



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Suriyat Aliqasam 7068399133
2	Vehicle No. / वाहन संख्या	UP57 CA 2079
3	Policy No. / पालिसी संख्या	252400 / 31 / 2026 / 48 653
4	Period of Insurance / बीमा अवधि	21-10-2025 - 20-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/06/2026 , 04.50 P.M.
6	Place of Accident / दुर्घटना का स्थान	Gheodahi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	8825121694
8	Estimated Loss / अनुमानित हानि	14780/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश भतीजा इसलाम अंसारी बाइक लेकर किसी काम से जा रहे थे तभी एक बाइक वाले ने अचानक से मेरी बाइक में लेगगार्ड पर टक्कर मार दिया जिससे मेरी बाइक बाएँ 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 Padsaung

Date / दिनांक : 05-06-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
Suriyat Aliqasam



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. 252400/31/2026/48653

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

Period of Insurance 20-10-2026  
 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 : Sunyat Ali Ansari  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7060399133

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAI1A8SMK 33037</u> Chassis No. <u>MBLHAW837SHK33</u> <u>175</u>	Registration No. <u>UP57CA2079</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 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 : \_\_\_\_\_

MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Islam Ansari  
 (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 : BR 2220220000956  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 14-01-2032  
 (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 : 03-06-2026 , 04:00 P.m  
 (b) Place : Chedahi  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : एक बस वलने से अचानक से मोटर कारक में  
 (e) If any third party was responsible for this accident give the name and address : बस पर कलकल मार दिया जिससे मेरी  
कारक मारने कारक में मारने से क्षतिग्रस्त

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : V/SR, H/L, Bndi Car etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta 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? : 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 Police 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 05-06- 20026

Signature of the insured

*Shayfa Ali Anwar*

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.

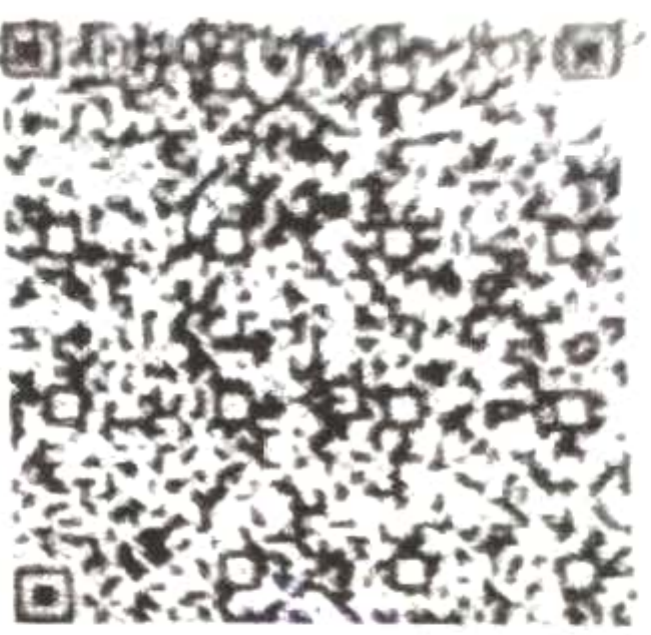
Rs. \_\_\_\_\_

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

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

Signature *Shivaji Prasad*  
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 : UP57CA2079 Registration Date : 25-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 : SARIYAT ALI ANSARI Son/wife/daughter of : MOHAMMAD HANIF  
 Full Address: (Permanent) : VILL- NAGARI, POST- DANDOPUR, THANA- PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL- NAGARI, POST- DANDOPUR, THANA- PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 24-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 : AA2142495532 Rear HSRP No : AA2141829080  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW337SHK33175  
 Engine No : HA11FBSHK33037 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
 S)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
 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 LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 21-Oct-2025.

Purchase dt : 21-Oct-2025 Sale Amt : 80517/-  
 OTT Date : 21-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100008195  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 09-Jan-2026

Other State/Transfer/Conversion/Reassign Details

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

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

Date : 31-Jan-2026 12:41:02  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
A.R.I.O. (A)  
Date : 31-Jan-2026  
Kushinagar (U.P.)

