

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. ;	ANWAR ANSARI Mob.No - 8002081878.
2	Vehicle No. / वाहन संख्या	BR28AH 3186.
3	Policy No. / पालिसी संख्या	252400/31/2026/30938.
4	Period of Insurance / बीमा अवधि	03/08/2025-70-02/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/05/2026 - 7:30 AM
6	Place of Accident / दुर्घटना का स्थान	जनकटि गडार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANWAR ANSARI BR2820220003000, 8002081878.
8	Estimated Loss / अनुमानित हानि	3159200
09.	Cause of Accident / दुर्घटना का कारण :	अपने गाड़ी में जनकटि जाते समय रात मासु पट अपात्र ब्रेक विफल होने के कारण वहा पर ब्रेक मोट र का मोटर स्प्रिंग वालो अपात्र मोटर या इका कारण पट कसा पट मोटर गाड़ी देहाइ कर गत पिकर अपात्र जिसे मेरी गाड़ी इतिहात हुआ दिनांक 23/05/2026 - 7:30 AM.
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.	ANNU MOTORS, TAMIRUHI RAJ. KUSHINAGAR. 9415278119.

Date / दिनांक : 26/05/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

अनवर अंसारी



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 Patna Certificate/Policy No. 252400/21/2025/30938
 Tel. No. Period of Insurance 02/08/2025-10-02/08/2026
 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 : ANWAR AMSARI
 (b) Address for correspondence : VILL - BAHARATA MAL POST - JAGDARI
 (c) Telephone : DIST. KUSHINAGAR (GOPALGANJ) BIHAR
 2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>2F17FY56505959</u>	Registration No.
	Chassis No. <u>MBLDFN 43956606057</u>	<u>BR28 AH</u> <u>3186</u>

- (a) Was the vehicle in proper working condition? YES
- (b) For what purpose was the vehicle being used at the time of accident? NO
- (c) Was trailer attached? NO
- (d) If a Motor Cycle/scooter YES
 - 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 : N/A
- (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
- (h) Number of passengers carried : _____
- (i) Number of Passenger permitted : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____ N/A

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? : _____ N/A
(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? : _____ N/A
(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 26/05/2026

Signature of the insured अमल शर्मा

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. BR28AH3186 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. 3159200

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name .. श्रीमान श्रीवाप
Signature श्रीमान श्रीवाप
Address .. प२३००१
कुशा नगर

Signature अनिल श्रीवाप
Occupation ..
Address अनिल श्रीवाप
प२३००१
कुशा नगर

Bank Account Number ..
Name of the Bank ..



Indian Union Driving Licence

Issued by Government of Bihar

BR28 20220003030

Issue Date 16-03-2022 Validity(NT) 15-03-2032 Validity(TR) *



Holder's Signature

Date of First Issue (16-03-2022)

Name: ANWAR ANSARI

Date of Birth: 23-06-1973

Blood Group: AB+

Organ Donor: Y

Son of : HABIB ANSARI

Address: AT-BANKATA MAL PO-JAGDARI PS BHORE
BHOREY,GOPALGANJ,BR 841426

Licensing Authority
DTO - BR28

Emergency Contact Number

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
LMV	BR28		16-03-2022	NT			
MCGV	BR28		16-03-2022	NT			

Form 7 Rule 16(2)

Hazardous Validity * Hill Validity *

Invalid Carriages (Regn. Numbers) *



DL No : BR28 20220003030



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.....01214063570... (GSTIN: 09AAACT0627R4ZU)

Table with columns for Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Insured State, and Lead/Break In No.

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (in Rs.)

Table containing vehicle details like make (HERO MOTOCORP), model (HERO DESTINI 125 PRIME), year (2025), and IDV (72062).

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)

LIABILITY SECTION (B)

Table showing premium breakdown for Own Damage and Liability sections, including items like Basic Third Party Liability, Compulsory PA Cover Premium, and Total Premium (A+B).

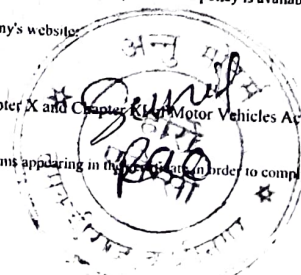
Note:

- List of 5 notes regarding policy issuance, stamp duty, and endorsements.

Table for Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, Relation, Amount, POS ID, and POS PAN NO/Andhar No.

Claim under the policy exceeding Rs. 1luc or a claim for refund of premium exceeding Rs.1luc, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our offices as well as company's website.

