

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.	Saral Yadav 8219125230
2	Vehicle No. / वाहन संख्या	UP57CA 6530
3	Policy No. / पालिसी संख्या	252400/31/2026/52285
4	Period of Insurance / बीमा अवधि	26-10-2025 - 25-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29-04-2026 6:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	खरौवा चौराहा के पास
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Basaruddin Ali 9032713528
8	Estimated Loss / अनुमानित हानि	12,400/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा पड़ोसी बसरुद्दीन अली मेरा दावा करने जा रहे थे कि रास्ते में एक कारक वाला दूसरे गाड़ी को भीवर लेक करके सिधे मेरे गाड़ी में टक्कर मार दिया और सामने से जिससे अचानक हिलन केबल ही गया और हकी के लक्ष में
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.	Gupta Automobile padrauna 9125197118

कार्ट डैमिज हो गया धर पर शाही चौक के
वजह से गाड़ी क्लेम करने में

Date / दिनांक : 13-05-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

Saral Yadav

13-05-2026



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. 252900131/2026/52205

Tel. No. _____

Period of Insurance 26-10-2025 - 25-10-2026
 Claim No. _____

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

I. INSURED

(a) Name Saral Yadav
 (b) Address for correspondence _____
 (c) Telephone 0219125230

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11P9SH500061</u> Chassis No. <u>MBLHA0496SH500247</u>	Registration No. <u>UP57 CA 8530</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 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

HIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Basaruddin ali
 (b) Age :
 (c) Address :
 (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 :
 (f) Was he under the influence of intoxication Liquor or drugs? :
 (g) Driving Licence Number : UP57 2014 0020590
 (h) Issuing Authority :
 (i) Date of Expiry : 16-10-2034
 (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 : 29-04-2026 6:00 P.M.
 (b) Place : 29वीं चौराहा
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : एक कारक वाला डूरे गाड़ी को भोक्क लेके
 (e) If any third party was responsible for this accident give the name and address : करके खिचे मेरे गाड़ी में टक्कर मार दिया और
 6. DAMAGE TO INSURED VEHICLE :
 (a) Full details of damage : एक टायर टूट गया और एक शीशी टूट
 (b) Estimated cost of repairs : की वजह से लेट ऑल में खर्चा हुआ है
 (c) When and where can the damaged vehicle be inspected : Fandi TMC Pione Khandon etc.
 : Gupta Automobile padvana

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 : MIA
 (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 : _____

~~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 Police 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 past or future accident shall be forfeited.

Date 13-05-2002

Signature of the insured

Saral Yadav

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CA6530
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304
 Owner Name : SARAL YADAV
 Full Address: (Permanent) : VILL- BANSAGAW BAIRIYA POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : VILL- BANSAGAW BAIRIYA, POST- DUDAHI, THANA- BISHUNPURA, KUSHINAGAR- UTTAR PRADESH-274302
 Fitness Up To : 31-Oct-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Son
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2144475581
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F9SHJ00061
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ XTEC (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : Red Black
 Other Criteria :
 Vehicle Purchase As : Fully Built

Registration Date : 01-Nov-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAMOHANDRA YADAV
 Owner Serial No : 1
 Link Vehicle No :
 Nominee Name : SATENDRA YADAV
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2144476816
 Month/Year of Manuf. : 09/2025
 Chassis No : MBLHAW496SHJ00247
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kg) : 243
 AC Fitted : NO

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 HERO FINCORP LIMITED DELHI, BASANT LOK BASANT VIHAR, BASANT LOK BASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 26-Oct-2025.

Purchase dt : 26-Oct-2025
 OTT Date : 26-Oct-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 08-Dec-2025
 Sale Amt : 77982/-
 Amount/Rcpt No : 7799 / UP57D25110000406
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Nov-2025 to 31-Oct-2040

Date : 09-Dec-2025 16:59:47

Signature of Registering Authority
 A. B. J. O. (A)
 Kushinagar (U.P.)
 Date: 09-Dec-2025

Taxation Particulars/ Advance Registration Mark Fee Details
 Q 5738581



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)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570... (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-15 Years)	Policy Issued On	26-OCT-25
Policy No	252400/31/2026/52285	Proposal No. & Date	R/252400/31/2026/106317476/8 & 26-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:12 ON 26/10/2025 TO MIDNIGHT OF 25/10/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 14:12 ON 26/10/2025 TO MIDNIGHT OF 25/10/2026
Insured Name	SARAL YADAV (GSTIN:)	Lead /Breakin No	/
Insured Address	C/O RAMCHANDRA YADAV, R/O VILL-BANSGAW BAIRIYA POST-DUDAH, THANABISHUNPURA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTOCORP	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	HA11F9SHJ00061 - MBLHAW496S1J00247	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	1241.63	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
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		PA Paid Driver, Conductor, Cleaner-GR36B3	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 Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	4763
Add-On Coverages		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)			

Nominee Details :	Nominee Name	Age	1	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4763	
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	DELHI	
POS Name	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 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 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 this 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.