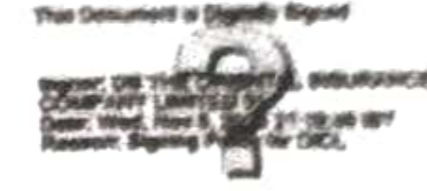
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The Oriental Insurance Company Ltd.  
Policy Schedule

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, 81214063578 (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	21-OCT-25
Policy No	252400/31/2026/48653	Proposal No. & Date	R/252400/31/2026/35999 & 21-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:25 ON 21/10/2025 TO MIDNIGHT OF 20/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:25 ON 21/10/2025 TO MIDNIGHT OF 20/10/2030
Insured Name	SARIYAT ALI ANSARI (GSTIN: )		
Insured Address	C/O MOHAMMAD HANIF, VILL-NAGARI POST-DANDOPUR, THANA-PADRAUNA, PADRAUNA ( KUSHINAGAR ), NA,		Lead / Breakin No / Insured State / UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70077
Engine - Chassis No	HA11FB5HK33037 - MBLHAW3375HK33175	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			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	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
Basic Premium	1174.49	Legal Liability (WC) No driver (IMT-28)	0
Geographical Area Extra (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
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%)	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)	4027
AAI Membership (IMT-8)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	998	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4751
NIL Depreciation			
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Insurance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Net own Damage Premium(A)	176	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT, 7, 10, 2R,	
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4751
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.1 lac or a claim for refund of premium exceeding Rs.1 lac, 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](http://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 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 21-OCT-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 MVA 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) Organised racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) 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

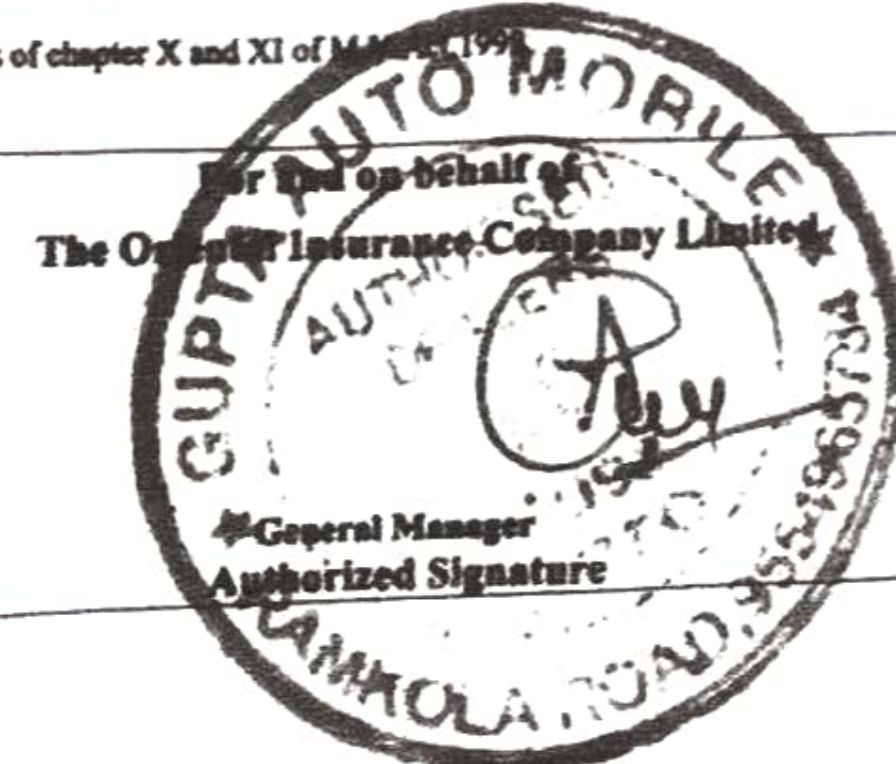
**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet these requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver 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 Motor Vehicles Act, 1988.

