

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.	Arun Kumar Gupta, 7355662004
2	Vehicle No. / वाहन संख्या	UP57CA0083
3	Policy No. / पालिसी संख्या	252400/31/2026/45954
4	Period of Insurance / बीमा अवधि	18/10/2025 to 17/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/05/2026, 04:00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Nazam Chowaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun Kumar Gupta/355662004
8	Estimated Loss / अनुमानित हानि	12,730 / ✓
09.	Cause of Accident / दुर्घटना का कारण: अपनी बार्कि लेकर कसथा जा रहा था तभी अचानक एक बूढ़ी औरत बार्कि के सामने आ गई उसी की बचाने के चक्कर में सामने आ रही बार्कि से टकराने की वजह से 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 Raebareilly.

Arun Kumar Gupta

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. 252400/311 2026/45954
 Tel. No. _____ Period of Insurance 17-10-2026
 Claim No. _____

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

1. INSURED

(a) Name : Arun Kumar Gupta
 (b) Address for correspondence : _____
 (c) Telephone : 7355662004

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>H A 11 F B S H 5 6 2 2 3 0</u> Chassis No. <u>M B L H A W 3 3 X S H 5 6 1 2 7 4</u>	Registration No. <u>UP 57 CA 00083</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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Arun Kumar Gupta
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1 Owner : owns
 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 : UP5720780003916
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31-12-2025
 (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 : 10-05-2024, 04:00 P.M
 (b) Place : Narhar chauraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक बड़ी औरत बस के सामने आ गई
 (e) If any third party was responsible for this accident give the name and address : श्री श्री केशव के-चकर, म सामने आ रही बस के से एक बस की वजह से टूटने ही म

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Mandala Mandel-T mirror - (R)
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile peethana

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 : N/A
 (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 : _____

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 11-05-2002

Signature of the insured Arun Kumar Gupta

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

Arun Kumar Gupta
Signature
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 : UP57CA0083 Registration Date : 22-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 : ARUN KUMAR GUPTA Son/wife/daughter of : NATHU GUPTA
 Full Address: (Permanent) : VILL-KHARDEWA, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-KHARDEWA, POST-DUMMARBHAR, THANA-KASYA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 21-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 : AA2140319111 Rear HSRP No : AA2138242283
 Type of Body : SOLO WITH PILLION Month/Year of Manut. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW33XSHJ61274
 Engine No : HA11FBSHJ62230 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey 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)

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 : 18-Oct-2025 Sale Amt : 80517/-
 OTT Date : 18-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100006145
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-Oct-2025 to 21-Oct-2040

Date : 16-Dec-2025 11:22:02

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 16-Dec-2025

6218650

12/16/2025, 11:22



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: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

INSURED MOTOR VEHICLE DETAILS

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes details like Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A).

Table with 5 columns: Nominee Name, Age, Relation, Amount, Payment Method, Cheque No./Transaction No., Bank Name, Financer Name, Cash, Financer Branch, POS ID, POS PAN NO/Aadhar No.

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 OIC endorsements mentioned herein above which are available on company's website. We warrant 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/have herein to set his/their hands 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 their 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 Motor Vehicles Act, 1988. * This insurance excludes all pre existing damages



Approved By : VAIS@252400
Approved On : 18-OCT-25
Place : MRT
Printed On : 18-OCT-25

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

यह बीमा पॉलिसी, गाड़ी का कुल बीमा
(10) एक साल का तथा यह बीमा बीमा

**Indian Union Driving Licence
Issued by Government of UTTAR PRADESH**



UP57 20260003816

Issue Date 22-02-2026 Validity(NT) 31-12-2045 Validity (TR)* 00-00-0000



Holder's Signature

22-02-2026

Name: **ARUN KUMAR GUPTA**

Date of Birth: 01-01-2006 Blood Group: _____

Son/Daughter/Wife of: **NATHU GUPTA**

Address: **43a Vill Khandawa Post Dummarbhar Padrauna Dumar Bhar Kushinagar Uttar Pradesh 274304**

