

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.	Saloni Gupta 9793189038
2	Vehicle No. / वाहन संख्या	UP57CB 2920
3	Policy No. / पालिसी संख्या	252400 / 31 / 2026 / 62357
4	Period of Insurance / बीमा अवधि	24-11-2025 - 23-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11-05-2026 3:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Nehru 9669 -
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8174875985 Satish Kumar Gupta
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मेरा भाई सतीश कुमार गुप्ता किसी काम से जा रहे थे तभी अचानक सामने जानवर आ गया उसी को बचाने हुये मेरी कार सामने से आ रही कार से धुरा कर बायें साईड गिरने से क्षतिग्रत 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.	9125197198 Gupta Automobile padrauna

Date / दिनांक : 15-05-2026
हस्ताक्षर

Saloni Gupta
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. 252400/31/2016/62357

Tel. No. _____

Period of Insurance 23-11-2026

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 : Saloni Gupta
 (b) Address for correspondence : _____
 (c) Telephone : 9793189008

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>JAO 7A2S9 F00 629</u> Chassis No. <u>MBLJAW515S9F01313</u>	Registration No. <u>UP57CB 2920</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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Satish Kumar Gupta
 (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 : CP5720230019500
 (h) Issuing Authority :
 (i) Date of Expiry : 06-07-2040
 (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 : 11-05-2026 3:00 P.M.
 (b) Place : Mehra
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 अज्ञात व्यक्ति द्वारा भी गत उसी को कम्पलेट एप में से डकैत कर के मार गिरने से उसे की मार

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : ROR.H/A, W/S. Bone-leg and
 (b) Estimated cost of repairs :
 (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 _____

N/A

9. WITNESS

- (a) Give names and addresses of passengers/other witnesses, 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 Duty No. _____

N/A

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. charge Number _____

N/A

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 15-05-2006

Signature of the insured Saboni 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

Signature .. *Saloni Gupta*
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 : UP57CB2920 Registration Date : 26-Nov-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 : SALONI GUPTA Son/wife/daughter of : SURESH GUPTA
 Full Address: (Permanent) : VILL- LAJPAT NAGAR SARDAR PATEL, NAGAR WARD NO.22 POST- PADRAUNA, THANA- PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL- LAJPAT NAGAR SARDAR PATEL, NAGAR WARD NO.22 POST- PADRAUNA, THANA- PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness Up To : 25-Nov-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 : AA1047459185 Rear HSRP No : AA2144984357
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLJAW515S9F01313
 Engine No : JA07AZS9F00689 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 123
 Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 253
 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 HDB FINANCIAL SERVICES LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 24-Nov-2025.

Purchase dt : 24-Nov-2025 Sale Amt : 82305/-
 OTT Date : 24-Nov-2025 Amount/Rcpt No : 8231 / UP57D25110007887
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-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 26-Nov-2025 to 25-Nov-2040

Date : 28-Jan-2026 17:21:53
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O. (A)
Kushinagar (U.P.)
 Date : 28-Jan-2026

Q 7714178



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR/978

Page No: 1

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

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570... (GSTIN: 09AAACT0627R4ZU)		
Policy No	252400/31/2026/62357	Policy Issued On	24-NOV-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/41337 & 24-NOV-2025
Agent/Broker Name	ABHINAV BIHATI	Policy Period (OWN DAMAGE)	FROM 15:01 ON 24/11/2025 TO MIDNIGHT OF 23/11/2026
Insured Name	SALONI GUPTA (GSTIN:)	Policy Period (LIABILITY)	FROM 15:01 ON 24/11/2025 TO MIDNIGHT OF 23/11/2030
Insured Address	C/O SURESH GUPTA, VILL-LAJPAT NAGAR SARDAR PATEL NAGAR WARD NO.22, POST & PIANA - PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA,	Lead/Breakin No	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	78191
Model & Variant	HERO SUPER SPLENDOR DSS NTECH	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	78191
Engine - Chassis No	JA07AZS9F00689 - MBLAW51559F01313	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1310.48	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	1310.48	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4047
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1114	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1114	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4775
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium (A)	196		

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

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4775
Financer Type	Financer Name	HDB FINANCIAL SERVICES LIMITED	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 cheque(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 hereon set his/his hands at 252400 on 24-NOV-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 ten and (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

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 M.V. Act, 1988.

