. 1

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. ELMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAAC10627RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS, 8 Years)	Policy Issued On	18-OCT-25
Policy No	25240031202546820	Proposal No. & Date	B-35240031202546820 & 18-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 21.08.2025 TO 20.08.2031 (COMMENCEMENT OF 17.10.2025)
Agent/Broker Name	MBHINAY BHATTI	Policy Period (LIABILITY)	FROM 21.08.2025 TO 20.08.2031 (COMMENCEMENT OF 17.10.2025)
Insured Name	MAYANK KUMAR KHARWAR (GSTIN:)	Lead/Breakin No	
Insured Address	C/O SOHAN KHARWAR, RO VILL - BIHAR KHURD BANGALA, PADRAUNA (KUSHI NAGAR), NAO	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOR CORP	Vehicle	74083
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74083
Engine-Chassis No	HA11E6S418780-MBLHAW461S4E12835	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			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	124.65	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IM1-16)	0
Basic Premium	185.63	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-GR16B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4037
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	726
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
SIP Discount	0	Swachh Bharat Cessa 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cessa 0.50%	47.63
Add-On Coverages	0	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	186		
Net own Damage Premium(A)			

- Note:
- Policy Issuance is the subject to the realisation of the rate.
 - Unutilized Stamp Duty paid via Challan No.
 - The Policy is subject to a compulsory Deductible of Rs. 0 (IM1-22)
 - Voluntary excess Rs 0
 - Subject to Endorsements IMT 7, 10, 28.

Nominee Name	Age	Relation	Amount
			47.63

Payment Details: Payment Method: **Financer Name: IDFC FIRST BANK LTD** **Financer Branch: PADRAUNA**

Financer Type: **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 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 O/E 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 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 hand at 252400 on 18-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 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.

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 25% 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.



Approved By: UNIV@252400
Approved On: 18-OCT-25
Place: MRU
Printed On: 18-OCT-25

For and on behalf of
शालिनी गाडी का फुल सेवा
एक साल का तथा थक नहीं
गैर: साल के लिये मान्य है
Authorized Signature

Issue Date : 16/12/2016



मयंक कुमार खरवार
Mayank Kumar Kharwar
जन्म तारीख / DOB : 13/07/2001
पुरुष / Male

Government of India



5826 7701 7969
भादी आधार, भादी ओण्ड

Print Date : 02/06/2023

Address: S/O. Sohan Kharwar, Bihar
Khurd, Bangala, Post Bihar Bujurg, Bihar
Khurd, Kushinagar, Uttar Pradesh, 274401

संरनाथु: आसुज: सोहन खरवार, बिहार खुर्द,
बंगला, पोस्ट बिहार बुजुर्ग, बिहार खुर्द,
कुशीनगर, उत्तर प्रदेश, 274401



