

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.	MUMMA 7991388612
2	Vehicle No. / वाहन संख्या	UP57CB 4723
3	Policy No. / पालिसी संख्या	252400/31/2026/64915
4	Period of Insurance / बीमा अवधि	06-12-2025 - 05-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/06/2026, 12.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Padma Chocoma
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9816124884
8	Estimated Loss / अनुमानित हानि	3980/-
09.	Cause of Accident / दुर्घटना का कारण : दायां तरफ से Kaich वाले हिस्से पर हम दिया साँट गयी Damage की गथा —	शाही कब्र खड़ी की एक ड्रिक्टर वाला
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 Padma

मुन्ना गुप्ता

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 _____

Certificate/Policy No. 252400/31/2026/64915

Tel. No. _____

Period of Insurance 05-12-2026
 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 : Munna
 (b) Address for correspondence : _____
 (c) Telephone : 7991308612

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11P6SHL09116</u> Chassis No. <u>MSKHAW4715HL000</u> <u>24</u>	Registration No. <u>UP57CB4783</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 : ABUBAKAR
(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 2025 0013 702
(h) Issuing Authority : _____
(i) Date of Expiry : 31-12-2042
(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 : 05-06-2026 12:00 p.m
(b) Place : padraua chaurahi
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : दोनों गाड़ियाँ एक ही जगह से टकराई
(e) If any third party was responsible for this accident give the name and address : दोनों गाड़ियों से दोषी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : karicho, swingarna si'over'over
(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? : NO

8. INJURY TO DRIVER/OCCUPANT

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

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 06-06-2002

Signature of the insured _____

(Handwritten signature in Hindi)

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



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	REGIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, D1214063570, (GSTIN: 09AAACT0627R4ZU)		
Policy No	252400.31.2026.64915	Policy Issued On	06-DEC-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/43409 & 06-DEC-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 12:35 ON 06/12/2025 TO MIDNIGHT OF 05/12/2026
Insured Name	MUNNA (GSTIN:)	Policy Period (LIABILITY)	FROM 12:35 ON 06/12/2025 TO MIDNIGHT OF 05/12/2030
Insured Address	C/O RAMAJI VILL-KALYAN CHHAPRA POST-BATRAULI BAZAR TIJANA-KUBERSTHAN, PADRAUNA (KUSHINAGAR, NA		

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTORCORP	Vehicle	69070
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	69070
Engine - Chassis No	HA11F6SHL09116 - MBLHAW471SHL08826	TMF CONTRACT NO	
Cable 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	1157.61	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	1157.61	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (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-GRJ6B3	0
Voluntary Deductibles (EMI 22A)	0	Net Liability Premium (B)	-3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4025
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	984	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	984	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4749
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	174		

- 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
POS Name		POS ID	POS PAN NO/Aadhar No	Amount

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 06-DEC-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".

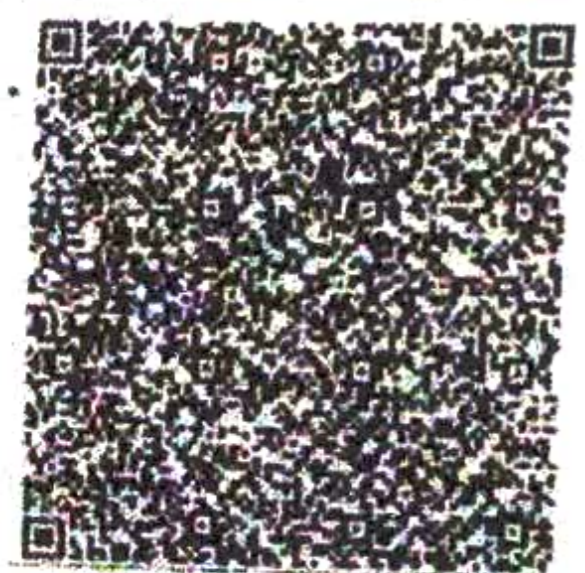
Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trails (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 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 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/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, 1998.
* This insurance excludes all pre existing damages



Approved By : 922137SMD
Approved On : 06-DEC-25
Place : MRT
Printed On : 06-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57CB4783 Registration Date : 09-Dec-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 : MUNNA Son/wife/daughter of : RAMAJI
 Full Address: (Permanent) : VILL-KALYAN CHHAPRA, POST-BATRAULI BAZAR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303
 Full Address: (Temporary) : VILL-KALYAN CHHAPRA, POST-BATRAULI BAZAR, THANA-KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303

Fitness UpTo : 08-Dec-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 : AA2147217249 Rear HSRP No : AA1047587472
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW471SHL08826
 Engine No : HA11F6SHL09116 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+BLACK&ACCE Wheel base : 1235
 NT 13S(DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 243
 AC Fitted : NO
 Purchase As : Factory Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

