



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.	Rajesh Bhatti 9554075566
2	Vehicle No. / वाहन संख्या	UP57RZ2972
3	Policy No. / पालिसी संख्या	252400/31/2026/36441
4	Period of Insurance / बीमा अवधि	10-09-2025 - 17-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/05/2026, 07.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Katowar Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9983504653 Anand Kumar
8	Estimated Loss / अनुमानित हानि	14,430/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे चाचा अंगद कुमार घर से कश्नवार आ रहे थे तभी अचानक एक बच्चा बाइक के सामने आ गया उसी को बचाने हुये मेरी बाइक सामने वाली से टकरा कर क्षतिग्रस्त हो गई। बायें साईड गिरने से
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 Padmaura

Date / दिनांक : 19-05-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

- राजेश बhatti



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. 252400/31/2026/36441

Tel. No. \_\_\_\_\_

Period of Insurance 17-09-2026

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 : Rajesh Bharti  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9554095566

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>H41FBH505855</u> Chassis No. <u>MBLHA03308450585</u>	Registration No. <u>UP57B2 2972</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 : \_\_\_\_\_
- ~~MIA~~

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Angad Kumar  
(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 : CP5720230019460  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 31-12-2029  
(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 : 18-05-2026 07:00 P.m  
(b) Place : Kantwar Road  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : एक बच्चा बाइक के सामने झा गया उसीको  
(e) If any third party was responsible for this accident give the name and address : बच्चे डीपे मरी बाइक सामने वाली से चक्का  
है बिग ही गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Wind, N/C, Handle, Handle - T  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Groupje Automobile padraune

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 : \_\_\_\_\_

~~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

Signature of the insured [Signature]

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 .....



# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BZ2972  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : RAJESH BHARTI  
 Full Address: (Permanent) : VILL-SUKHPURA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-SUKHPURA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Registration Date : 24-Sep-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : RAJENDRA

Fitness UpTo : 23-Sep-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1043459960  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11FBESHJ05355  
 Horse Power(BHP) : 8.17  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR S)

Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2131515780  
 Month/Year of Manuf. : 09/2025  
 Chassis No : MBLHAW330SHJ05585  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235

Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : Black Heavy Grey  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 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 L & T FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 18-Sep-2025.

Purchase dt : 18-Sep-2025  
 OTT Date : 18-Sep-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 27-Sep-2025

Sale Amt : 86601/-  
 Amount/Rcpt No : 8661 / UP57D25090001751  
 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 24-Sep-2025 to 23-Sep-2040

Signature of Registering Authority :  
 Date : 30-Oct-2025  
 Kushinagar

Date : 30-Oct-2025 12:17:29  
 Taxation Particulars / Advance Registration Mark Fee Details

Q 5874692



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, (GSTIN: 09AAACT0627R4ZU)  
BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))  
Policy Issued On: 18-SEP-25  
252400/31/2026-36441  
Agent/Broker Code: LC/000000660  
Proposal No. & Date: R/252400/31/2026 28528 & 18-SEP-2025  
Agent/Broker Name: M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED  
Policy Period (OWN DAMAGE): FROM 13:31 ON 18/09/2025 TO MIDNIGHT OF 17/09/2026  
Insured Name: RAJESH BHARTI (GSTIN: )  
Policy Period (LIABILITY): FROM 13:31 ON 18/09/2025 TO MIDNIGHT OF 17/09/2030  
Insured Address: C/O RAJENDRA, VILL-SUKHPURA, POST & THANA-PADRAUNA, PADRAUNA ( KUSHINAGAR ), , NA, Lead /Breakin No Insured State: UTTAR PRADESH

**INSURED MOTOR VEHICLE DETAILS**

Make	HERO MOTOCORP	Vehicle	INSURED DECLARED VALUE (IDV) (in Rs.)
Model & Variant	SPLENDOR + XTEC 2.0	Electrical Accessories	82271
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	82271
Engine -Chassis No	HA11FB5HJ05355 - MBLHAW330SHJ05585	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		
RTO Location		Type Of Fuel	PETROL

OWN DAMAGE SECTION(A)		Schedule Of Premium (Amount in Rs.)		LIABILITY SECTION (B)	
Vehicle	1378.86	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	1378.86	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
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)			4058
Anti- Theft Device (IMT-10)	0	GST			730
AAI Membership (IMT-8)	0	SERVICE TAX			0
No Claim Bonus	0	STAMP DUTY			0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@ 0.50%			0
SIP Discount	1172	Krishki Kalyan Cess@ 0.50%			0
Sub -Total Deductibles	1172	Gross Premium Paid			4788
NIL Depreciation					
Return to Invoice	0				
Key Replacement	0				
Consumables	0				
Sub Total Add-on Coverages	0				
Net own Damage Premium(A)	207				

