



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. _____

Tel. No. _____

Period of Insurance _____

Claim No. _____

25/2001/31/2006/2/509
 24/12/2005 To 23/12/2006

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
- (b) Address for correspondence
- (c) Telephone

Birpal
 Jhajar - 2 Jhajar, Magharia

2. THE INSURED VEHICLE

Make & Year Hero 2005	Engine No. 100M1 F65HC87381 Chassis No. MBL108 W42X5H6B2574	Registration No. UP85-CX 6781
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- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident? Personal use
- (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 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



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Venkat
 (b) Age : 01-06-1990
 (c) Address : Khaya 927, Street, Madhavaram
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (e) If paid driver, how long has he been in your employment : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP852012004921
 (h) Issuing Authority : MP
 (i) Date of Expiry : 31/01/2032
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : None
 (l) Has he been involved in any accident before? : No
 (m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 21/08/2012 Time 9:00 AM
 (b) Place : Madhavaram (Khaya 927)
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : While driving, the car was struck by a truck from behind.
 (e) If any third party was responsible for this accident give the name and address : Driver of the truck, name and address not known.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate
 (b) Estimated cost of repairs : 26000
 (c) When and where can the damaged vehicle be inspected : S.B. Chandra Reddy & Co.

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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (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? _____
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

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 _____

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 24/5/2000 200

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 MATHURA
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP85CX6781 Registration Date : 25-Jul-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
 Owner Name : BIR PAL Son/wife/daughter of : VASUDEV
 Full Address: (Permanent) : 88K KHAYARA-2, KHAIRA, , MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : 88K KHAYARA-2, KHAIRA, , MATHURA-UTTAR PRADESH-281205
 Fitness UpTo : 24-Jul-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 : AA1042725215 Rear HSRP No : AA2127183096
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW47XSHG52574
 Engine No : HA11F6SHG87381 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base RS) : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : MATT GREY Laden/GV Wt (kgs) : 243
 Other Criteria : AC Fitted : NO
 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 LTD, NEW DELHI. . . New Delhi, Delhi-110057 w.e.f. 24-Jul-2025.

Purchase dt : 24-Jul-2025 Sale Amt : 80116/-
 OTT Date : 24-Jul-2025 Amount/Rcpt No : 8012 / UP85D25070004424
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Jul-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 25-Jul-2025 to 24-Jul-2040

Date : 08-Aug-2025 12:01:57

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 State of Registering Authority
 Motor Date : 08-Aug-2025
 MATHURA

Q 4630024



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No : 1

Signer: ES THE ORIENTAL INSURANCE COMPANY LIMITED 9 Date: Fri, Nov 28, 2025 10:59:57 AM Revisor: Srinivas Polamraju

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: 09AAACT0627RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (4 Years))	Policy Issued On	24-JUL-25
Policy No	252400/31/2026/29524	Proposal No. & Date	R/252400/31/2026/22014 & 24-JUL-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 15:00 ON 24/07/2025 TO MIDNIGHT OF 23/07/2026
Agent/Broker Name	M.S.POLICYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 15:00 ON 24/07/2025 TO MIDNIGHT OF 23/07/2030
Insured Name	HIR DAL (GSTIN :)		
Insured Address	C/O VASUDEVI, 88K KHAYARA-2, KHAIRA MATHURA, . NA.		Lead / Breakin No / Insured State
			UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76585
Model & Variant	HERO SPLENDOR PLUS 155 BLA E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	HAI1F6SHG87381 - MBLHAW47XSHGB2574	Total IDV	76585
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location		Geographical Area	INDIA

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1283.57	Basic Third Party Liability	3851
Elec Accessories	0		
Non-Elec Accessories	0	Compulsary PA Cover Premium	0
		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1207.57	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-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4159
Anti-Theft Device (IMT-10)	0	GST	748
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMPDUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1091	Krishi Kalyan Cess@0.50%	0
Sub -Total Deductibles	1091	Gross Premium Paid	4907
Add-On Coverages			
NIL Depreciation	191		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	191		
Net own Damage Premium(A)	308		

- 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 :		Nominee Name	Age	Relation	
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name	Amount
					4907
Financer Type		Financer Name	HERO FINCORP LTD.	Financer Branch	
PGS 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.com 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 24-JUL-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 Motor Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to 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) Race Meeting (5) Special testing (6) Reliability trials

Policy Payable in connection with: (1) Motor trade (2) Driver's License: 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) 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. 5 lakhs P.A. Cover under section III for owner-Driver is RS

No Claim Bonus: The amount 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 Preceding year: 20% preceding two consecutive years/25% preceding three consecutive years/35% preceding four 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 damage.

For and on behalf of
The Oriental Insurance Company Limited

Appraised By : 922175868D

Appraised On : 24-JUL-25

Place : MPB

Printed On : 28-NOV-25

General Manager
Authorized Signature

UNION OF INDIA Driving Licence (UP) (NT)

UP85 20120014921

जारी करने की तिथि
Date of Issue
04/08/2012

वैधता / Validity
03/08/2032

जन्म तिथि
Date of Birth
01/06/1990

Blood Group
UNKNOWN

नाम / Name

VEERPAL

पिता/पति का नाम / Son/Daughter/Wife of

VASUDEV

DUPLICATE

UP85 20120014921

UP04831558RS



LMV

04/08/2012



MCWG

04/08/2012

पता / Address

KHAYRA
SURIR
MATHURA

जारीकर्ता / Issuing Authority Sign

MATHURA



Form 7 Rule 16(2)





भारत सरकार



आधार

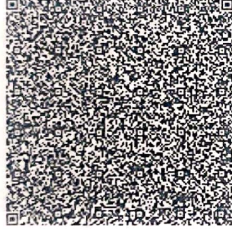
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0634/70033/12768

To
बीर पाल
Bir Pal
S/O: Vasudev,
88k,
Khayara -2,
VTC: Khaira,
PO: Surir,
Sub District: Mat,
District: Mathura,
State: Uttar Pradesh,
PIN Code: 281205
Mobile: 8285082563

Signature Not Verified
Digitally signed by Unique
Identification Authority of India
Date: 2024.05.10 16:00:40
+05'30'



आपका आधार क्रमांक / Your Aadhaar No. :

9608 6389 0356

VID : 9140 8309 4823 0468

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार

Aadhaar no. Enrolled: 28101983



बीर पाल
Bir Pal
जन्म तिथि/DOB: 20/10/1983
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

9608 6389 0356

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



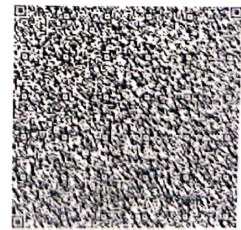
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



AADHAAR

पता:
S/O: वासुदेव, 88क, खायरा -2, खैरा, सुरीर, मथुरा,
उत्तर प्रदेश - 281205

Address:
S/O: Vasudev, 88k, khayara -2, Khaira, PO: Surir,
DIST: Mathura,
Uttar Pradesh - 281205



9608 6389 0356

VID : 9140 8309 4823 0468

1947

help@uidai.gov.in

www.uidai.gov.in



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आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DUWPP9081B

नाम / Name
BIR PAL

पिता का नाम / Father's Name
VASUDEV

जन्म तिथि / Date of Birth
20/10/1983

हस्ताक्षर / Signature

71035002

