

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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. | |
| 2 | Vehicle No. / वाहन संख्या | Rahul Madheshiya 052464379 |
| 3 | Policy No. / पालिसी संख्या | UP57 B2 7811 |
| 4 | Period of Insurance / बीमा अवधि | 25/01/2021 / 30/06/2022 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 30-09-2025 - 29-09-2026 |
| 6 | Place of Accident / दुर्घटना का स्थान | 28/05/2026, 07:00 P.M. Padrauna |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Manu Kumar Madheshiya |
| 8 | Estimated Loss / अनुमानित हानि | 13,100/- |
| 09. | Cause of Accident / दुर्घटना का कारण: | मेरे चाचा मनु कुमार मधेशिया, किसी काम से ऑईट लेकर जा रहे थे तभी एक ऑईट वाले ने सामने से चक्कर मार दिया मेरी ऑईट बायें साइड पार्किंग पर 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 Padrauna |

Date / दिनांक : 29/05/2026
हस्ताक्षर

राहुल
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. 252400/31/2026/39202

Tel. No. _____

Period of Insurance 29-09-2026
 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 Rahul Madheshiya
 (b) Address for correspondence _____
 (c) Telephone 8052464379

2. THE INSURED VEHICLE

| | | |
|----------------------------|---|---------------------------------------|
| Make & Year <u>2025</u> | Engine No. <u>HA11P850502130</u> Chassis No. <u>MBLHA0473505026</u> <u>69</u> | Registration No. <u>UP57BZ4611</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 _____
- ~~NI/A~~

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Manu Kumar Madheshiya
(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 : _____
(h) Issuing Authority : UP57 2022 0012254
(i) Date of Expiry : 03-07-2030
(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 changed 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 : 28-05-2026 07:00PM
(b) Place : padrauna
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक कारक हाने मार्गस कार्य पर गिरने से
(e) If any third party was responsible for this accident give the name and address : अज्ञित

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : _____
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Geeta Automobile padrauna

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 29-05-2008

Signature of the insured राहुल

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.

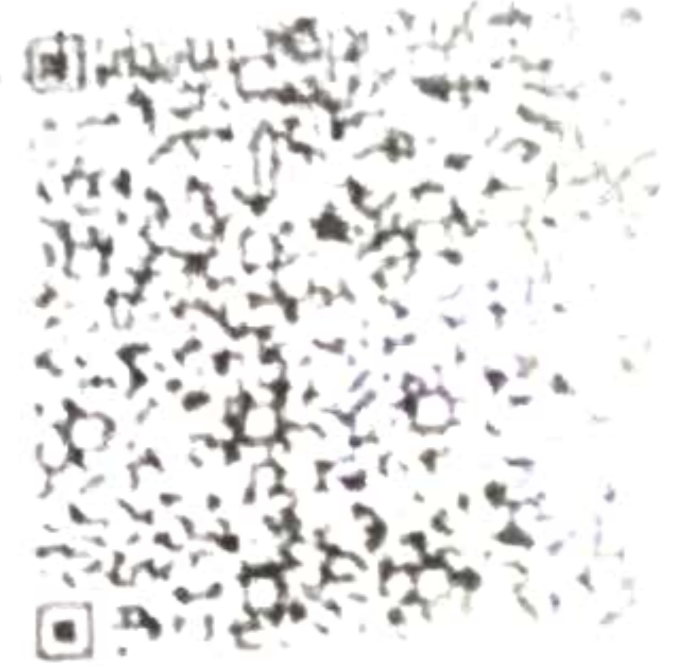
Rs. _____

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

Witness
Name
Signature
Address

Signature राहुल
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 : UP57BZ4611 Registration Date : 02-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, 189-274304
 Owner Name : RAHUL MADDHESHIYA Son/wife/daughter of : SUDARSHAN
 Full Address: (Permanent) : VILL-DAMBATIA, POST-SIDHUA BANGAR, THANA-RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-DAMBATIA, POST-SIDHUA BANGAR, THANA-RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
 Fitness UpTo : 01-Oct-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 : AA2133086094 Rear HSRP No : AA2133719264
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW473SGJ02669
 Engine No : HA11F6SGJ02638 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+BLACK&ACCENT Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK AND ACCENT 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 IDFC FIRST BANK LIMITED

PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 30-Sep-2025.
 Purchase dt : 30-Sep-2025 Sale Amt : 74999/-
 OTT Date : 30-Sep-2025 Amount/Rcpt No : 7500 / UP57D251000003
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-Oct-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 02-Oct-2025 to 01-Oct-2040

Signature of Registering Authority
Date : 11-Nov-2025

Date : 11-Nov-2025 13:27:33
Taxation Particulars / Advance Registration Mark Fee Details

Q 3742228



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No : 1

This Document is Digitally Signed
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED
Date: Nov 13, 2025 18:48:24 IST
Reason: Signing Policy for OCL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

| | | | |
|-------------------|--|----------------------------|--|
| Policy Type | DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570 (GSTIN: 09AAACT0627R4ZU) | | |
| Policy No | 252400/31/2026/39302 | Policy Issued On | 30-SEP-25 |
| Agent/Broker Code | BA0000155144 | Proposal No. & Date | R/252400/31/2026/31292 & 30-SEP-2025 |
| Agent/Broker Name | ABHINAV BHATI | Policy Period (OWN DAMAGE) | FROM 17:48 ON 30/09/2025 TO MIDNIGHT OF 29/09/2026 |
| Insured Name | RAHUL MADDHESHIYA (GSTIN:) | Policy Period (LIABILITY) | FROM 17:48 ON 30/09/2025 TO MIDNIGHT OF 29/09/2030 |
| Insured Address | C/O SUDARSHAN, VILL-DAMBATTIA POST-SIDHUA BANGAR, THANA-RAVINDRA NAGAR, PADRAUNA (KUSHINAGAR), NA. | | |

| INSURED MOTOR VEHICLE DETAILS | | | | Lead / Breakin No | Insured State |
|-------------------------------|------------------------------------|--------|--|-------------------|---------------|
| Make | HERO MOTOCORP | | | / | UTTAR PRADESH |
| Model & Variant | HERO SPLENDOR PLUS I3S BLA E20 | | | | |
| Registration No | NEW | | | | |
| Year Of Manufacture | 2025 | | | | |
| Engine -Chassis No | HA11F6SGJ02638 - MBLHAW473SGJ02669 | | | | |
| Cubic Capacity | 100 | | | | |
| Seating Capacity | 1 + 1 | | | | |
| Type Of Body | SOLO | | | | |
| RTO Location | Type Of Fuel | PETROL | | | |

| OWN DAMAGE SECTION(A) | | Schedule Of Premium (Amount in Rs.) | | LIABILITY SECTION (B) | |
|---|---------|-------------------------------------|------------------------|---|------|
| Vehicle | | Vehicle | 70602 | Basic Thrd Party Liability | 3851 |
| Elec Accessories | 1183.29 | Electrical Accessories | 0 | Compulsary PA Cover Premium | 0 |
| Non-Elec Accessories | 0 | Non Electrical Accessories | 0 | PA Cover for 0 Person Of Rs (0) each (IMT-16) | 0 |
| Basic Premium | 1183.29 | Total IDV | 70602 | Legal Liability (WC) to driver (IMT-28) | 0 |
| Geographical Area Extn (IMT -1) | 0 | TMF CONTRACT NO | | Legal Liability to Employees (IMT-29) | 0 |
| Driving Tuition Loading On OD Premium (60%) | 0 | Policy Type | Zone B - Rest of India | Legal Liability to Passenger (IMT-46) | NA |
| Sub-Total Additions | 0 | Geographical Area | INDIA | Driving Tuition Loading On TP Premium (60%) | NA |
| Deductibles | | | | PA Paid Driver, Conductor, Cleaner-GR36B3 | 0 |
| Voluntary Deductibles (IMT 22A) | 0 | | | Net Liability Premium (B) | 3851 |
| Anti- Theft Device (IMT,10) | 0 | | | Total Premium (A+B) | 4028 |
| AAI Membership (IMT-8) | 0 | | | GST | 726 |
| No Claim Bonus | 0 | | | SERVICE TAX | 0 |
| Discount for vehicle designed for handicapped | 0 | | | STAMP DUTY | 0.00 |
| SIP Discount | 0 | | | Swachh Bharat Cess@0.50% | 0 |
| Sub -Total Deductibles | 1006 | | | Krishki Kalyan Cess@0.50% | 0 |
| Add-On Coverages | 1006 | | | Gross Premium Paid | 4754 |
| NIL Depreciation | | | | | |
| Return to Invoice | 0 | | | | |
| Key Replacement | 0 | | | | |
| Consumables | 0 | | | | |
| Sub Total Add-on Coverages | 0 | | | | |
| Net own Damage Premium(A) | 177 | | | | |

