

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.	Batishi 7308106702
2	Vehicle No. / वाहन संख्या	UP57BY 1598
3	Policy No. / पालिसी संख्या	2524001811202617694
4	Period of Insurance / बीमा अवधि	26-05-2025 - 25-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/05/2026, 03.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Ramkela Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9598179591 Nitesh Chaudhary
8	Estimated Loss / अनुमानित हानि	11,000/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे बटन का लड़का नितेश चौधरी सिद्धेतेवार के गहा जा रहे थे अचानक अर्बक वाला सामने आ गया उसी से मेरी अर्बक छूरा कर पाये साइड गिरने से क्षतिग्रस्त 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 Parkauna.

Date / दिनांक : 23-05-2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

 Batishi

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office

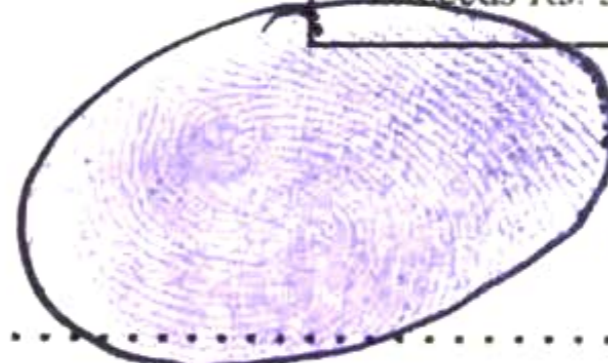


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-

 *Satish*

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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. 252400/31/2026/17699
 Tel. No. _____ Period of Insurance 25-06-2026
 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 : Batishi
 (b) Address for correspondence : _____
 (c) Telephone : 73 88106702

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA116754C10395</u>	Registration No. <u>UP57BY1598</u>
	Chassis No. <u>MBEHAW22024C12743</u>	

(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 : _____

OT A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Nitesh Chaudhary
 (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 : UP572090008906
 (h) Issuing Authority : _____
 (i) Date of Expiry : 03-10-2022
 (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 : 21-05-2026 0:300 P.m
 (b) Place : Ramlola Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : वार्डक वॉल साभो सा गया उरुी से मेरी कारक रकबा कर कारे खारड गिरे
 (e) If any third party was responsible for this accident give the name and address : जे जिन ए गरा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Monde. Tanker etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraha

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? : NA

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

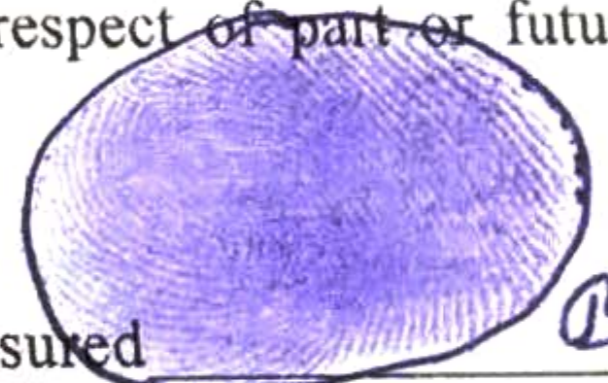
10. THEFT

- (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 23-05-2002

Signature of the insured  Batishi



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number enters into any transaction specified in rule 114B

1. Full name and address of the declarant _____
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? _____ Yes /No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

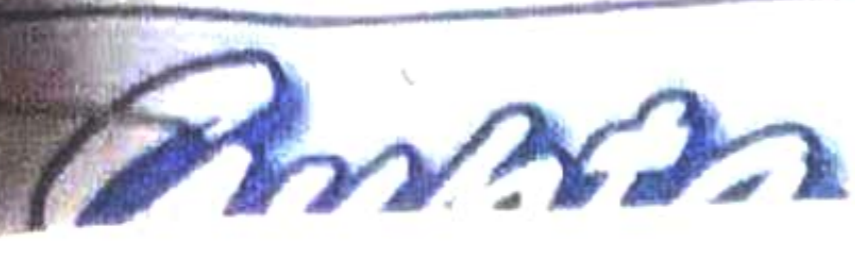
Verified today, the _____ day of _____

Date : _____
Place : _____

Signature of the declarant

Batishi

- Instructions :** Documents which can be produced in support of the address are :-
- (a) Ration Card
 - (b) Passport
 - (c) Driving licence
 - (d) Identity Card issued by any institution
 - (e) Copy of the electricity bill or telephone bill showing residential address
 - (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
 - (g) Any other documentary evidence in support of his address given in the declaration.



ESTIMATE

GSTN : 09AHWPG0569P1ZE
AUTHORISED DEALER



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



Registration No	: UP57BY1598	Registration Date	: 30-May-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304	Son/wife/daughter of	: MADHV
Owner Name	: BATISHI		
Full Address: (Permanent)	: VILL- JANGAL BAKULAHA, POST-PADRAUNA, THANA- PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	: VILL- JANGAL BAKULAHA, POST-PADRAUNA, THANA- PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304		
Fitness UpTo	: 29-May-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA1042387449
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 03/2025
Front HSRP No	: AA1042557031	Chassis No	: MBLHAW228S4C12743
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 97.20
Engine No	: HA11E7S4C10395	Wheel base	: 1236
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: SPLENDOR+ BLK STRIPE 13 S (DRS)	Unladen Wt (kgs)	: 111
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 241
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: BLACK AND ACCENT		
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

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 HERO FINCORP LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 26-May-2025.

