

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.	SUKESH PRASAD 9721653448
2	Vehicle No. / वाहन संख्या	UP52CH-5329
3	Policy No. / पालिसी संख्या	25400/31/2026/32828
4	Period of Insurance / बीमा अवधि	13/08/2025 TO 12/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/05/2026 3:30 PM
6	Place of Accident / दुर्घटना का स्थान	RAMPUR KARKHANA MOD
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUKESH PRASAD 9721653448 UP52-20220019604
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर देवरिया जा रहा था वास्ते में रामपुरकासवाता के पास मोड़ पर एक बार्डक पला अंबो जे टक्कर मार दिया और मेरी गाड़ी दाहिने गिर कर टूट गई ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ISRA MOTORS BAGHAUCHGNAT 8052722372

Date / दिनांक : 18/05/2026
हस्ताक्षर

सुकेश प्रसाद
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. 25400/31/2026/32828
 Tel. No. _____ Period of Insurance 13/08/2025 TO 12/08/2026
 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 : SUKESH PRASAD
 (b) Address for correspondence : _____
 (c) Telephone : VILL - SMART PO - BAGHAUCHGHAT

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>NALLFBSHF56897</u> Chassis No. <u>MBLHALW335SHFD4770</u>	Registration No. <u>UP52CH-5329</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? NIA
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? NIA
 2. Was a pillion rider carried? NIA

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	:	_____	<u>NIA</u>	_____
(f) Was the vehicle plying for hire	:	_____	_____	_____
(g) If Lorry/Jccp/Tractor, was trailer attached?	:	_____	_____	_____
(h) Number of passengers carried	:	_____	_____	_____
(i) Number of Passenger permitted	:	_____	_____	_____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SUKESH PRASAD
 (b) Age : 22
 (c) Address : SEMRAI BAGHAUCH DEORIA
 (d) Is the Driver : OWNER
 1. 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? : NO
 (g) Driving Licence Number : UP52-20220019604
 (h) Issuing Authority :
 (i) Date of Expiry : 31/12/2043
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NIA
 (l) Has he been involved in any accident before? : NIA
 (m) Has he been charged by the policy? If so, Why? : NIA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 17/05/2026 3:30 PM
 (b) Place : RAMPUR KARKHANA MOD
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मैं अपनी गाड़ी लेकर देवरिया जा रहा था रास्ते में रामपुर फरखाना के पास मोड़ पर एक बाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी दाहिने गिर कर टुट गई।
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : ISRA MOTORS BAGHAUCHGNAT

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 : NIA
 (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? : NIA
 (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? : NIA
- (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? : NIA
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Police 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 18/05/2006

सुकेश प्रसाद
 Signature of the insured _____

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 or future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

सुकेश प्रसाद
Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No : 1

Signer DS The Oriental Insurance Company Limited
Date Used Nov 19 2025 09:47:28 IST
Reason: Signing Policy on OIC

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, UTTAR PRADESH (GSTIN: 09AAACT0627RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	13-AUG-25
Policy No	252400/31/2026/32828	Proposal No. & Date	R/252400/31/2026/25251 & 13-AUG-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 19.02 ON 13/08/2025 TO MIDNIGHT OF 12/08/2026
Agent/Broker Name	M'S POLICYBAZAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 19.02 ON 13/08/2025 TO MIDNIGHT OF 12/08/2030
Insured Name	SUKESH PRASAD (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O RAMPRAWESH PRASAD, VILL -SEMARI -POST & -P.S -BAGHAUCHGHAT, DEORIA, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	82271
Model & Variant	SPLENDOR + XTEC 2.0			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	82271
Engine - Chassis No	HA11FB5HF56897 - MBLHAW335SHFD4770			TMF CONTRACT NO	
Cubic Capacity	97.2			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1378.86	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	1378.86	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)	4058
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	730
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	1172	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	1172	Krishi Kalyan Cess@0.50%	4788
Add-On Coverages		Gross Premium Paid	
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	207	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4788
POS Name	NA	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.

I/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/his hands at 252400 on 13-AUG-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

(7) Any Purpose 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 or body injury. Such amount is necessary to meet there 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 table. 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

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 : 6595258MD
Approved On : 13-AUG-25
Place : MRT
Printed On : 19-NOV-25

General Manager
Authorized Signature