\* This insurance excludes all pre existing damages

Approved By : 6595258MD  
Approved On : 21-OCT-25  
Place : MRT  
Printed On : 05-NOV-25



यह बीमा पॉलिसी के, गाड़ी का फ्लैग बीमा

# Indian Union Driving Licence

Issued by Government of Bihar



BR22 20220000956

Issue Date 15-01-2022 Validity(NT) 14-01-2032 Validity(TR)



Holder's Signature

Name: ISLAM ANSARI

Date of Birth: 01-01-1991

Son of : BUDHU MIYA

Blood Group: AB+

Organ Donor: N

Address: AT-WARD NO 01 GHEWARAHII PS DHANAHA, DAUNAHA  
MADHUBANI,BETTIAH,BR 845404

Date of First Issue ( 15-01-2022)

DL No : BR22 20220000956



Invalid Carriages (Regn. Numbers) \*

Hazardous Validity \* Hill Validity \*

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge #	Badge #	Badge #
LMV	LMV	BR22	15-01-2022	NT			

Emergency Contact Number

Licensing Author  
DTO - BR22



भारत सरकार  
Government of India



Aadhaar no. issued: 27/11/2015



सरियत अली अंसारी  
Sariyat Ali Ansari  
जन्म तिथि/DOB: 01/01/1986  
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).

9963 9461 7433

मेरा आधार, मेरी पहचान



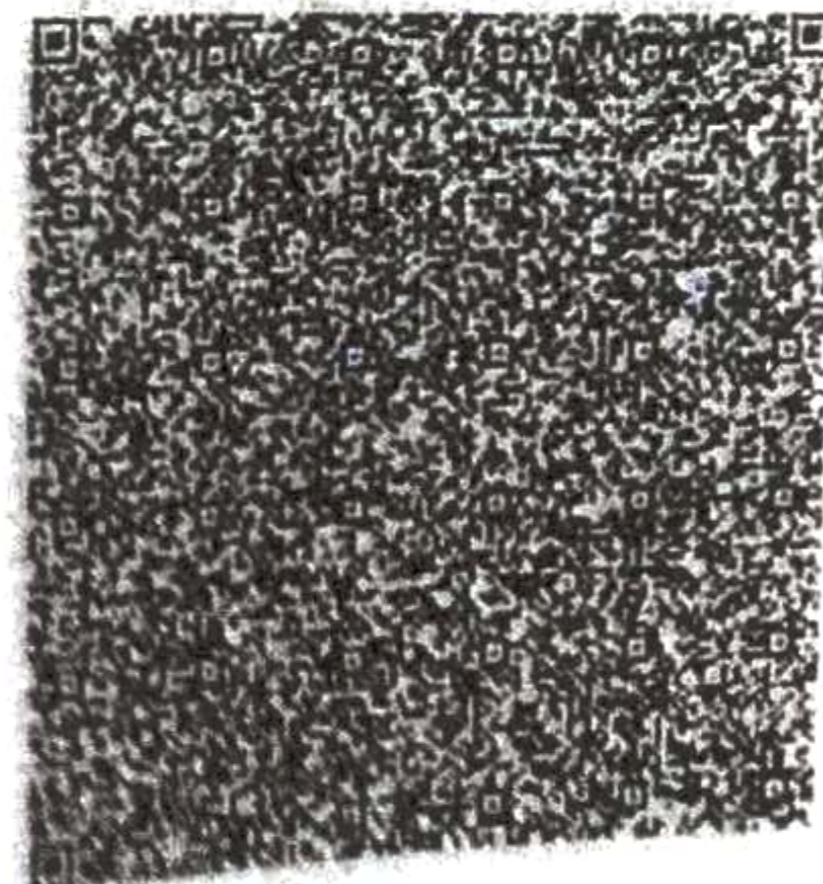
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



आधार नं. जारी: 27/11/2015

पता:  
श्री. मोहम्मद हनीफ, नगरी, दानोपुर, कुशीनगर,  
पिन कोड - 274304

Address:  
Shri Mohammad Hanif, Nagari, PO: Dandopur, DIST:  
Kushinagar,  
Pin Code - 274304



9963 9461 7433

UID: 9144 1341 2177 3273



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

EMZPAT953R



नाम / Name

SARHAT ALI ANSARI

पिता का नाम / Father's Name

MOHAMMAD HANIF

जन्म का तिथि / Date of Birth

01/01/1986

हस्ताक्षर / Signature

25752