Handwritten text in Hindi: 'क. बीएम पॉलिसी, गाइड का पैसा (OD) एक साल का तथा थर्ड पार्टी के मा-मान के लिए ही मान्य है।'

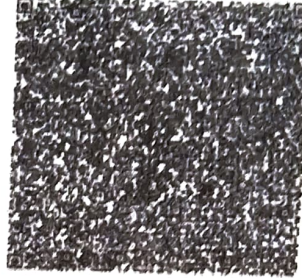




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O हबिब अंसारी, ग्राम- बनकटा मल पोस्ट- जगदारी
बनकटा, भोरे, गोपालगंज,
बिहार - 841426

Address:
S/O Habib Ansari, VIII- Bankata mal Post-
Jagdari bankata, Bhorey, Gopalganj,
Bihar - 841426



QR Code with Photograph

2237 5664 2601

VID: 9148 0156 8008 6904

18-47



help@uidai.gov.in

WWW

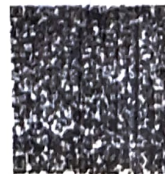
www.uidai.gov.in



भारत सरकार
Government of India



अनवर अंसारी
Anwar Ansari
जन्म तिथि/DOB: 23/06/1973
पुरुष/ MALE



2237 5664 2601

VID: 9148 0156 8008 6904

मेरा आधार, मेरी पहचान

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ANWAR ANSARI

HABIB ANSARI

23/06/1973

Permanent Account Number

AQBPA7576L

अनवर अंसरी

Signature



09092009



Vehicle Class: M-Cycle/Scooter (2WN)

Regn. Number
BR28AH3186



Month-Year of Mfg.
07 - 2025

No. of Cylinders
1

Number of Axle

BR-R2809033187

Maker Name:
HERO MOTOCORP LTD

Model Name:
DESTINI PRIME

Colour: / Body Type:
METALLIC NEXUS BLUE SOLO WITH PILLION

Seating(in all) / Standing / Sleeper Capacity
2 / 0 / 0

Unladen / Laden / Gross Combination Weight (Kg)
115.00 / 245.00 / 0.00

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm)
124.60 8.98 1245.00

Financer Name

Nabeel Kumar
Registration Authority
DTO-GOPALGANJ

Form 23A



Indian Union Vehicle Registration Certificate
Issued by Government of Bihar



Regn No Date of Regn. Regn. Validity Owner
BR28AH3186 18-08-2025 17-08-2040 Serial ①

Chasis No:
MBLJFN439SGG06057

Engine No:
JF17EYSGG05954

Owner Name
ANWAR ANSARI

Ownership
INDIVIDUAL

Fuel
PETROL

Emission Norms Son/Wife/Daughter of (In case of Individual Owner)
BHARAT STAGE HABIB ANSARI

VI

Address
VILL- BANKATA MAL, PO- JAGDARI BANKATA, P.S-
BHOREY, Gopalganj, BR, 841426

Card Issue Date 29-08-2025

BR-R2809033187

ANNU MOTORS

N.H.-28, NEW TAHSIL, TAMAKUHI RAJ, KUSHINAGAR, 274407, UP, INDIA
 State Code: 9 Contact: 94152-78119, 9918715197 . .
 GSTIN No: 09AHBPR0791F1Z9
 Associate Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	21075-02-REST-0526-11	Date	26-05-2026
Customer Name	ANWAR ANSARI	Contact No.	8002081878
VIN	MBLJFN439SGG06057	Model	DESTINI PRIME
Insurance Company	22221	Reg No.	BR28AH3186
HMCGL Card No	2107526530000177	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64309ABS300YS -FRONT COVER LOWER (MET. NEXUS BLUE BL(BR	87141090	Paid	1,182.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,395.00
2	64310ABS000S -PANEL FLOOR	87141090	Paid	351.69	1	9.00	9.00	0.00	0.00	0.00	0.00	415.00
3	6432AABS300YS -COVER R FLOOR SIDE SUB ASSY MNB BR 013MG	87141090	Paid	813.22	1	9.00	9.00	0.00	0.00	0.00	0.00	995.00
Parts Total											0.00	2,805.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00	
Jobs Total											0.00	354.00

Parts Total	2,805.00
Labour Total	354.00
SGST (Parts) 9%	213.94
CGST (Parts) 9%	213.94
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
Total	3,159.00

Rupees in Words: Three Thousand One Hundred Fifty Nine Only

Authorised Signatory

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged
 3. Vehicles in this workshop are handled/driven and kept at owner's risk.
 4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
 5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
 6. vehicle may be inspected in Workshop premise or outside the premise
 7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 8. All disputes subject to jurisdiction of TAMKUHI RAJ Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

21075 - Main W/S