



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.	Subodh Pandey 8146501782
2	Vehicle No. / वाहन संख्या	UP57B42062
3	Policy No. / पालिसी संख्या	252400/31/2025/18010
4	Period of Insurance / बीमा अवधि	29-05-2025 - 28-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/05/2025, 08:30 A.M.
6	Place of Accident / दुर्घटना का स्थान	Padma
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sangu Pandey
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मेरा भतीजा बस लेकर किसी काम से जा रहा था अचानक कोई सामने आ गया बस रुकी ही कर बस साईड गिरने से डेमेज 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.	9125197148 Gupta automobile Padma

Date / दिनांक : 20-05-2026  
हस्ताक्षर

Subodh Pandey  
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. 252400/31/2226/18810

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

Period of Insurance 20-05-2026  
 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 : Subodh Pandey  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8106501782

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F7SGE13715</u> Chassis No. <u>MBLHA040654E13332</u>	Registration No. <u>UP57B72062</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 : \_\_\_\_\_
- NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sanju Pandey  
(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 : UP5720230005909  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 01-12-2037  
(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, 08:30 am  
(b) Place : Padraun  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : सामने भा गधा बर्फ वलीप ले कर  
(e) If any third party was responsible for this accident give the name and address : असे चार्ज गरिने से प्रेमल हो गरी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : View, Fender, etc  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Groupa Automobile padraun

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 \_\_\_\_\_

~~MIA~~

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. \_\_\_\_\_

~~MIA~~

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 Policy Station? \_\_\_\_\_  
(i) C.R. diary Number \_\_\_\_\_

~~MIA~~

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 20-05-2002

Signature of the insured Sushobh Poudyal

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 ..... *Subodh Ranley* .....  
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 : UP57BY2062  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304  
Owner Name : SUBODH PANDEY  
Full Address: (Permanent) : VILL-GOITI KHURD, POST -SISWA GOITI, THANA -NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274304  
Full Address: (Temporary) : VILL-GOITI KHURD, POST -SISWA GOITI, THANA -NEBUA NAURANGIA, KUSHINAGAR- UTTAR PRADESH-274304  
Fitness UpTo : 01-Jun-2040  
Registration Date : 02-Jun-2025  
Purpose For Printing RC : NEW  
Son/wife/daughter of : SUDAMA PANDEY

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2128978369  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : HA11F7SGE13715  
Horse Power(BHP) : 8.17  
Maker's Classification : SPLENDOR+ (DRS)  
Seating Cap(In all) : 2  
Sleepar Cap : 0  
Colour : Black Heavy Grey  
Other Criteria :  
Vehicle Purchase As : Fully Built  
Owner Serial No : 1  
Link Vehicle No :  
Norms : BHARAT STAGE VI  
Rear HSRP No : AA1042388386  
Month/Year of Manuf. : 05/2025  
Chassis No : MBLHAW486SGE13332  
Fuel : PETROL  
Cubic Capacity : 97.20  
Wheel base : 1235  
Standing Cap : 0  
Unladen Wt (kgs) : 113  
Laden/GV Wt (kgs) : 243  
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 w.e.f. .

Purchase dt : 29-May-2025  
OTT Date : 29-May-2025  
Vehicle is Govt./ Pvt. : PRIVATE  
Date of Approval : 06-Jun-2025  
Sale Amt : 78776/-  
Amount/Rcpt No : 7878 / UP57D25060000121  
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 02-Jun-2025 to 01-Jun-2040

Date : 01-Jul-2025 14:43:36  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
KUSHI NAGAR  
01 Jul 2025

Q 3740422



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Signer: DS THE ORIENTAL INSURANCE COMPANY LIMITED BY  
Date: Sat, Dec 13, 2025 15:54:30 IST  
Reason: Signing Policy for ORCL

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	29-MAY-25
Policy No	252400/31/2026/18810	Proposal No. & Date	R/252400/31/2026/100153715/4 & 29-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:23 ON 29/05/2025 TO MIDNIGHT OF 28/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 15:23 ON 29/05/2025 TO MIDNIGHT OF 28/05/2030
Insured Name	SUBODH PANDEY (GSTIN: )		
Insured Address	C/O SUDAMA PANDEY, R/O VILL-GOITI KHURD POST-SISWA GOITI, THANANEUBA-NAURANGIA PADRAUNA, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), , NA,0	Lead /Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	74837
Model & Variant	HERO SPLENDOR PLUS E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	74837
Engine -Chassis No	HA11F7SGE13715 - MBLHAW486SGE13332		TMF CONTRACT NO	
Cubic Capacity	100		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1254.27	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	113.27	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)	4151
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	748
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	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	4899
Add-On Coverages	187	Gross Premium Paid	
NIL Depreciation	0	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	187	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	300	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT,7,10,28.	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4899
Financer Type	Financer Name	Cash	Financer Branch	POS PAN NO/Aadhar No	NA
POS Name	NA	POS ID	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.