Note:  
1. Policy Issuance is the subject to the realization 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	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	Financer Branch	Amount
PQS Name	POS ID	POS PAN NO/Aadhar No	4788

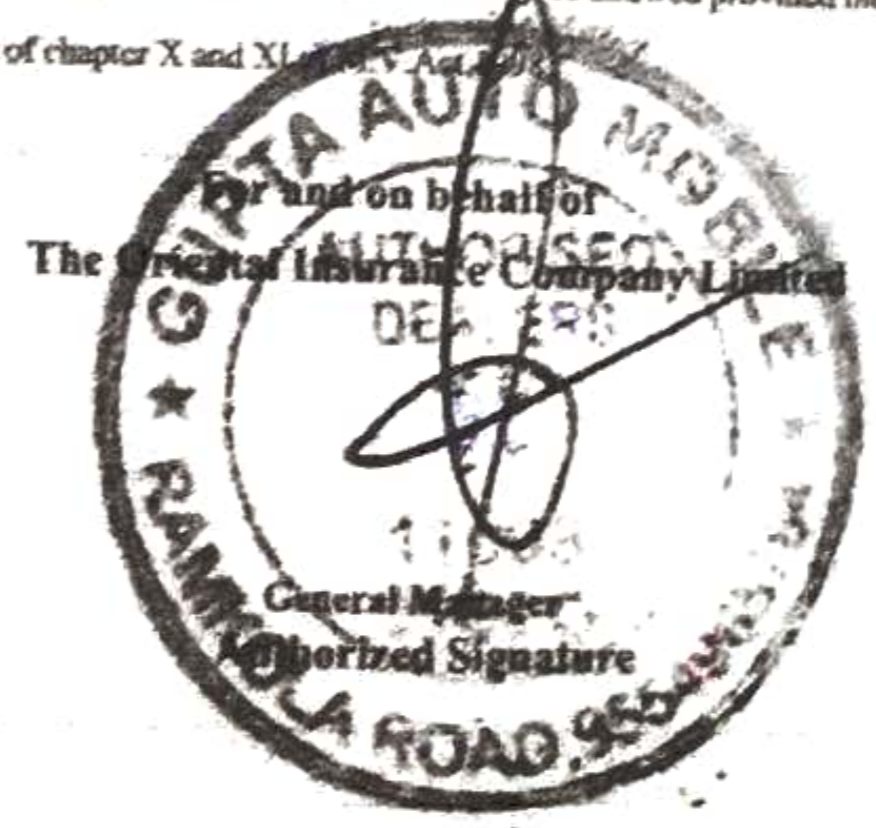
In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.  
The insurance under the 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 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/their hands at 252400 on 18-SEP-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  
g) 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 their 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 can 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 Motor Vehicles Act, 1988.  
\* This insurance excludes all pre existing damages



Approved By : 659525SMD  
Approved On : 18-SEP-25  
Place : MRT  
Printed On : 18-SEP-25

इस बीमा पालिसी, गाड़ी का फुल बीमा  
(OD) एक साल का तथा थर्ड पार्टी बीमा  
पाँच साल के लिए ही मान्य है।





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



**UP57 20230019460**

Issue Date **20-12-2023** Validity (NT) **31-12-2039**

Validity (TR)



Holder's Signature

(20-12-2023)

Date of First Issue

Name: **ANGAD KUMAR**

Date of Birth: **01-01-2000** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **INDRASHAN PRASAD**

Address:

**Jungle Barbirpur Kushinagar Uttar Pradesh 274303**

DL No: **UP57 20230019460**

UPDL 0000/12386/23



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
Car	MCWG	UP57	20-12-2023	NT			
Tractor	LNV	UP57	20-12-2023	NT			
MVSD							

Emergency Contact Number

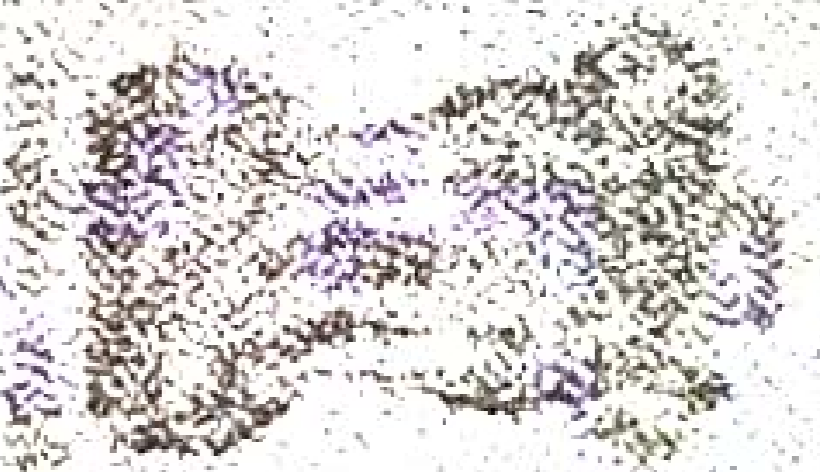
Licensing Authority  
**UP57 KUSHINAGAR**