This insurance excludes all pre-existing damages.



Approved By : 659525SMD
Approved On : 24-NOV-25
Place : MRT
Printed On : 24-NOV-25

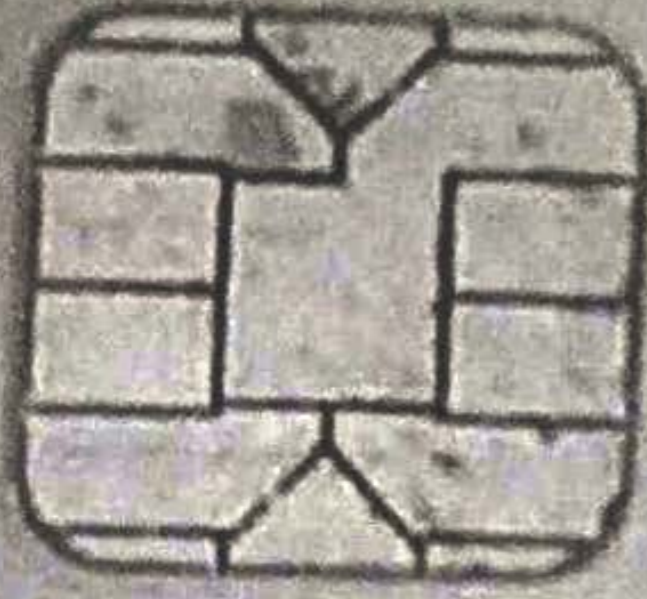
For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP57 20230019500



Issue Date: 20-12-2023
Validity (NT): 06-07-2040
Validity (TR): _____



(20-12-2023)

Date of First Issue

Name: **SATISH KUMAR GUPTA** Holder's Signature

Date of Birth: 07-07-2000 Blood Group: _____ Organ Donor: N

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

Address:
6(2) LAJPATNAGAR SARDAR PATEL nagar Ward
22 Padrauna Kushinagar Uttar Pradesh
274304

DL No: UP57 20230019500

UPDL000012399604



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*
	MCWG	UP57	20-12-2023	NT			
	LMV	UP57	20-12-2023	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Aadhaar no. issued: 17/09/2017



भारत सरकार
Government of India



सौमिणी गुप्ता

Saloni Gupta

जनम तिथि/DOB: 03/09/2004

लिंग/ GENDER

आधार चयनण वा प्रमाण हे, अनधिकृत वा अवैधित वा नसो !
प्रमाण उपरोक्त प्रमाण (ऑनलाईन प्रमाणित, वा प्रमाण वेब/
ऑनलाईन प्रमाणित ही वेबसाईट) के साथ सिवा याता वासि !
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 XML).

5018 9075 1654

भारत आस्था, भारी पदवार्ता

Details as on: 25/02/2026



सद्विधा विधि प्रमाण प्रमाणित
Unique Identification Authority of India



पता:
C/O राजा गुप्ता, लोहिया नगर खुदडा, खुदडा
खुदडा, कुशीनगर,
उत्तर प्रदेश - 274802

Address:
C/O Rajan Gupta, Lohiya Nagar Khadda, Khadda
Kalan, PO: Raja Bazar Khadda, DIST: Kushinagar,
Uttar Pradesh - 274802



5018 9075 1654

VID : 9171 9206 5690 1547

२०१७

help@uidai.gov.in

www.uidai.gov.in



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and enters into any transaction specified in rule 114B

1. Full name and address of the declarant _____
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? _____ Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

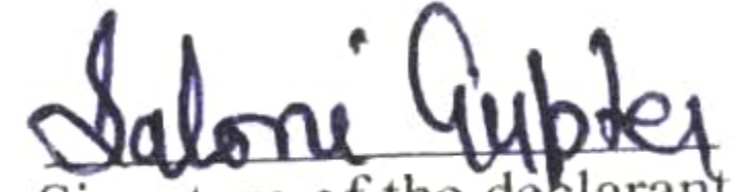
Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : _____

Place : _____


Signature of the declarant

Instructions : Documents which can't be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.