Date of First Issue

DL No : **UP57 20260003816**

DLUP00269734



Invalid Carriages (Regn. Numbers):
Hazardous Validity* 00-00-0000
Hill Validity* 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Regn. No.	Issued Date	Issued by
MCWG	LMW	UP57	22-02-2024	MT		00-00-0000	
MVSD							

Emergency Contact Number

Licensing Authority
Kushinagar

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DEAPG2539K

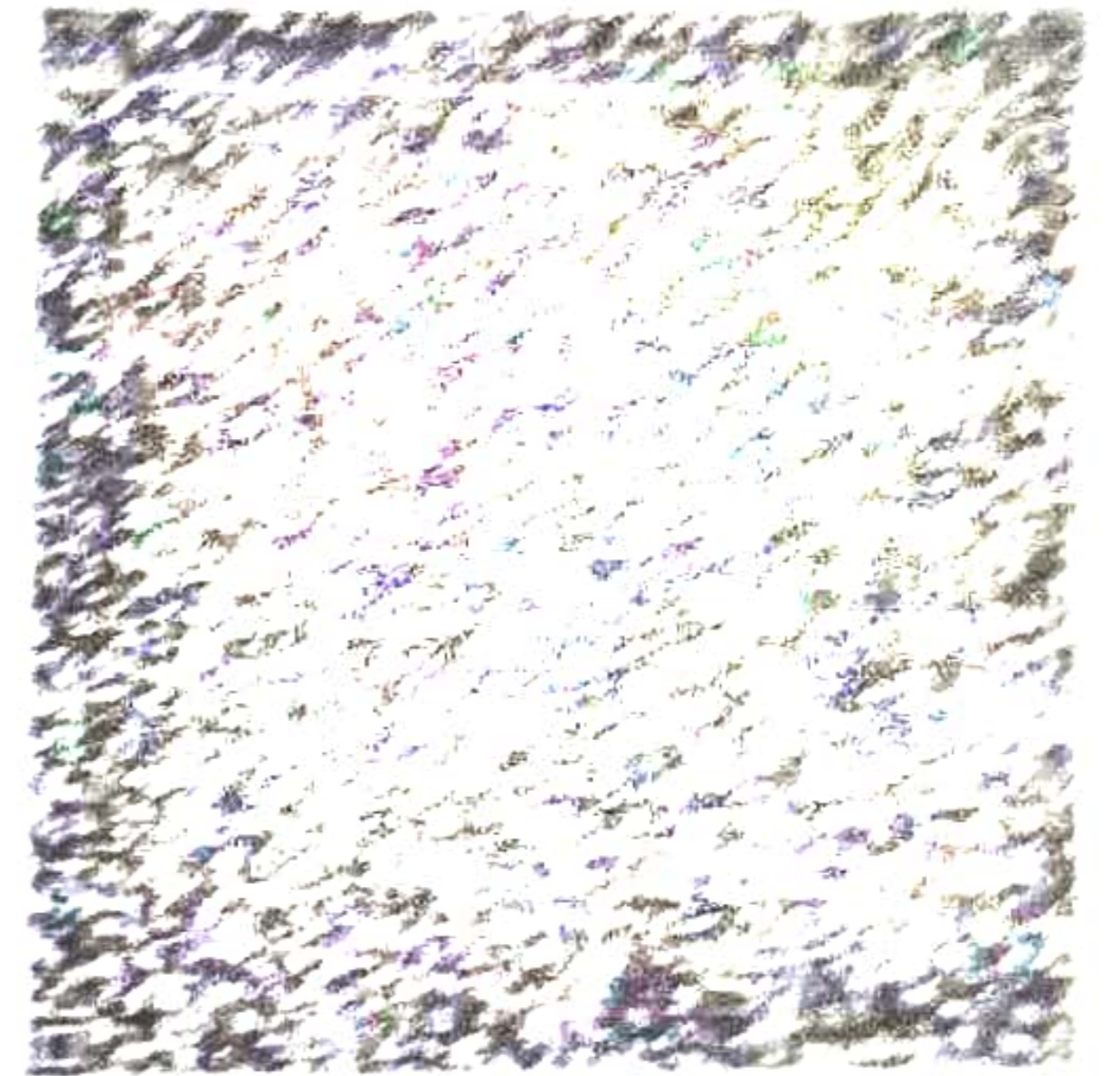


नाम / Name
ARUN KUMAR GUPTA

पिता का नाम / Father's Name
NATTHU GUPTA

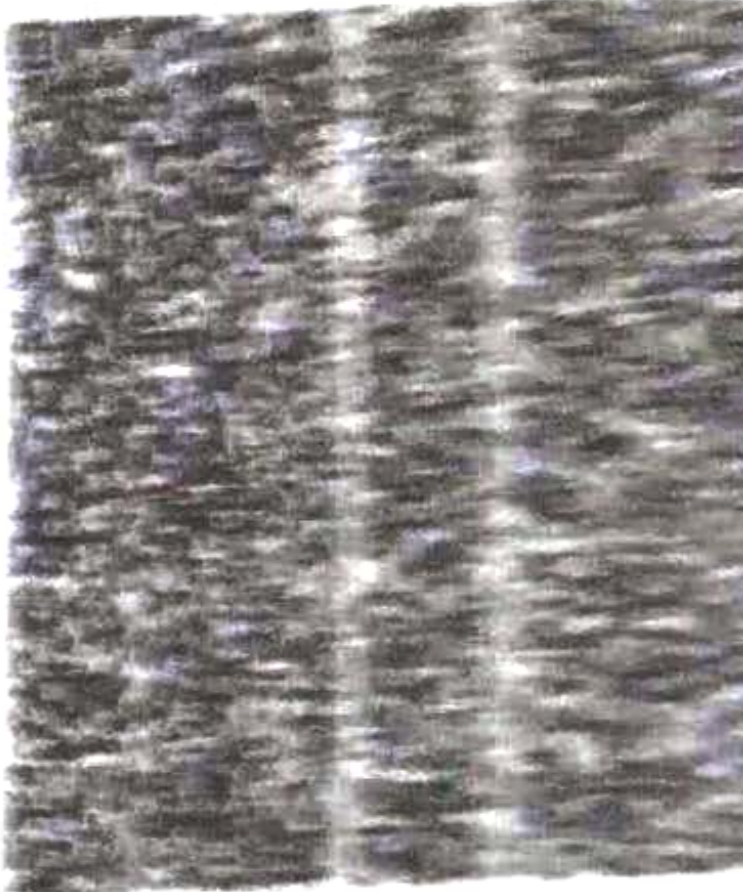
जन्म की तारीख /
Date of Birth
01/01/2006


हस्ताक्षर / Signature



