

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vishnu Singh
(b) Age : 26
(c) Address : Deopurza Mathura (U.P.)
(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? : N/A
(g) Driving Licence Number : UP8S20200018021
(h) Issuing Authority : UP8S Mathura
(i) Date of Expiry : 24-8-2040
(j) Was the licence temporary/permanent : 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?: N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 22-5-2026 10:00 Am
(b) Place : Mathura Road
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : पिछे से एक मोटर साइकिल चालने वाला एक लडाके
(e) If any third party was responsible for this accident give the name and address : 13 गिरवले गाडी हा लि 272 हो-नपी / N/A

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs : 19614
(c) When and where can the damaged vehicle be inspected : Radha Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address :
(c) Full Details of personal injury sustained : N/A
(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? : _____ N/A
(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? : _____ N/A
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____ N/A
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____ N/A
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____ N/A
(h) Which Policy 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 22-05-20026

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Accident Department

Policy No. 252400/31/2026/35158

Claim No. _____

The Oriental Insurance Co.Ltd.

(INCORPORATED IN INDIA)

Subsidiary to General Insurance Corporation of India

Regd. Office : Oriental House, P.B.No. 7037,

A-25-27, Asaf Ali Road, New Delhi 110 002

Received from THE ORIENTAL INSURANCE CO.LTD. the sum of
Rupees _____
in full payment of our Bill No. _____ dated _____
for repairs done to Motor Vehicle No. UP 05-2020001821 belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
my/our Motor Vehicle No. _____
which has been repaired to my/our satisfaction, and I/We admit that the payment of
Rs. _____ made by THE ORIENTAL INSURANCE COMPANY LIMITED
for such repairs is in the full discharge of my/our claim upon the said Company under
its Policy No. _____ in respect of the damage
caused to the said Motor Vehicle in an accident that occurred on or about
the _____ day of _____ 20

Dated this _____ day of _____ 20

The Insured is requested to sign
at two places marked as : X

X

Signature of Insured

V-55 BIL



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

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, PIN-201006, MEERUT (GSTIN: 99AAACT0627B4Z1)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	01-SEP-25
Policy No	252400/31/2026/35158	Proposal No. & Date	P/252400/31/2026/27483 & 01-SEP-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:17 ON 01/09/2025 TO MIDNIGHT ON 31/08/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:17 ON 01/09/2025 TO MIDNIGHT ON 31/08/2026
Insured Name	VISHNU (GSTIN:)	Lead/Broker No	/
Insured Address	C/O BHEEMA, R/O DEVPURA DEOPURA MATHURA BHARANA KALAN, MATHURA, . NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTOCORP
Model & Variant	HERO SPLENDOR PLUS E20
Registration No	NEW
Year Of Manufacture	2023
Engine - Chassis No	HA11F7SGF11558 - MBLHAW487SGF11480
Cubic Capacity	100
Seating Capacity	1 + 1
Type Of Body	SOLO
Type Of Fuel	PETROL
RTO Location	

INSURED DECLARED VALUE (IDV) (In Rs.)

Vehicle	75312
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	75312
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	INDIA

OWN DAMAGE SECTION(A)

Schedule Of Premium (Amount In Rs.)

Vehicle	1262.23
Elec Accessories	0
Non-Elec Accessories	0
Basic Premium	1262.23
Geographical Area Extn (IMT -1)	0
Driving Tuition Loading On OD Premium (60%)	0
Sub-Total Additions	0
Deductibles	
Voluntary Deductibles (IMT 22A)	0
Anti- Theft Device (IMT-10)	0
AAI Membership (IMT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
SIP Discount	1073
Sub -Total Deductibles	1073
Add-On Coverages	
NIL Depreciation	
Return to Invoice	0
Key Replacement	0
Consumables	0
Sub Total Add-on Coverages	0
Net own Damage Premium(A)	189

LIABILITY SECTION (B)

Basic Third Party Liability	3851
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR36B3	0
Net Liability Premium (B)	3851
Total Premium (A+B)	4040
GST	728
SERVICE TAX	0
STAMP DUTY	0.00
Swachh Bharat Cess@0.50%	0
Krishi Kalyan Cess@0.50%	0
Gross Premium Paid	4768

Note:

1. Policy Insurance 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 :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4768
Financer Type	Financer Name	HERO FINCORP LTD.	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.

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 01-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 (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 years(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

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 : 659325SMD

Approved On : 01-SEP-25

Place : MRT

Printed On : 10-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



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. 252400/31/2026/3158

Tel. No. _____

Period of Insurance 1-9-2025 To 31-8-2026
 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 : Vishnu
 (b) Address for correspondence : DevPura Mathura
 (c) Telephone : 9948133093

2. THE INSURED VEHICLE

Make & Year <u>Hero/2026</u> <u>SPL+</u>	Engine No. <u>HA11F756R11558</u> Chassis No. <u>MBLHAW48756R11480</u>	Registration No. <u>UP-85-CY</u> <u>1995</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? Private
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to be answered in commercial vehicles only:

- (a) Registered laden weight : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Challan No. : N/A
 (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

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.	Vishnu 9948133093
2	Vehicle No. / वाहन संख्या	UP-85-CY-1995
3	Policy No. / पालिसी संख्या	252400/31/2026/35158
4	Period of Insurance / बीमा अवधि	1-9-2025 TO 31-8-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22-5-2026 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Mathura Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishnu Singh UP8520200018021
8	Estimated Loss / अनुमानित हानि	18614-
09.	Cause of Accident / दुर्घटना का कारण:	भरे चापा का लडका मथुरा जा रहा था रास्ते में पिछे से एक मोटर साइकिल वाले ने एकदम भाट कि जिम्मेगडी उल्टे दाल कि तरफ गिर कर हातीरर घायली
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	Radha Motorz Barsana Mathura 281405 9500412615

Date / दिनांक : 22-5-2026
हस्ताक्षर

Jemlihan

Signature of Insured / बीमाधारक के