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

ETUPB3556F

नाम / Name

RAJESH BHARTI

पिता का नाम / Father's Name

RAJENDRA

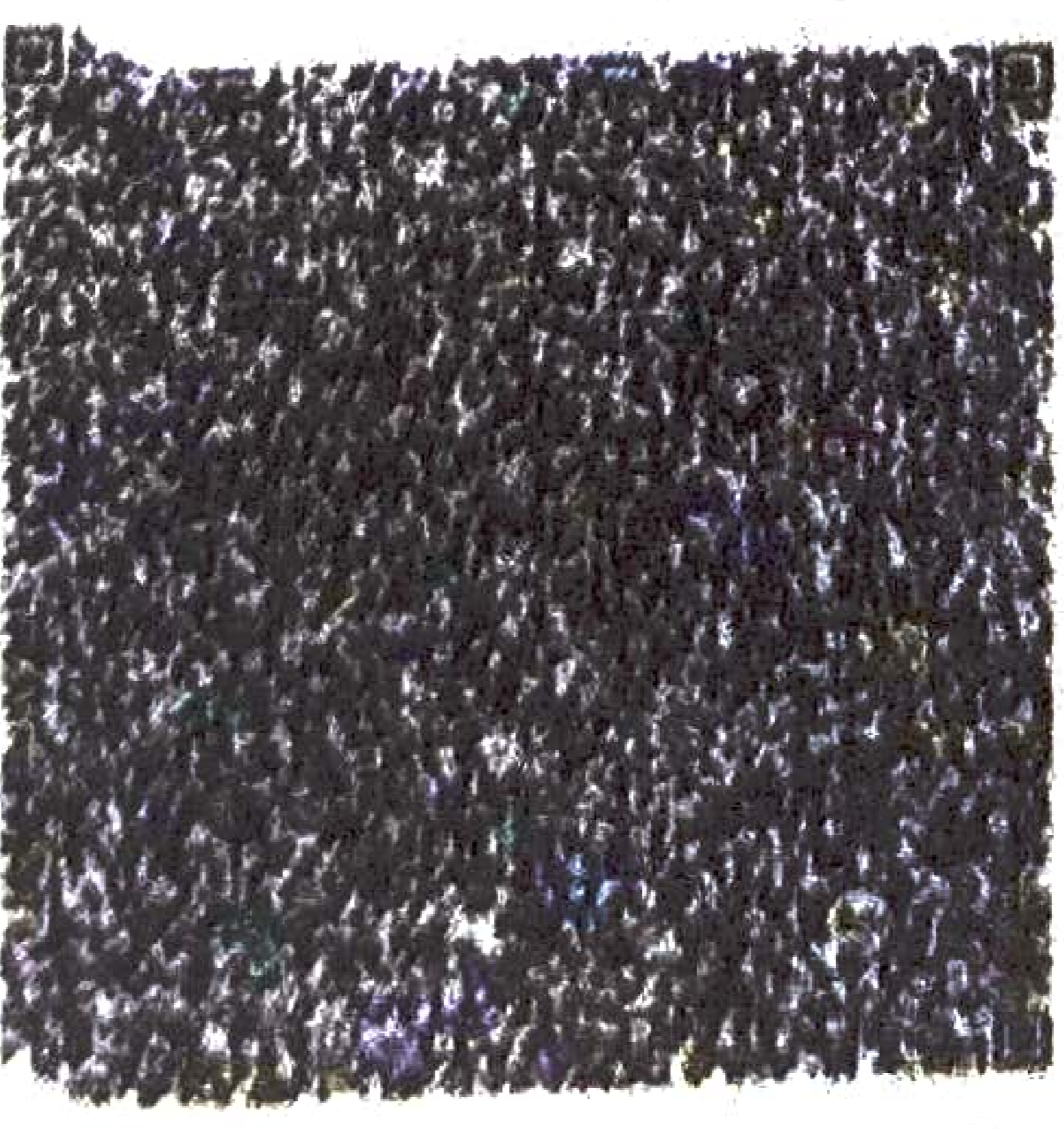
जन्म की तारीख /

Date of Birth

01/01/1992

राजेश भारती

हस्ताक्षर / Signature



29092019

श्रीत भारती  
Government of India

श्रीत भारती  
Government of India

Rajesh Bharti  
Date of Birth/DOB: 01/01/1992  
Male/ MALE



6474 6479 0476



श्रीत भारती, श्री पद्मनाभ



भारत सरकार  
Ministry of India

Address:  
S/O: Rajendra, Sukhpura,  
Padrauna, Kushinagar,  
Uttar Pradesh - 214304

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