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 29-MAY-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 trails

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 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.

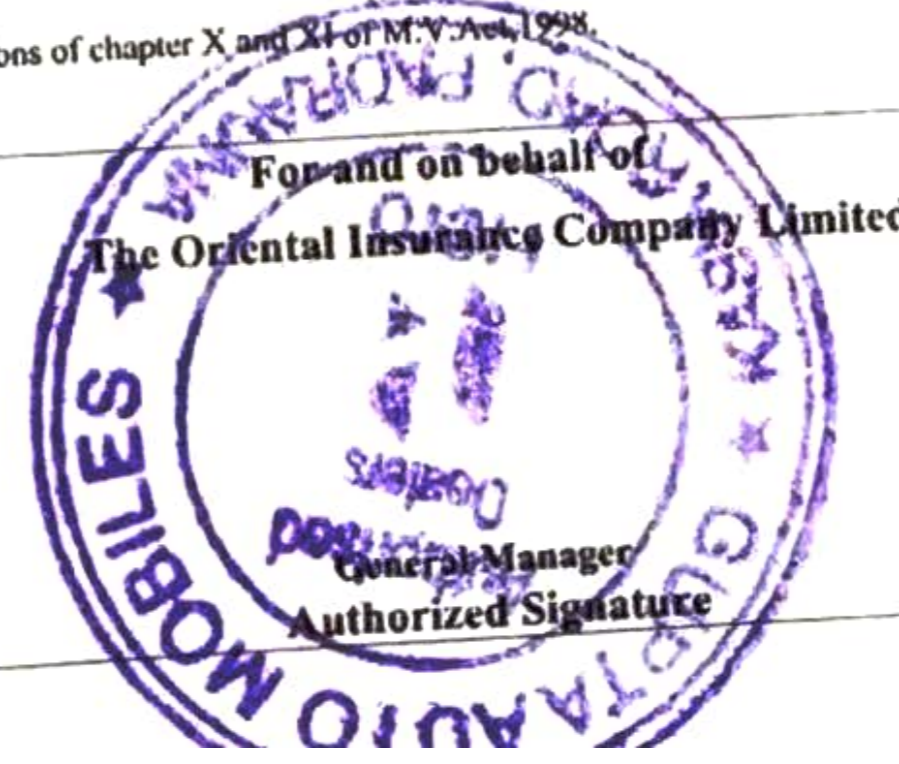
**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0

**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/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

Approved By : UNIV@252400  
Approved On : 29-MAY-25  
Place : MRT  
Printed On : 13-DEC-25

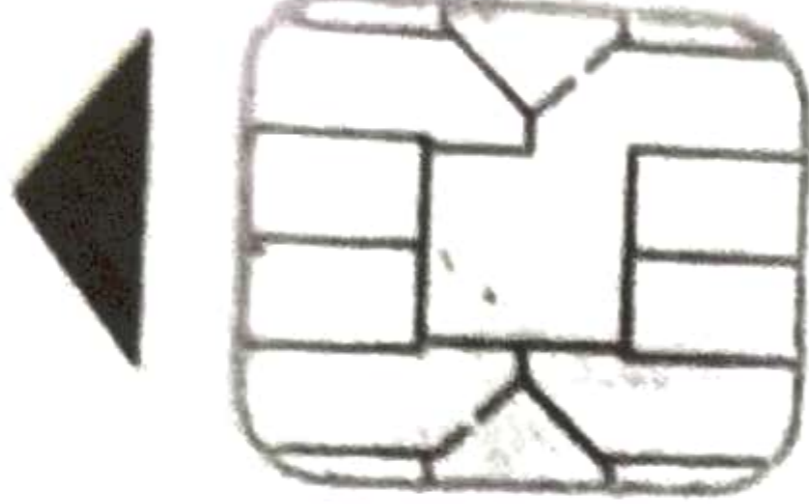




**Indian Union Driving Licence  
Issued by Uttar Pradesh**

UP

**UP57 20230005989**



Issue Date: 06-05-2023  
Validity (NT): 01-12-2037  
Validity (TR): \_\_\_\_\_



(06-05-2023)

