

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.	RABIYA KHATOON 7392870627
2	Vehicle No. / वाहन संख्या	UP52 CT - 3962
3	Policy No. / पालिसी संख्या	252400/31/2026/43822
4	Period of Insurance / बीमा अवधि	15/10/2025 TO 14/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/06/2026 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	DEORIA DHUSH
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ISHAK MANSURI 7392870627 UP52-20210006211
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरा डेवर मेरी गाड़ी लेकर पथर देवा जा रहे थे रास्ते में देवरिया बस के पास मोड़ पर स्कू वाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी बाएँ साईड गिर कर टुट गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	ISRA MOTORS BAGHAUCHGHAT 8052722372

Date / दिनांक : 8/06/2026
हस्ताक्षर

राबिया खातून
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. 252400/31/2026/43822

Tel. No. _____

Period of Insurance 15/10/2025 TO 14/10/2026
 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 : RABIYA KHATOON
 (b) Address for correspondence : _____
 (c) Telephone : VTLL-BASDI LA MAINUDDIN

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>JAO7A7S9E05170</u> Chassis No. <u>MBLJAW527S9E03988</u>	Registration No. <u>UP52CJ-3962</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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached N/A
 2. Was a pillion rider carried N/A

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	:	_____	<u>N/A</u>	_____
(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 : ISNAK MANSUKI
 (b) Age : 25
 (c) Address : BASDILA MAINUDDIN
 (d) Is the Driver : DEVAR
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment : NO
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP52 - 20210006211
 (h) Issuing Authority : 3111212040
 (i) Date of Expiry : Permanent
 (j) Was the licence temporary/permanent : NIA
 (k) Details of endorsement/suspension, if any : NIA
 (l) Has he been involved in any accident before? : NIA
 (m) Has he been charged by the policy? If so, Why? : NIA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 5/06/2026 10:30 AM
 (b) Place : DEORIA DHUSH
 (c) Speed of vehicle at the time of accident : मेरा देवर मेरी गाडी लेकर पथर देवा जा रहे थे रास्ते में
 (d) Give a short description of the accident : देवरिया दुस के पास मोड पर एक बाईक वाला आगे से
 (e) If any third party was responsible for this accident give the name and address : टक्कर मार दिया और मेरी गाडी बाएर साईड गिर कर टूट गयी

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 : ISRA MOTORS BAGHAUCHHAT

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 : NIA
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

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? : NIA
- (d) If yes, to which Police Station? : _____
- (e) Date and Entry No. : _____

10. THEFT

- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : NIA
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Police Station? : _____
- (i) C.R. diary Number : _____

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 8/06/2026

राधिया खान
 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

राबिया खातून
Signature
Occupation
Address
.....

Bank Account Number
Name of the Bank

The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0978

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 MIERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy No.	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	15-OCT-25
Proposal No. & Date	252400/31/2026-43822	Proposal No. & Date	R/252400/31/2026/34701 & 15-OCT-2025
Policy Period (OWN DAMAGE)	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16.42 ON 15-10-2025 TO MIDNIGHT OF 14-10-2026
Policy Period (LIABILITY)	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16.42 ON 15-10-2025 TO MIDNIGHT OF 14-10-2026
Insured Name	RABIYA KHATOON (GSTIN:)	Lead/Breakdn No	
Insured Address	C/O AKHTAR ALLI, 269, BASDILA MAIN UDDIN, BASDILA MAIN UDDIN, DEORIA, MEHAHARHANGPUR, DEORIA, NA.	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Vehicle	HERO MOTOCORP	Vehicle	72936
Electrical Accessories	HERO SUPER SPLENDOR DRS XTECH	Electrical Accessories	0
Non Electrical Accessories	NEW	Non Electrical Accessories	0
Total IDV	2025	Total IDV	72936
IMF CONTRACT NO	JA07AZS9E05170 - MBLJAWS27S9E03988	IMF CONTRACT NO	
Policy Type	125	Policy Type	Zone B - Rest of India
Geographical Area	1+1	Geographical Area	INDIA
Type Of Fuel	PETROL		

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Basic Third Party Liability	1222.41	Basic Third Party Liability	3851
Compulsary PA Cover Premium	0	Compulsary PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-28)	0	Legal Liability (WC) to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	1222.41	Legal Liability to Employees (IMT-29)	NA
Legal Liability to Passenger (IMT-46)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
PA Paid Driver, Conductor, Cleaner-GR36B3	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Net Liability Premium (B)	0	Net Liability Premium (B)	4034
Total Premium (A+B)	1222.41	Total Premium (A+B)	726
GST	0	GST	0
SERVICE TAX	0	SERVICE TAX	0.00
STAMP DUTY	0	STAMP DUTY	0
Swachh Bharat Cess@0.50%	0	Swachh Bharat Cess@0.50%	0
Krishi Kalyan Cess@0.50%	1039	Krishi Kalyan Cess@0.50%	4760
Gross Premium Paid	1039	Gross Premium Paid	
Sub-Total Add-on Coverages	183		
Net own Damage Premium(A)			

- Note:
 1. Policy Issuance is the subject to the realization 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	NA	POS ID	NA
Amount		Amount	4760
POS PAN NO/Aadhar No		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 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 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.
 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 hereon set his/his hands at 252400 on 15-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 M.V. Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to 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
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.
Limit 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 sections 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 four 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.
 We hereby certify that the policy as well as this 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.

For and on behalf of
The Oriental Insurance Company Limited



Approved By : 6594258MD
 Approved On : 15-OCT-25
 Place : MRT
 Printed On : 15-OCT-25

General Manager
 Authorized Signature