As Regd.	Description	Weight(in kgs)
a) Front:		
b) Rear:		
c) Other:		
d) Tandem:		

The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase dt : 06-Dec-2025 Sale Amt : 74999/-
 OTT Date : 06-Dec-2025 Amount/Rcpt No : 7500 / UP57D25120000939
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-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 09-Dec-2025 to 08-Dec-2040

Date : 01-Feb-2026 11:15:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

A.R.T.O. (A)
Kushinagar
01-Feb-2026

Q 7659708



भारतीय पत्रिका प्रणाली निदेशिका
UNESCO IDENTIFICATION NUMBERS OF INDIA

पत्रिका संख्या: 274303
पत्रिका नाम: आधुनिक शिक्षण
पत्रिका प्रकार: मासिक
पत्रिका प्रकाशक: श्री. ए. ए. कृष्ण
पत्रिका प्रकाशक का पता: 101, पट्टाचिन्नी, कायानगर, चेन्नई
पत्रिका प्रकाशक का फोन: प्रयाग, 274103

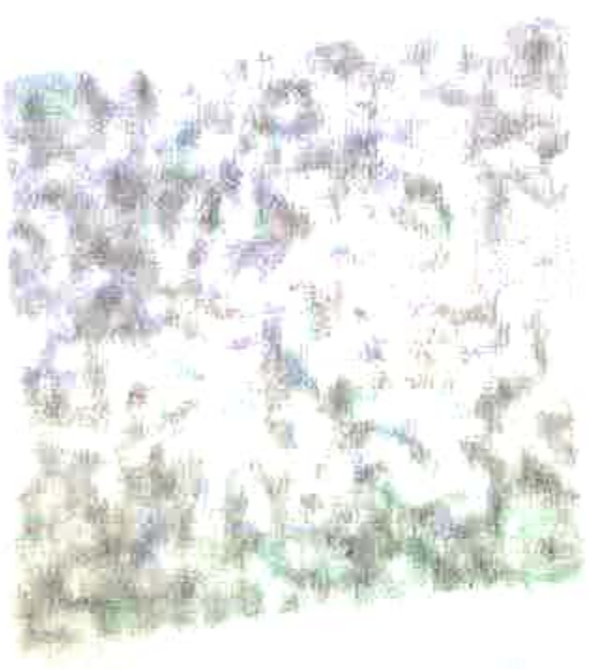
पत्रिका का प्रकाशन जारी है
 पत्रिका का प्रकाशन बंद है
UNESCO, Paris, France
UNESCO, New Delhi, India



पत्रिका संख्या: 6493 5046 8161



नाम: श्री. ए. ए. कृष्ण
पता: 101, पट्टाचिन्नी, कायानगर, चेन्नई
फोन: प्रयाग, 274103



भारतीय पत्रिका प्रणाली निदेशिका

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20250013702

Issue Date: 23-07-2025
 Validity (NT): 31-12-2042

Validity (TR):



Name:

ABIRAKAN

Date of Birth:

01-01-2003

Blood Group:

JANIR ANSARI

Son/Daughter/Wife of:

Organ Donor:

N

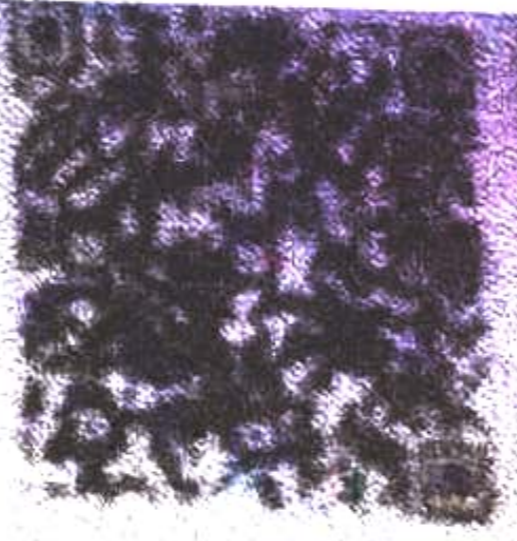
Address:

**SHARANGI BHAWAN TOLA KASIA KASIA
 KASIA KUSHINAGAR UTTAR PRADESH 274402**

DL No: **UP57 20250013702**

UPDL/1/1000071150

Invalid Carriage (Begin Numbers)
 Hazardous Validity
 Hill Validity



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Issued Date	Issued By
LMV	MCWG	UP57	23-07-2025	NT			
MSD		UP57	21-07-2025	NT			

Emergency Contact Number

**Issuing Authority
 UP57 KUSHINAGAR**

सिद्धार्थ फाहसी

INCOME TAX DEPARTMENT

मुम्बई

रामाजी

01/01/1980

आयकर विभाग का लेखन क्रमांक

CA BPN 2417C

सिद्धार्थ फाहसी

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भारत सरकार
GOVT. OF INDIA