10012024

संस्कृत



आपका आधार क्रमांक / Your Aadhaar No. :

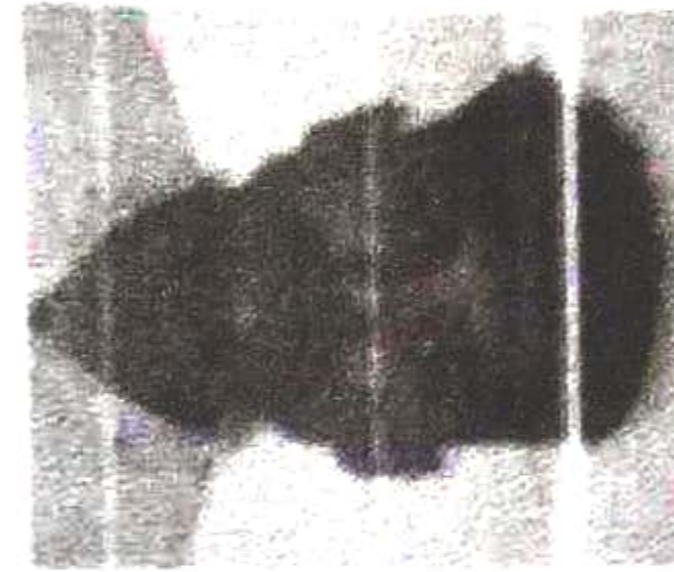
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VID : 9176 9652 7751 7954

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



/adhaar no. issued: 04/01/2014

अरुण कुमार गुप्ता
Arun Kumar Gupta
जन्म तिथि/DOB: 01/01/2006
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं !
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सप्रेस को स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identification, not of citizenship
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline Airtel).