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 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

Approved By : UNIV@252400
Approved On : 26-OCT-25
Place : MR1
Printed On : 05-NOV-25

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

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name
SARAL YADAV

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

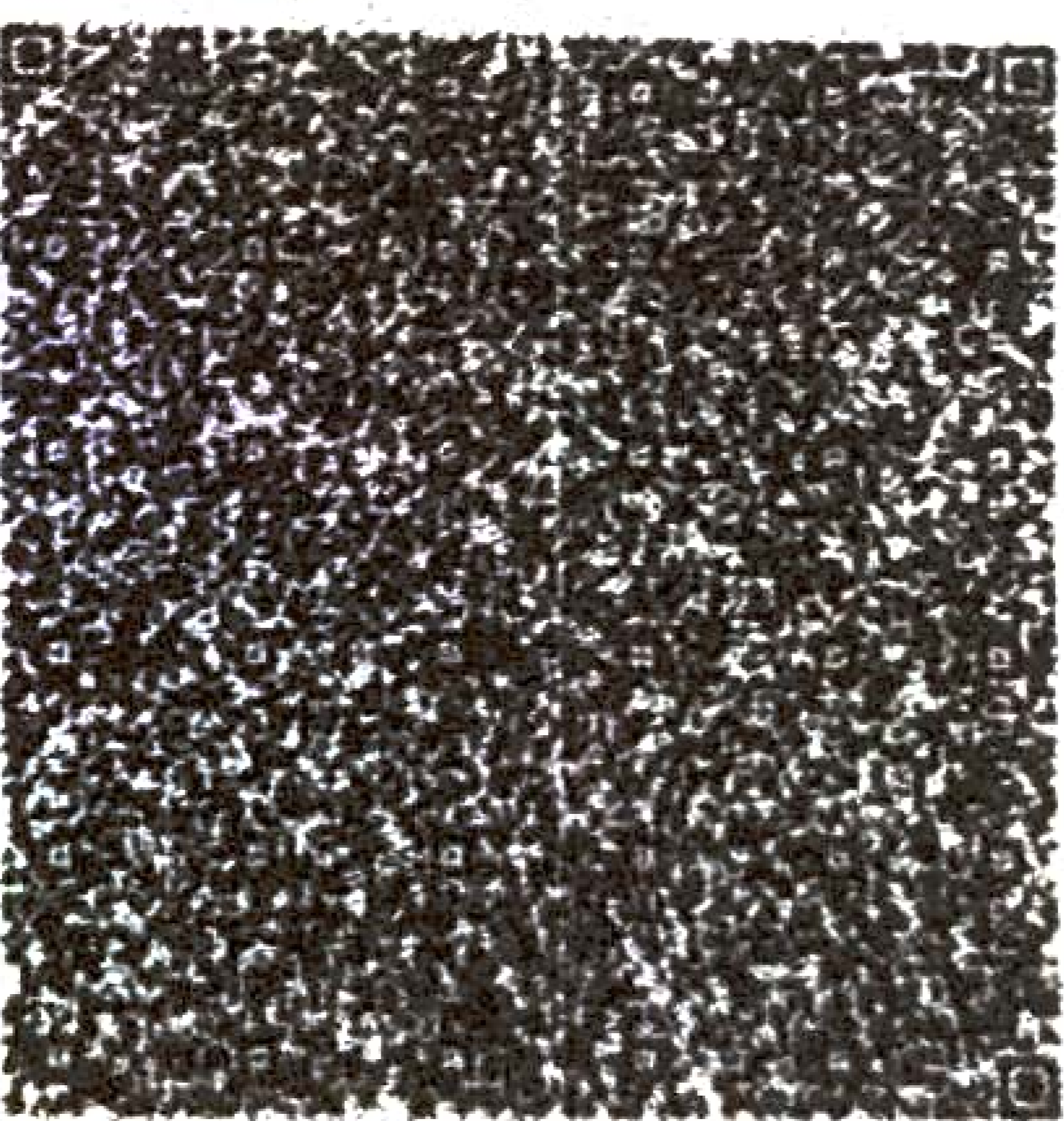
AYUPY0523G

पिता का नाम / Father's Name
RAMCHANDRA YADAV

जन्म की तारीख /
Date of Birth
01/01/1979



हस्ताक्षर / Signature



20122018

Estimate

MOBILES

ESTIMATE

GSTIN : 09AHWP0569P1ZE



AUTHORISED DEALER



भारत सरकार
Government of India



सरल यदव
Sara Yadav
जनम तिथि / DOB : 01/01/1979
पल्ल / Male

2994 2627 1792



आधार - आम आदमी का अधिकार



भारत सरकार
Government of India

पता:
आमना: रामचन्द्र यदव, शरिया,
बासगांव, दुधि, कुशीनगर, दुधई,
उत्तर प्रदेश, 274302

Address:
S/O: Ramchandra Yadav, Sharifa,
Basganw, Dudhi, Kushinagar,
Dudhna, Uttar Pradesh, 274302

2994 2627 1792



1800 300 1847



map@india.gov.in

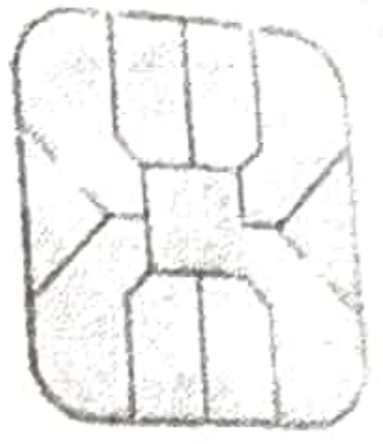
www.india.gov.in

ESTIMATE GSTN : 09AHWP00569F12C AUTHORIZED DEALER

UNION OF INDIA **Driving Licence**

UP (NT)

UP57 20140020590



कार्ड जारी की तिथि
Date of Issue
17/10/2014

श्रेणी / Validity
NT 15/10/2034

संज्ञा जारी
Date of Birth
07/01/1990

Blood Group
UNKNOWN



नाम / Name
BASARUDDIN ALI

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

RAJ MOHAMMAD GADDI

UP57 20140020590

UP0217425485

LMV 17/10/2014
MCWG 17/10/2014

पता / Address
VILL - BAS GAON TOLA BAIRIYA
PO - DUDAH, P.S. VISHUNPURA
KUSHINAGAR 274302

Holder's Signature

Official / Issuing Authority Sign

KUSHINAGAR

UP

Form 7 Rule 16(2)