



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.	Kamlesh Chaurasiya 63 03 47 89 98
2	Vehicle No. / वाहन संख्या	CP57BY5231
3	Policy No. / पालिसी संख्या	252400/31/2026/24317
4	Period of Insurance / बीमा अवधि	23-06-2025 - 22-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-05-2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Tamkukwa
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Kamlesh Chaurasiya
8	Estimated Loss / अनुमानित हानि	10,530/-
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर धा रहे थे तो राकूले से गाड़ी के सामने एक cycle गल्ला झा गया जिसको बचाते के चक्कर में गाड़ी लोकल बयां करके फिर कर ड्रेज हो गया।	
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 Padraua

Date / दिनांक : 19-06-2026
हस्ताक्षर

कमलेश चौरसिया
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. 252400/31/2020/24317
 Tel. No. _____ Period of Insurance 23-06-2025-22-06-26
 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 : Kamlesh Chaurahiya
 (b) Address for correspondence : _____
 (c) Telephone : 6303478998

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JA07AZS9E12484</u> Chassis No. <u>MBLJAW52589600932</u>	Registration No. <u>UP57B15232</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 : Kamlesh Chaturbija
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1 Owner
 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 : CP5720150001307
 (h) Issuing Authority : _____
 (i) Date of Expiry : 10-01-2035
 (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 : 17-05-2026 4:00 P.m
 (b) Place : Tamkuchwa
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : गाड़ी के सामने अचानक एक cycle वाला सा गया उसी को बचाने के चक्कर में गाड़ी बरि गयी क्या तरह और किस क्षति
 (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 : Vibs, M/C, W/S, Crane etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauni

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? : MIA

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 part or future accident shall be forfeited.

Date 19-05-2002

कमलेश चौराहा
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 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 कमलेश चौसथिया
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

The Document is Digitally Signed
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED
Date: Sat, 06 Jun 2025 15:22:21 IST
Reason: Signing Policy for TCN

Report ID: PGIR9928
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, (GSTIN: 09AAACT0627R4ZU)

Policy Type : BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years) Policy No : 252400/31/2026/24317 Agent/Broker Code : BA0000155144 Agent/Broker Name : ABHINAV BIHATI Insured Name : KAMEESH CHAURASIYA (GSTIN:) Insured Address : C/O RAMVRIKASH CHAURASIYA, VILL-DHAURAHARA POST -PADARI PIPARPATI, THANA - PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA (KUSHINAGAR), NA.	Policy Issued On : 23-JUN-25 Proposal No. & Date : R/252400/31/2026/17014 & 23-JUN-2025 Policy Period (OWN DAMAGE) : FROM 15:21 ON 23/06/2025 TO MIDNIGHT OF 22/06/2026 Policy Period (LIABILITY) : FROM 15:21 ON 23/06/2025 TO MIDNIGHT OF 22/06/2030 Lead/Breakin No : / Insured State : UTTAR PRADESH
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INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	80238
Model & Variant	HERO SUPER SPLENDOR DRS XT ECH	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	80238
Engine - Chassis No	JA07AZS9E12484 - MBLJAW 525S9E08932	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
RTO Location			
	Type Of Fuel : PETROL		

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1344.79	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	1264.79	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
		PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
Deductibles		Total Premium (A+B)	4174
Voluntary Deductibles (IMT 22A)	0	GST	752
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishi Kalyan Cess@0.50%	0
SIP Discount	1143	Gross Premium Paid	4926
Sub-Total Deductibles	1143		
Add-On Coverages			
NIL Depreciation	201		
Return to Invoice	0		
Key Replacement	0		
Consumables	201		
Sub Total Add-on Coverages	201		
Net own Damage Premium(A)	323		

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 :		Cheque No./Transaction No.		Bank Name		Amount
Nominee Name						4926
Payment Method						

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 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: 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 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 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 23-JUN-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 MVA 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 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, 1998.

* This insurance excludes all pre existing damages

For and on behalf of
The Oriental Insurance Company Limited

Approved By : 659525SMD
Approved On : 23-JUN-25
Place : MRI
Printed On : 06-DEC-25

General Manager
Authorized Signature



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



Registration No : UP57BY5231 Registration Date : 24-Jun-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 : KAMLESH CHAURASIYA Son/wife/daughter of : RAMVRIKASH CHAURASIYA
Full Address: (Permanent) : VILL-DHAURAHARA, POST-PADARI PIPARPATI, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-DHAURAHARA, POST-PADARI PIPARPATI, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304
Fitness Up To : 23-Jun-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 : AA2132808993 Rear HSRP No : AA1043059160
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
No of Cylinders : 1 Chassis No : MBLJAW525S9E08932
Engine No : JA07AZS9E12484 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
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 4 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 23-Jun-2025 Sale Amt : 84461/-
OTT Date : 23-Jun-2025 Amount/Rcpt No : 8447 / UP57D25060003544
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 26-Jun-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 24-Jun-2025 to 23-Jun-2040

Date : 23-Jul-2025 12:37:59
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 23-Jul-2025
A.R.T.O. (A)
KUSHI NAGAR (U.P.)

Q 4494217

UPSA DA

AMOUNT

P.

/ Final SURVEYOR. / जीवे

han/v




भारत सरकार
Government of India

कमलेश चौरसिया
Kamlesh Chaurasiya
जन्म तिथि / DOB : 10/05/1993
पुरुष / Male



2586 6591 5427

आधार - आभ आदर्शी का अधिकार



Unique Identification Authority of India

पता: आभार-राजकुमार चौरसिया,
श्रीरामपुर पुरी विहारपट्टी, कशीनगर,
पटना, उत्तर प्रदेश 274304

Address: S/O: Kamlesh Chaurasiya,
Shrirampur, Patna Pargana, Kashi Nagar,
Patana, Uttar Pradesh, 274304

2586 6591 5427

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT



GOVT. OF INDIA

KAMLESH CHAURSI

RAMBRICHH CHAURSI

05/05/1991

Permanent Account Number

AZNPCC0401F

कामेश चौरसी


Signature



11000000

UNION OF INDIA Driving Licence (UP) (NT)

UP57 20150001307



 भारतीय वाहन चालक
 Date of Issue
 19/01/2015

भारतीय वाहन चालक
 Date of Birth
 11/07/1990


भारतीय वाहन चालक
 Validity
 18/01/2035


भारतीय वाहन चालक
 Blood Group
 UNKNOWN

नाम / Name
KAMLESH CHAURASIYA
 पति/पत्नी वा शिशु / Son/Daughter/Wife of
RAMVRIKSHA CAHURASIYA



UP57 20150001307


 LMV
 19/01/2015



 MCWG
 19/01/2015

UP02432178RS

पता / Address
 VILL - DHAURAKARA
 PO - PADARI, PIPARPATI, PS - PADRAUNA
 KUSHINAGAR

वाहन चालक
 Holder's Signature

वाहन चालक
 Issuing Authority SI
 KUSHINAGAR



3000

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