5198 8797 1643

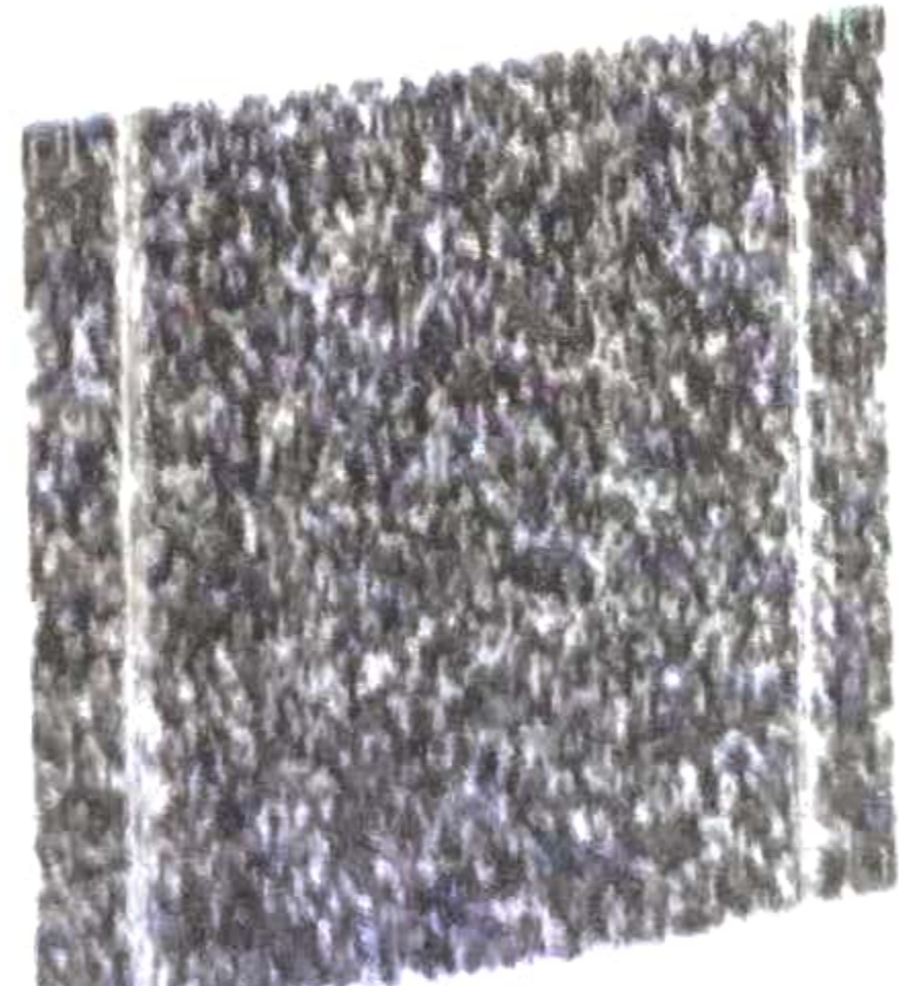
मेरा आधार, मेरी पहचान

ensuring using Aadhaar for Aadhaar (A) services only or using of app when you are using mobile app for Aadhaar (A) services only or using of app when you are using mobile app for Aadhaar (A) services only

- Aadhaar helps you avail of various Government and Non-Government benefits/services
- Keep your mobile number and email id updated in Aadhaar
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent



भारतीय विधिक पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 10/01/2026

पता:
श्री नरथ गुप्ता, 43अ, ग्राम खरदेवा, पोस्ट दुमरभार, दुमर प्र.
पड़रौना, कुशीनगर,
उत्तर प्रदेश - 274304
Address:
C/O Nanthu Gupta, 43a, Vill Khardewa, Post
Dummarbhar, Dumar Bhar, PO: Padrauna, DIST:
Kushinagar,
Uttar Pradesh - 274304

5198 8797 1643

VID : 9176 9652 7751 7954

1947

help@uidai.gov.in

www.uidai.gov.in