Name: **SANJU PANDEY** Holder's Signature  
Date of Birth: 02-12-1997 Blood Group: \_\_\_\_\_ Organ Donor: **N**  
Son/Daughter/Wife of: **RAMASHANKAR**  
Address:  
**15 Gohti Khurd Kushinagar  
Uttar Pradesh 274304**

Date of First Issue

**DL No: UP57 20230005989**

UPDL000010951067



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	06-05-2023	NT			
	LMV	UP57	06-05-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)



8830 3770 9470

274304

सिखावा गोट्टी, कुशीनगर, उत्तर प्रदेश

गोट्टी खुद, गोट्टी खुद

पता: आत्मज: सुदामा पाण्डेय

Address: S/O: Sudama  
Pandey, goiti khurd, Goiti  
Khurd, Kushinagar, Siswa  
Goiti, Uttar Pradesh, 274304

Unique Identification Authority of India

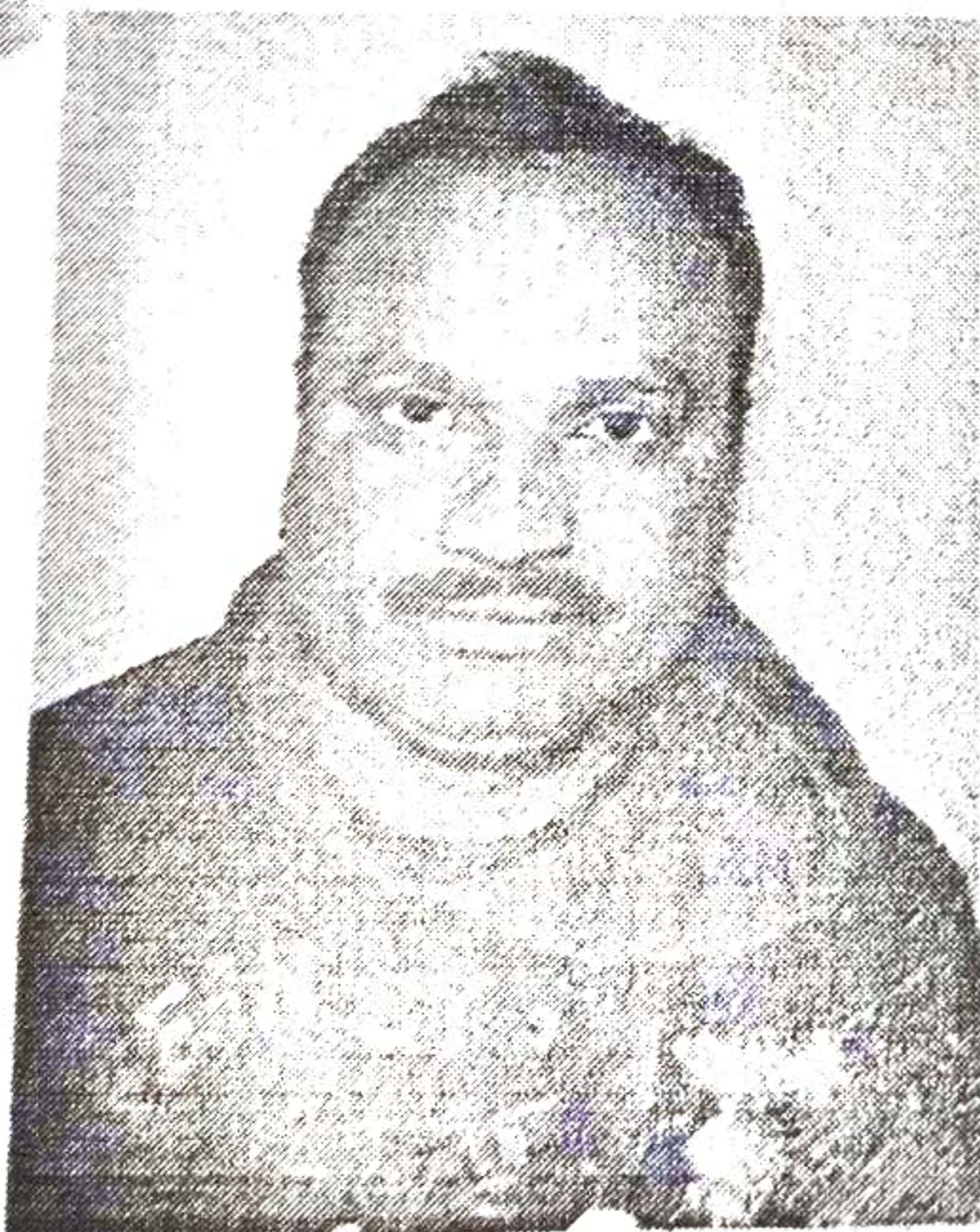
भारतीय पहचान प्राधिकरण



सत्यमेव जयते

भारत सरकार

Government of India



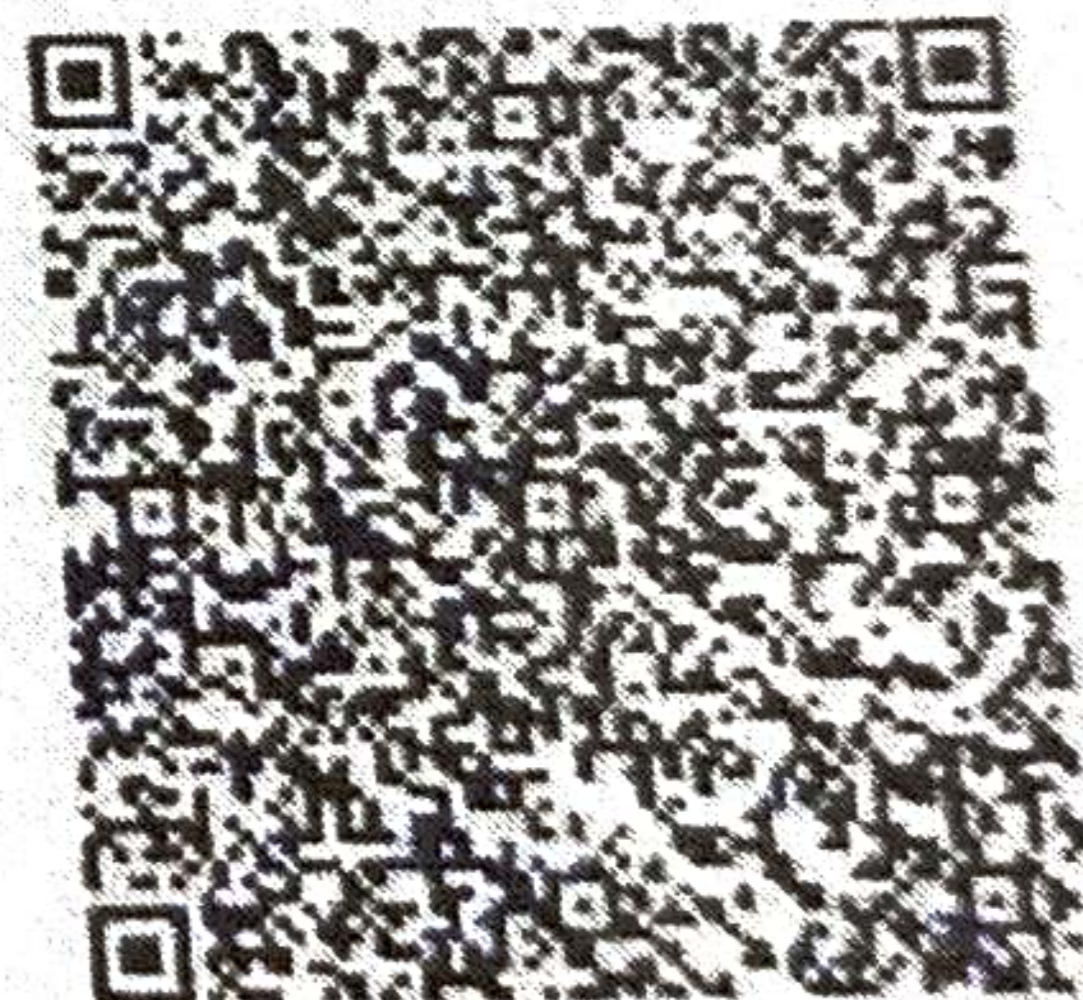
सुबोध पाण्डेय

Subodh Pandey

जन्म तिथि / DOB: 21/05/1980

पुरुष / Male

8830 3770 9470



आधार - आदमी का अधिकार

विभाग  
DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SUBODH PANDEY

SUDAMA PANDEY

21/05/1980

Permanent Account Number

APMPP6727N

*Sudama Pandey*  
Signature  
21/05/1980