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 |
| Financer Type | Financer Name | IDFC FIRST BANK 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.10000 a claim for refund of premium exceeding Rs 1000, 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 30-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
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 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 an claim is made or pending during the preceding year(s) as per the. The preceding year(s) 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 : 6595258MD
Approved On : 30-SEP-25
Place : MRT
Printed On : 13-NOV-25



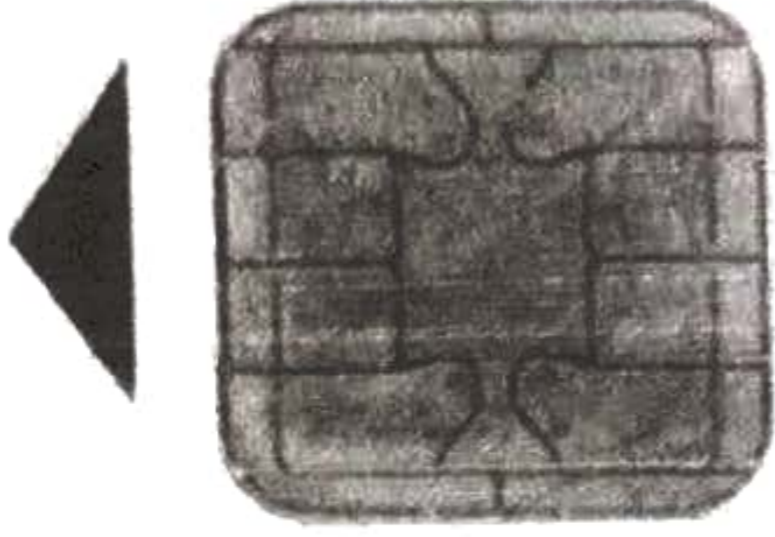
यह बीमा पॉलिसी, गाड़ी का कुल बीमा (OD), एक साल का तथा थर्ड पार्टी बीमा साँच साल के लिए ही मान्य है।



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

UP

UP57 20220012254



Issue Date Validity (NT) Validity (TR)
22-09-2022 03-07-2038 _____



(22-09-2022)
Date of First Issue

Name: **MONU KUMAR MADDESHIYA** Holder's Signature
Date of Birth: **04-07-1998** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **HARIKESHWAR MADDESHIYA**
Address:
**VILL DAMBATIA PO SIDHUA BANGAR PS
KUBERSATHAN PADRAUNA, KUSHINAGAR, UP
274304**

DL No: UP57 20220012254

UPDL000009332335



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 | 22-09-2022 | NT | | | |
| | LMV | UP57 | 22-09-2022 | NT | | | |
| | MVSD | | | | | | |
| | | | | | | | |

Form 7 Rule 16(2)

Licensing Authority

Contact Number

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 and enters into any transaction specified in rule 114B

1. Full name and address of the declarant Rahul Maddhesiya,
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 : 29/05/20
Place : Padraunaराहुल
Signature of the declarant**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.