एरतीय विडिय ओण्ड एरिडर
Unique Identification Authority of India



5826 7701 7969



1947



help@uidai.gov.in



www.uidai.gov.in

सिद्धार्थ बिहारी

भारत सरकार

INCOME TAX DEPARTMENT



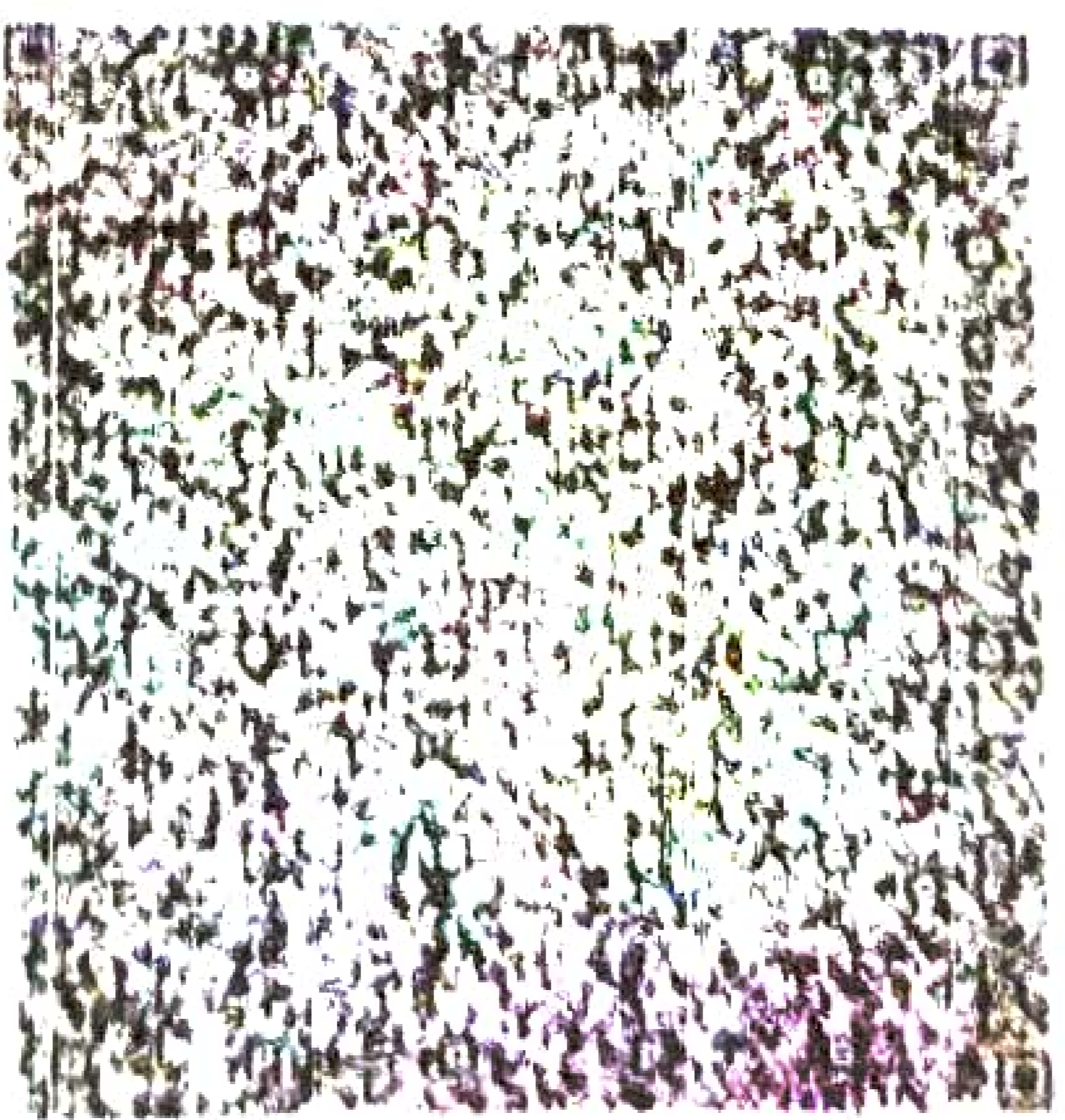
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

INOPKAGASQ



नाम / Name

MAYANK KUMAR KHARWAR

पिता का नाम / Father's Name

SOHAN KHARWAR

MAYANK

कार्ड का क्रमांक / Card No

13/07/2001

स्थान / Sign

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20240019893

Issue Date: 04-11-2024 Validity (NT): 19-01-2042
 Validity (TR):



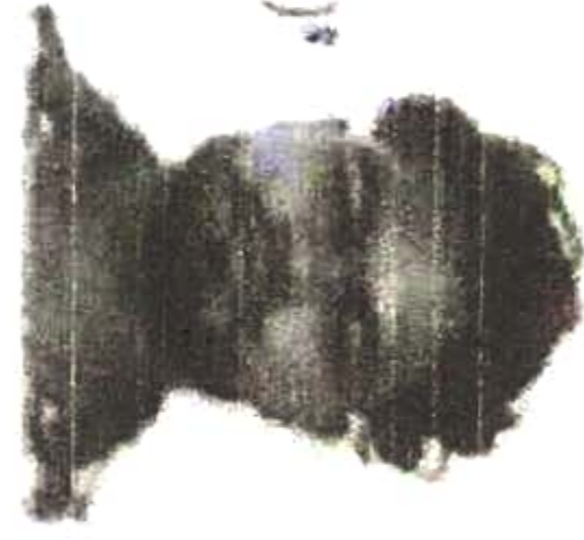
Name: RITESH CHAUHAN

Date of Birth: 20-01-2002 Blood Group:

Son/Daughter/Wife of: KANHAIYA CHAUHAN

Address:

BIHAR KHURD BANGALA POST BIHAR BUJURG
 FAZILNAGAR BIHAR KHURD TAMKUIHI RAJ
 KUSHINAGAR UTTAR PRADESH 274401



Holder's Signature

Date of First Issue: 04-11-2024

DL No: UP57 20240019893



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
LMV	MCWG	UP57	04-11-2024	NT			
MVSD		UP57	04-11-2024	NT			

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR