

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	Nashua Chaukaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Arun Kumar Gupta, 7355662004
8	Estimated Loss / अनुमानित हानि	12,730/-
9.	Cause of Accident / दुर्घटना का कारण: अपनी बाईक लेकर कसया जा रहा था तभी अचानक एक बड़ी औरत बाईक के सामने आ गई उसी की बचाने के चक्कर में सामने आ रही बईक 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 Raebanua.

Arun Kumar Gupta

Signature of Insured / बीमाधारक के

Date / दिनांक : 11/05/2026
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. 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>HA11FB8H562230</u> Chassis No. <u>MBLHAW33XSH561274</u>	Registration No. <u>UP57CA00023</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 : CG05720780003916
 (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 : 10-05-2021 06:00 P.M
 (b) Place : Narbar chauraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक बड़ी बिक्र वाहन के सामने आ गई
 (e) If any third party was responsible for this accident give the name and address : श्री को बचाने के चकर में सामने आ गई वाहन से एकाने ही वजह से हादसा हुआ

6. DAMAGE TO INSURED VEHICLE

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

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 _____ ~~PIA~~

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any _____
- (b) Did a Police Constable take particulars of The accident? _____ ~~PIA~~
- (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? _____ ~~PIA~~
- (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/-

Arun Kumar Gupta

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FOIR9928
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, U.P. (GSTIN: 09AAACT0627RZ4U)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)
Policy No	25240091/2026/45954
Agent/Broker Code	BA0000155144
Agent/Broker Name	ABHINAV BHATI
Insured Name	ARUN KUMAR GUPTA (GSTIN:)
Insured Address	C/O NATHU GUPTA, B/O VILL-KHARDEWA POST-DUMARBHAR, THANAKASYA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NAO

Policy Issued On	18-OCT-25
Proposal No. & Date	R25240091/2026/1059737067 & 18-OCT-2025
Policy Period (OWN'S DAMAGE)	FROM 10:31 ON 18/10/2025 TO MIDNIGHT OF 17/10/2026
Policy Period (LIABILITY)	FROM 10:31 ON 18/10/2025 TO MIDNIGHT OF 17/10/2026

Lead/Breakin No / Insured State	UTTAR PRADESH
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INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTOCORP
Model & Variant	SPLENDOR + XTEC 2.0
Registration No	NEW
Year Of Manufacture	2025
Engine -Chassis No	HAL1FBSH62230 - MELHAW33XSH61274
Cubic Capacity	97.2
Seating Capacity	1-1
Type Of Body	SOLO
RTO Location	PETROL

Vehicle	76491
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	76491
Policy Type	Zone B - Rest of India
Geographical Area	

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)	LIABILITY SECTION (B)
Vehicle	3851
Elec. Accessories	0
Non-Elec. Accessories	0
Basic Premium	0
Geographical Area Extn (MT-1)	0
Driving /Tuition Loading On OD Premium (60%)	191.99
Sub-Total Additions	0
Deductibles	0
Voluntary Deductibles (MT 22A)	0
Anti-Theft Device (MT-10)	0
AAI Membership (MT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
SIF Discount	0
Sub - Total Deductibles	0
Net Depreciation	0
Return to Invoice	0
Key Replacement	0
Consumables	0
Sub Total Add-on Coverages	0
Net own Damage Premium(A)	192

Nominee Details :	Age	Relation	Amount
Payment Method			4771
Financer Type			
POS Name			

Payment Method	Bank Name	Financer Branch	POS PAN NO/Aadhar No
Cash			NA
POS ID			

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

The insurance coverance is subject to conditions, clauses, warranties, exclusions, MTs and OIC endorsements mentioned herein above which are available on company's website.

We warrant that in case of insuror of premium cheque of the Company will 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.

I/We hereby certify that the policy to which the certificate relates is as per the details mentioned in this certificate of insurance as issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act 1988.

In witness whereof the undersigned being authorized by and on behalf of the company has/have herein to set his/his hands at 25-2400 on 18-OCT-25

IMPORTANT NOTICE The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with the schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MVACT 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for special domestic and pleasure purposes and the insurer'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) Traction with motor cycle.

Policy A: Chances: 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 the vehicle, provided that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989.

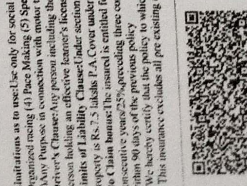
Limits of Liability: Chances/under section 14-14 (b) III for owner-Driver is RS 0

No Claim Bonus: 25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% NCB on OD premium/No Claim Bonus unit) to be allowed provided the policy is renewed within 90 days of the previous policy.

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 all pre-existing damages

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



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

यह बाधा पालिसी, गाडी का फुल बीमा
(00) एक साल का तथा थर्ड पार्टी बीमा
सर्विज अल के लिए ही मान्य है।



Indian Union Driving Licence
Issued by Government of UTTAR PRADESH



UP57 20260003816

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



Holder's Signature

22-02-2026

Date of First Issue

Name: **ARUN KUMAR GUPTA**
 Date of Birth: **01-01-2006** Blood Group:
 Son / Daughter / Wife of: **NATTHU GUPTA**

Organ Donor: **N**

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

GSTN : 09AHWPG0569P1ZE

DL No : **UP57 20260003816**

DLUP00269734



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	22-02-2026	NT			
	LMV	UP57	22-02-2026	NT		00-00-0000	

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
Kushinagar

GSTN : 09AHWPG0569P1ZE

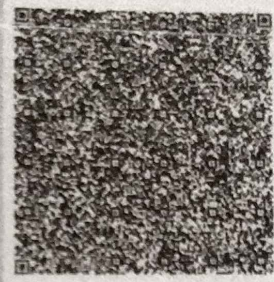
आयकर विभाग
INCOME TAX DEPARTMENT



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

10012024

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

हस्ताक्षर / Signature





आपका आधार क्रमांक / Your Aadhaar No. :

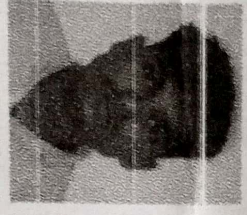
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VID : 9176 9652 7751 7954

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



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

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

#adhaar no. issued: 04/03/2014

मेरा आधार, मेरी पहचान

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app stores or using secure QR code reader app available on
www.uidai.gov.in.

- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- 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.



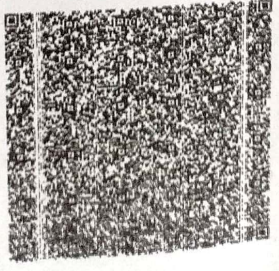
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 10/01/2026

पता:
डा.रा नरेश गुप्ता, 83अ, ग्राम खरदेवा, पोस्ट दुमरापुर, इतर अर.
पड़रौना, कुशीनगर,
उतर प्रदेश - 274304

Address:
C/O Nanthu Gupta, 43a, Villi Khardewa, Post
Dumrahabhar, Dumra Bhar, PO: Padrauna, DIST:
Kushinagar,
Uttar Pradesh - 274304



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