भारत सरकार
Government of India



Issue Date: 30/10/2014



मोनू कुमार मद्देशिया
Monu Kumar Maddeshiya
जन्म तिथि / DOB : 04/07/1998
पुरुष / Male



5560 4804 2414

मेरा आधार, मेरी पहचान

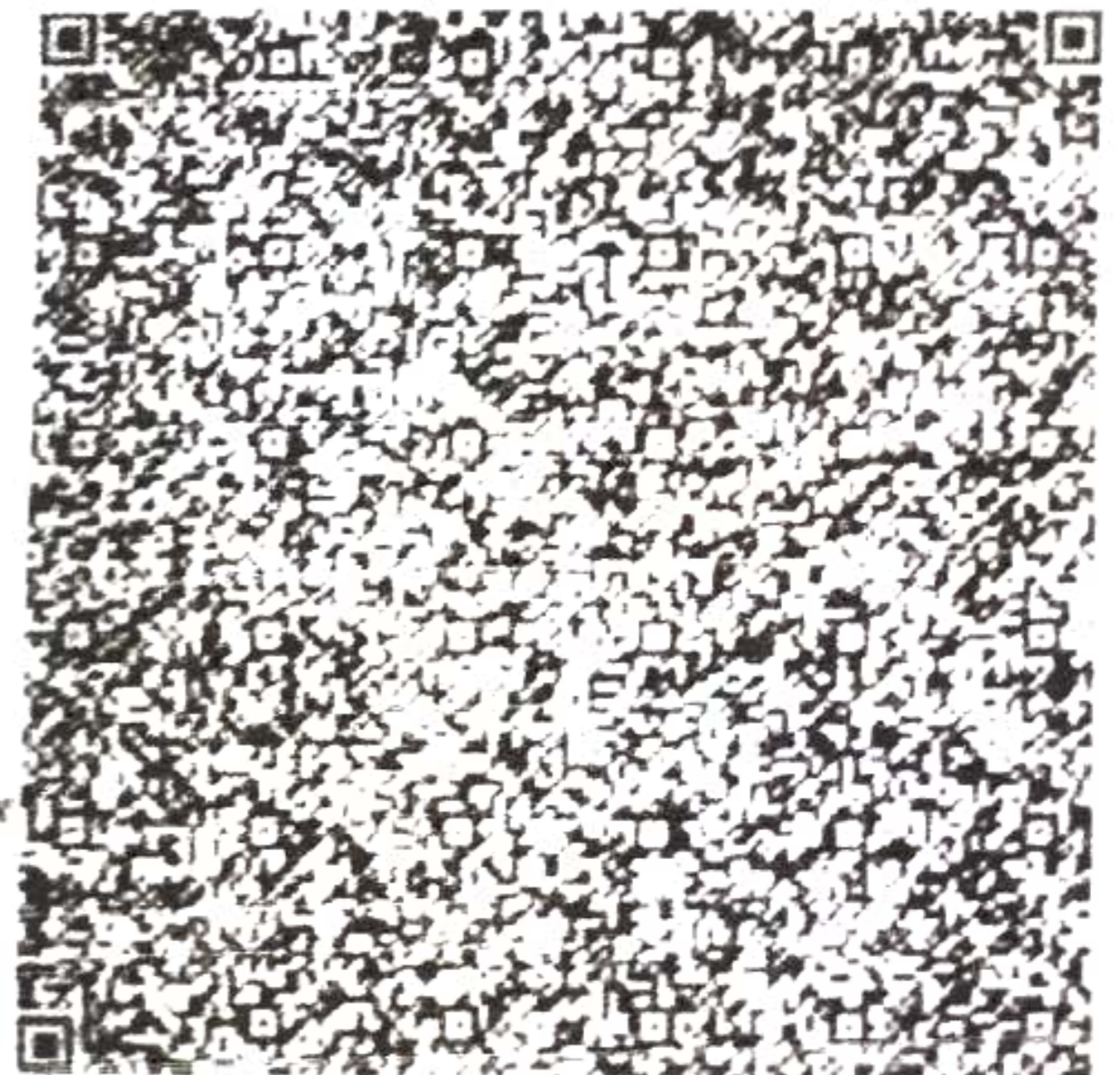


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 07/06/2021

पता: S/O: हरकेश्वर मद्देशिया, दम्बटिया,
कुशीनगर, उत्तर प्रदेश, 274304
Address: S/O: Harikeshwar Maddeshiya,
Dambatia, Kushinagar, Uttar Pradesh,
274304



5560 4804 2414



1947



help@uidai.gov.in



www.uidai.gov.in