

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.	Gulab 9457504738
2	Vehicle No. / वाहन संख्या	UP85 DA8106
3	Policy No. / पालिसी संख्या	252400/31/2026/04306
4	Period of Insurance / बीमा अवधि	2/12/25 to 1/12/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7-5-26 Time - 4:30 PM
6	Place of Accident / दुर्घटना का स्थान	नरियाँ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gulab Singh 9457504738 UP8520090000163
8	Estimated Loss / अनुमानित हानि	247131
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर जा रहा था तब किसी ने अचानक कार आगे और मेरी गाड़ी उससे टकराकर उल्टे दायें पर गिर गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Jain Hero 9760527341

Date / दिनांक : 13/5/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

Gulab



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. _____

Tel. No. _____

Period of Insurance _____

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 : Gulab mat
- (b) Address for correspondence : _____
- (c) Telephone : 9457504738

2. THE INSURED VEHICLE

Make & Year <u>05-Dec-2025</u> <u>Hero</u>	Engine No. <u>00366</u> Chassis No. <u>00488</u>	Registration No. <u>UP85DA8106</u>
--------------------------------------------------	-----------------------------------------------------	---------------------------------------

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? No
- (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

None

10/10/25

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : शुभलाल सिंह
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver :
 - 1. Owner : owner
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : _____
- (e) If paid driver, how long has he been in your employment : NO
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : UP8520090000163
- (h) Issuing Authority : _____
- (i) Date of Expiry : 09/05/2030
- (j) Was the licence temporary/permanent : 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 4:30 PM
- (b) Place : रास्ता
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : आपकी गाड़ी को जा रहा था कि गाड़ी ने टक्कर मारी
- (e) If any third party was responsible for this accident give the name and address : जानकारी नहीं है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimated
- (b) Estimated cost of repairs : 27713/-
- (c) When and where can the damaged vehicle be inspected : join new company

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? : _____

शुभलाल सिंह

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Handwritten signature/initials

The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGHR0928

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-(5 Years))	Policy Issued On	02-DEC-25
Policy No	252400/31/2026/42846	Proposal No. & Date	R/252400/31/2026/42846 & 02-DEC-2025
Agent/Broker Code	BA000155144	Policy Period (OWN DAMAGE)	FROM 12-13 ON 02/12/2025 TO MIDNIGHT OF 01/12/2026
Agent/Over Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 12-13 ON 02/12/2025 TO MIDNIGHT OF 01/12/2026
Insured Name	GULAB (GSTIN:)	Lead /Breakin No	/
Insured Address	C/O BABU LAL, HERNOL HARNAUL, MAT, MATHURA, , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Brand & Variant	HERO MOTOCORP	Vehicle	HERO SUPER SPLENDOR DRS XTECH	74687	
Registration No	NEW	Electrical Accessories		0	
Year Of Manufacture	2025	Non Electrical Accessories		0	
Engine - Chassis No	JAG7AZS9L00366 - MBLJAW522S9L00488	Total IDV		74687	
Cubic Capacity	125	TMF CONTRACT NO			
Seating Capacity	1+1	Policy Type		Zone B - Rest of India	
Type Of Body	SOLO	Geographical Area		INDIA	
RTI Location					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1251.75	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 (IMT-16)	0
Basic Premium	1251.75	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-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4039
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	728
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	1064	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1064	Krishi Kalyan Cess@0.50%	4767
Add-On Coverages		Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	188		
Net own Damage Premium(A)			

- Note:
1. Policy Issuance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT,7.10.28,

Nominee Details:	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
Payment Details:	Payment Method			4767
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	
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 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: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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 02-DEC-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) Race Making (5) Speed testing (6) Reliability trials (7) Use in connection with motor trade.

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 of Rs. 7.5 lakhs P.A. Co- or under section III for owner-Driver is Rs.

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% wof NCB on OD premium. No Claim bonus only 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 XI of M.V. Act, 1988.

This insurance excludes all pre-existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : 009256MD
Approved On : 02-DEC-25
Place : MRT
Printed On : 02-DEC-25

General Manager