

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.	Alaham 7410794620
2	Vehicle No. / वाहन संख्या	UP57 CA 0805
3	Policy No. / पालिसी संख्या	252400101/2021/45791
4	Period of Insurance / बीमा अवधि	17-10-2025 - 16-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02-06-2026 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	खलवाबरी पुल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Idrish shah 9919187314
8	Estimated Loss / अनुमानित हानि	16.660/-
9	Cause of Accident / दुर्घटना का कारण : मेरा गाड़ी मेरा साइ चला रहा था और मे पिछे बैठा था रात का समय था गाड़ी पर पर जा रहे थी रहने मे सोतेकत एक बरक वाला अचानक झा कर टकरा मा दिया और वही मोड़ पर गाड़ी गिर कर डीमेज हो गया ।	
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.	अमर 9125197148 Gupta Automobile polraur

अमर

Date / दिनांक : 06-06-2026
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/45791
 Period of Insurance 16-10-2028
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

(a) Name _____
 (b) Address for correspondence _____
 (c) Telephone _____

1. INSURED Alalam
7410794820

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. Chassis No. <u>HA11P2S9506117</u> <u>MBLHAW455S9572967</u>	Registration No. <u>UP57CA0005</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? MIA
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Idrish Shah
- (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 : UP57 2011 0000 Q70
- (h) Issuing Authority : _____
- (i) Date of Expiry : 27-01-2031
- (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 : 02-06-2026 8:00 PM
- (b) Place : खलवासरी पुल
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : वाहने में मोड़ते वक्त एक वाहक वाला
- (e) If any third party was responsible for this accident give the name and address : अज्ञात और वह लंबे नंबर पर रिपोर्ट करी गई है
उस वाहन की ओर से क्लेम ले गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : NIRVA, NIA. Front Both Wipers etc
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraung

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? : NIA

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?
(d) If yes, to which Police Station?
(e) Date and Diary No.

~~N/A~~

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

~~N/A~~

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 past or future accident shall be forfeited.

Date 06-06-2002 AB


Signature of the insured

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 PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: UP57CA0805	Registration Date	: 23-Oct-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304	Son/wife/daughter of	: MUSTAFA
Owner Name	: ALAHAM		
Full Address: (Permanent)	: VILL-PATERIYA, POST-BABUAIYA HARPUR, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	: VILL-PATERIYA, POST-BABUAIYA HARPUR, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304		
Fitness Up To	: 22-Oct-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2141825429
Front HSRP No	: AA2140321345	Month/Year of Manuf.	: 09/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW455S9J72967
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F2S9J06117	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: HF DELUXE PRO	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK-RED 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, . . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 22-Oct-2025.

Purchase dt	: 18-Oct-2025	Sale Amt	: 66734/-
OTT Date	: 18-Oct-2025	Amount/Rcpt No	: 6674 / UP57D25100006876
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 30-Nov-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Oct-2025 to 22-Oct-2040

Date : 23-Dec-2025 12:04:33
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 23-Dec-2025
Kushinagar (U.P.)

Q 6703/10

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	17-OCT-25
Policy No	252400/31/2026/45791	Proposal No. & Date	R/252400/31/2026/105965585/11 & 17-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 21:10 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 21:10 ON 17/10/2025 TO MIDNIGHT OF 16/10/2030
Insured Name	ALAHAM (GSTIN:)		
Insured Address	C/O MUSTAFA, R/O VILL - PATERIYA POST - BABUAIYA HARPUR, THANA - PADRAUNA PADRAUNA, KUSHINAGAR, VILL - PATERIYA POST - BABUAIYA HARPUR, THANA - PADRAUNA PADRAUNA, KUSHINAGAR, PADRAUNA (KUSHINAGAR), , NA, 0		

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTOCORP	Lead / Breakin No	/
Model & Variant	HERO HF DELUXE FI	Insured State	UTTAR PRADESH
Registration No	NEW	Vehicle	INSURED DECLARED VALUE (IDV) (in Rs.)
Year Of Manufacture	2025	Electrical Accessories	63398
Engine -Chassis No	HA11F2S9J06117 - MBLHAW455S9J72967	Non Electrical Accessories	0
Cubic Capacity	100	Total IDV	63398
Seating Capacity	1 + 1	TMF CONTRACT NO	
Type Of Body	SOLO	Policy Type	Zone B - Rest of India
RTO Location		Geographical Area	
Type Of Fuel	PETROL		

OWN DAMAGE SECTION(A)

Vehicle	
Elec Accessories	1062.55
Non-Elec Accessories	0
Basic Premium	
Geographical Area Extn (IMT -1)	158.55
Driving Tuition Loading On OD Premium (60%)	0
Sub-Total Additions	0
Deductibles	
Voluntary Deductibles (IMT 22A)	0
Anti- Theft Device (IMT-10)	0
AAI Membership (IMT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
SIP Discount	0
Sub -Total Deductibles	0
Add-On Coverages	
NIL Depreciation	0
Return to Invoice	0
Key Replacement	0
Consumables	0
Sub Total Add-on Coverages	0
Net own Damage Premium(A)	159

Schedule Of Premium (Amount in Rs.)

