



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.	Akhilash 9621798326
2	Vehicle No. / वाहन संख्या	UP57BY 8095
3	Policy No. / पालिसी संख्या	252400/31/2026/25656
4	Period of Insurance / बीमा अवधि	01-07-2025 - 30-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28-05-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Lala Tola
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajay Kumar Chauhan 9005327272
8	Estimated Loss / अनुमानित हानि	10,100/-
9	Cause of Accident / दुर्घटना का कारण : धर के बगल गाड़ी खड़ी थी खड़ने (Interlocking) के पास किसी ने गाड़ी को धक्का मार दिया जिससे लंकी डैमेज हो गयी गाड़ी जिदने से जहां गाड़ी खड़ा था वहां बहुत सारे बच्चे खेल रहे थे । -	
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.	Gupta Automobile padrauna 915197192

अखिलेश

Date / दिनांक : 01-06-2026  
हस्ताक्षर

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. 252400/31/2026/25656

Tel. No. \_\_\_\_\_

Period of Insurance 20-06-2026  
 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 : AKHILESH  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9621798316

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. Chassis No. <u>MA11P4SHR 113 95</u> <u>MBLHA0034-SHR/2</u> <u>357</u>	Registration No. <u>UP57BY 6095</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? 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? \_\_\_\_\_

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 : Ajay Kumar Chauhan
- (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 : UP5720240014233
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 24-03-2040
- (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 : 20-05-2026 5:00 P.M.
- (b) Place : Lala Tola
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : मोटर चालक की एकादत और रस्ता किर्दा
- (e) If any third party was responsible for this accident give the name and address : मिस्त्र विर जयरा और को (को) के मोर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Tanki Ceyand, Vishar palinduz
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraura

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 01-06-2002

Signature of the insured

312021

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/-

*31/12/21*

Witness  
Name .....  
Signature .....  
Address .....

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

Bank Account Number .....  
Name of the Bank .....

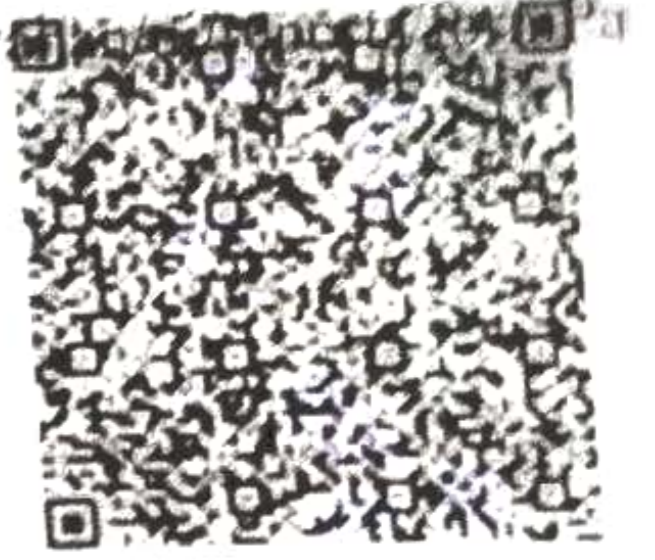


GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY6095 Registration Date : 02-Jul-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 : AKHILESH Son/wife/daughter of : HARENDRA YADAV  
 Full Address: (Permanent) : VILL-LALATOLA BALOCHAHA, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-LALATOLA BALOCHAHA, POST -PADRAUNA, THANA -PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304

Fitness UpTo : 01-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 Rear HSRP No : AA2131526667  
 Front HSRP No : AA2132809400 Month/Year of Manuf. : 06/2025  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW434SHF12357  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11F4SHF11395 Cubic Capacity : 97.20  
 Horse Power(BHP) : 8.17 Wheel base : 1235  
 Maker's Classification : HF DELUXE (DRS) Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112  
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 242  
 Colour : BLACK GREY STRIPE AC Fitted : NO  
 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. 01-Jul-2025, Sale Amt : 65000/-  
 Purchase dt : 01-Jul-2025 Amount/Rcpt No : 6500 / UP57D25070000176  
 OTT Date : 01-Jul-2025 Tax Exempted or Not : NOT EXEMPTED  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 04-Jul-2025

Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Entry Date :  
 Old State :  
 Conversion Date :  
 Transfer Date :  
 This certificate is valid from 02-Jul-2025 to 01-Jul-2040

**A.R.T.O. (A)**  
 Signature of Registering Authority  
 KUSHINAGAR (U.P.)  
 Date : 23-Jul-2025

Date : 23-Jul-2025 13:21:36  
 Taxation Particulars / Advance Registration Mark Fee Details

Q 4494273



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No : 1

Signer: DR THE CHIEF INSURANCE  
COMPANY LIMITED IN  
Date: Tue, Nov 25, 2025 12:28:35 IST  
Reason: Signing Policy for OICL

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)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	01-JUL-25
Policy No	252400/31/2026/25656	Proposal No.& Date	R/252400/31/2026/18265 & 01-JUL-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 15:07 ON 01/07/2025 TO MIDNIGHT OF 30/06/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PVT LTD	Policy Period (LIABILITY)	FROM 15:07 ON 01/07/2025 TO MIDNIGHT OF 30/06/2030
Insured Name	AKHILESH (GSTIN: )	Lead /Breakin No	/
Insured Address	C/O HARENDRA YADAV, VILL-LALATOLA BALOCHAHA POST -PADRAUNA, THANA -PADRAUNA KUSHINAGAR, KUSHINAGAR, UTTAR PRADESH,,PADRAUNA ( KUSHINAGAR ), , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	62349
Model & Variant	HERO HF DELUXE FI	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	62349
Engine -Chassis No	HA11F4SHF11395 - MBLHAW434SHF12357	TMF CONTRACT NO	
Cubic 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			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1044.97	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	982.97	Legal Liability to Employees (IMT-29)	NA
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Deductibles	0	Net Liability Premium (B)	4102
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	738
Anti- Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	888	Krishi Kalyan Cess@0.50%	4840
Sub -Total Deductibles	888	Gross Premium Paid	
Add-On Coverages	156		
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	156		
Sub Total Add-on Coverages	251		
Net own Damage Premium(A)			