Purchase dt	: 26-May-2025	Sale Amt	: 78366/-
OTT Date	: 26-May-2025	Amount/Rcpt No	: 7837 / UP57D25050006059
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-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 30-May-2025 to 29-May-2040

Date : 01-Jul-2025 16:16:26

Taxation Particulars / Advance Registration Mark Fee Details

A.B.T.O. (A)
Registrar (U.P.)
 Signature of Registering Authority
 Date : 01-Jul-2025

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ESTIMATE

GSTN : 09AHWP0569P1ZE

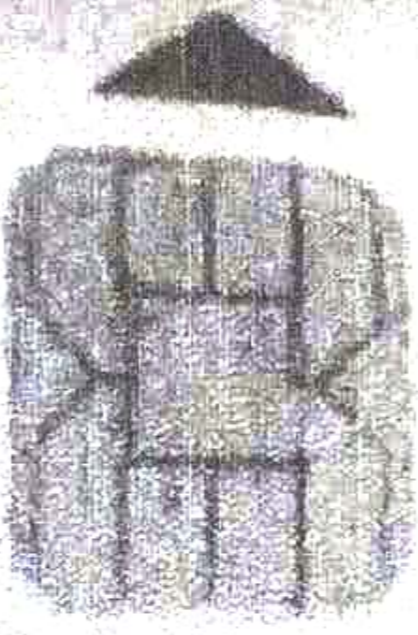
AUTHORISED DEALER



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20240008906

Issue Date 22-05-2024 Validity (NT) 03-10-2042 Validity (TP)



(22-05-2024)

Name: NITESH CHAUDHARY

Date of Birth: 04-10-2002 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: HARILAL CHAUDHARY

Address:

Kodhama Bahada Marg, Kushinagar
Uttar Pradesh, 224304

Holder's Signature

Date of First Issue

DL No: UP57 20240008906



Issued by: [Signature]

Issued on: [Date]

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Vehicle Number	Vehicle Type
Motor Vehicle	NONV	UP57	22-05-2024	NT		
Motor Vehicle	LVV	UP57	22-05-2024	TP		

Emergency Contact Number

[Signature]



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FGIR0928

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-5 Years)	Policy Issued On	26-MAY-25
Policy No	252400/31/2026/17694	Proposal No. & Date	R/252400/31/2026/12317 & 26-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:03 ON 26/05/2025 TO MIDNIGHT OF 25/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 15:03 ON 26/05/2025 TO MIDNIGHT OF 25/05/2030
Insured Name	BATISHI (GSTIN: 0)		
Insured Address	C/O MADHV, VILL-JANGAL BAKULAHA POST & THANA-PADRAUNA, PADRAUNA (KUSHINAGAR), no.	Lead / Breakin No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	74448
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74448
Engine -Chassis No	HA11E7S4C10395 - MBLHAW228S4C12743	TMF CONTRACT NO	
Cable Capacity	100	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	1247.75	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	1173.75	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
		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Not Liability Premium (B)	4150
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	1061	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	1061	Krishni Kalyan Cess@9.50%	4898
		Gross Premium Paid	
Add-On Coverages	186		
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	186		
Sub Total Add-on Coverages	299		
Net own Damage Premium(A)			

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 Name		Age		Relation	
Payment Method		Cheque No./Transaction No.		Bank Name	
Financer Name	HERO FINCORP LTD.	Financer Branch		Amount	4898
POS ID	NA	POS PAN NO/Asdhar 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 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.
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 26-MAY-25

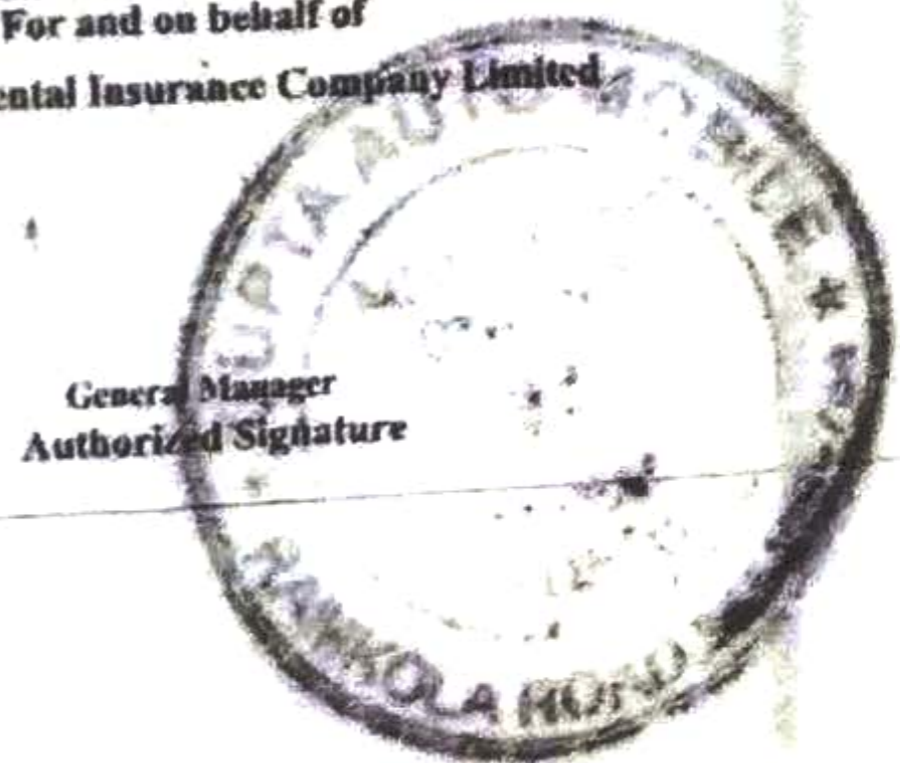
IMPORTANT NOTICE
The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause 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
2) 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 33.
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.
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 : 9221378MD
Approved On : 26-MAY-25
Place : MRT
Printed On : 26-MAY-25

For and on behalf of
The Oriental Insurance Company Limited



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