LIABILITY SECTION (B)	
Basic Third Party Liability	3851
Compulsary PA Cover Premium	0
PA Cover for 9 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) No driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-46)	0
Driving Tuition Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR3683	NA
Net Liability Premium (B)	0
Total Premium (A+B)	3851
GST	4010
SERVICE TAX	722
STAMP DUTY	0
Swachh Bharat Cess@0.50%	0.00
Krishi Kalyan Cess@0.50%	0
Gross Premium Paid	4732

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Chalan 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.

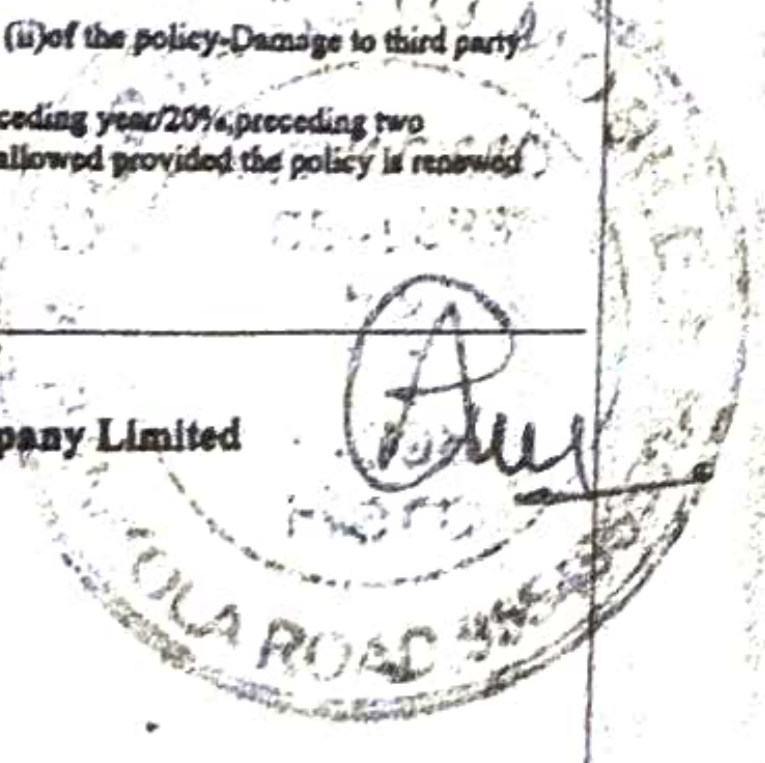
Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			PADRAUNA
			NA
			4732

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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 17-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 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 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 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 0
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: UNIV@252400
Approved On: 17-OCT-25
Place: MKT
Printed On: 08-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature



क बीएम वाहिनी, गाड़ी का फुल बीमा
करीब 4 लाख का तब तक धर्म पार्य करेगा
परिचालन के लिए ही मान्य है।



भारत सरकार
GOVERNMENT OF INDIA



अभिषेक
Alabham
जन्म तिथि/ DOB: 01/01/1988
प्राथ / MALE



8105 2040 1517

मेरा आधार, मेरी पहचान



भारत सरकार
GOVERNMENT OF INDIA

पता:
आसना: मुन्गुवा, पंडरिया,
बहुवा दारपुर, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O Musafa PATILWA, Gauris
Harpur, Kushinagar,
Uttar Pradesh - 274304