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	Amount
Payment Details :	Payment Method	Cheque / Transaction No.	Bank Name	4840
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-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 MVAct,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 trails

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 there 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 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 : 922137SMD

Approved On : 01-JUL-25

Place : MRT

Printed On : 25-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited



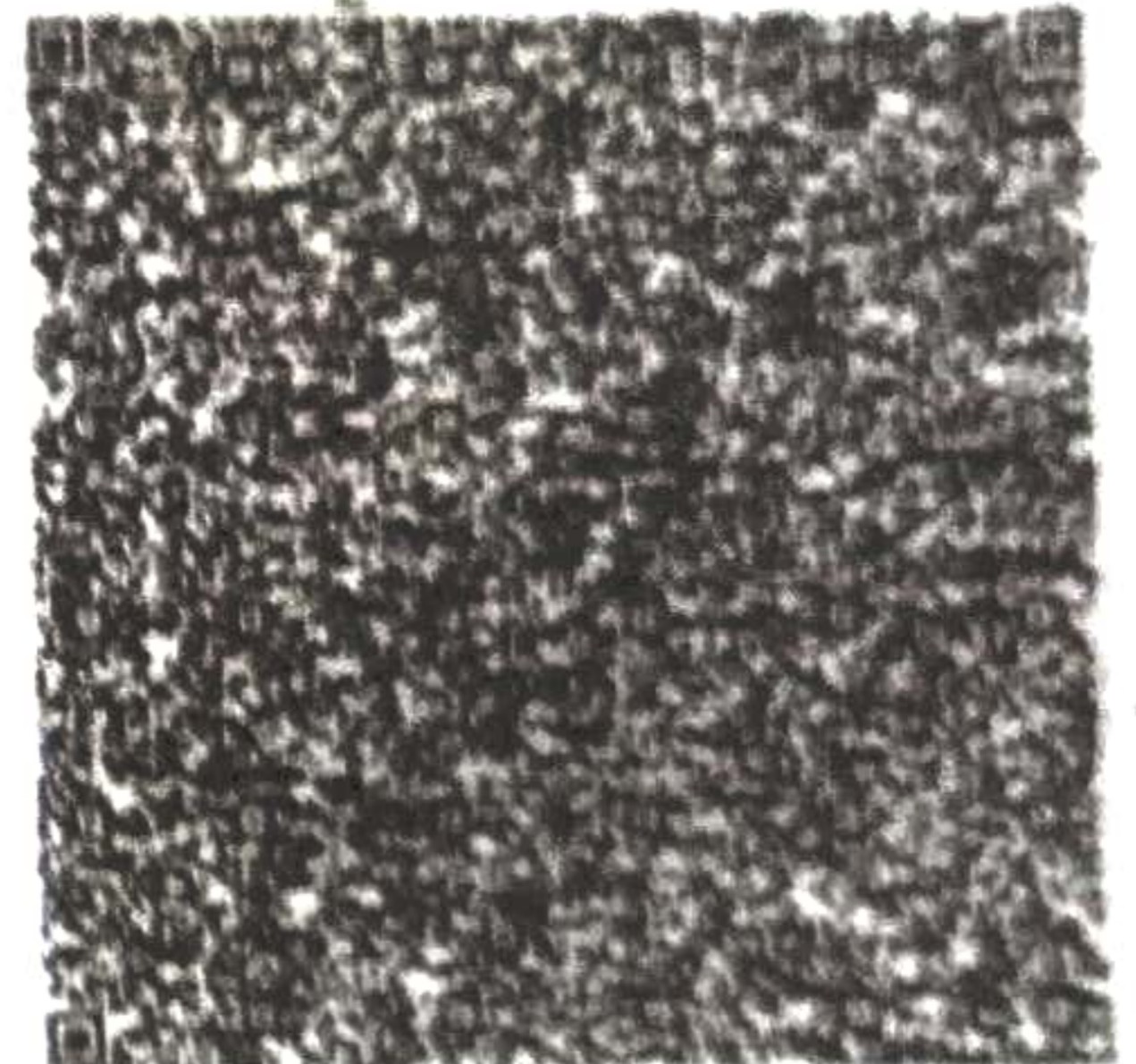
आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**EZMPA1405C**



नाम / Name  
AKHILESH

पिता का नाम / Father's Name  
HARENDRA YADAV

जन्म की तारीख /  
Date of Birth  
15/01/2001

17022023

◀ PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed.



Review ink for

DL No: UP57 20240014233

UPDL 0000-13839576



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	05-08-2024	NT				
LMV	UP57	05-08-2024	NT				
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)



### Indian Union Driving Licence Issued by Uttar Pradesh

UP57 20240014233

Issue Date: 05-08-2024  
Validity (NT): 24-03-2040  
Validity (TR)\*:



Holder's Signature

Date of First Issue: 05-08-2024

Name:

AAV KUMAR CHAUHAN

Date of Birth: 25-03-2000

Blood Group: + VE

Organ Donor: N

Son/Daughter/Wife of:

MOTILAL CHAUHAN

Address:

PADRAUNA SOHRAUNA PADRAUNA KUSHINAGAR  
Uttar Pradesh 274304