8105 2040 1517

MEERA ADHAR, MEERI PEHACHAN

आयकर विभाग
INCOME TAX DEPARTMENT

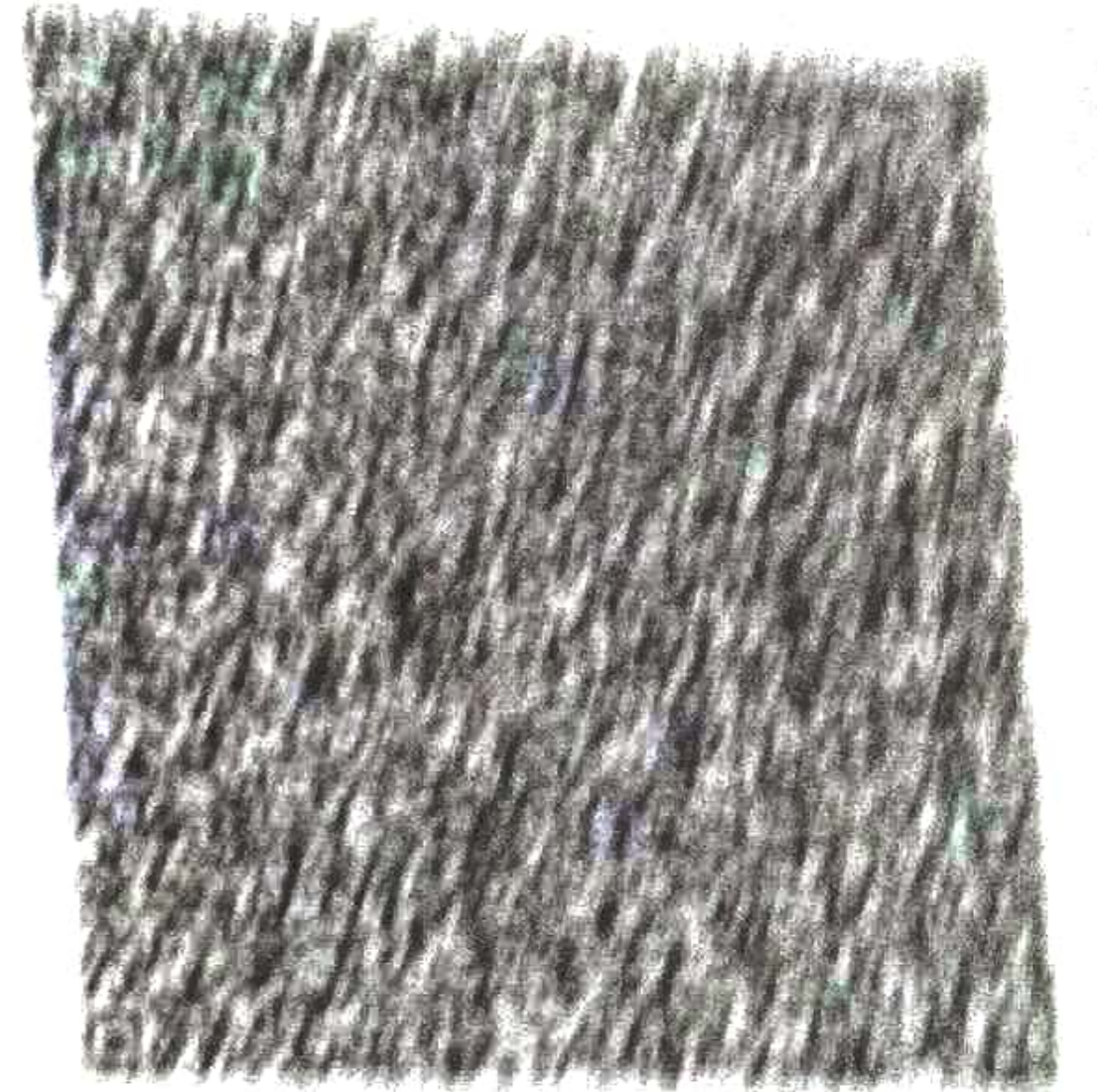


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FUGPA5949R



नाम / Name

ALAHAM

पिता का नाम / Father's Name

MUSTUFA

जन्म तिथि / Date of Birth

01/01/1988

अलहम

हस्ताक्षर / Signature

09436



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP57 20110000870



Issue Date 17-11-2021 Validity (NT) 27-01-2031 Validity (TR)* 16-11-2026



(28-01-2011)

Date of First Issue

Name: **IDRISH SHAH** Blood Group: **A-VE** Organ Donor: **N**
Date of Birth: **14-04-1982**
Son/Daughter/Wife of: **AMIN SHAH**

Address:
**BALNATHPUR BAJUPATTI, NARAIPUR MATHIYA
BAJ NATHPUR, KUSHINAGAR 274402**

DL No: UP57 20110000870

UPDL000000840114



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	28-01-2011	MT			
	LMV	UP57	28-01-2011	NT			
	TRANS	UP57	02-12-2013	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)