

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.	Anmol yadav 9305686864
2	Vehicle No. / वाहन संख्या	UP57BR4868
3	Policy No. / पालिसी संख्या	252400/31/2026/89671
4	Period of Insurance / बीमा अवधि	01-10-2025 - 30-09-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-06-2026 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Shivpur
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anmol yadav UP5720250000336
8	Estimated Loss / अनुमानित हानि	8860/-
09.	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर जा रहे थे तो बाइले से एक बर्क वाला लुठ गाड़ी को ब्रास करके सीधे मेरी गाड़ी में लगने से बमर मार दिया और गाड़ी बायां तरफ घिर कर (इंजिन हो) गया -
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padraun 9125197198

Date / दिनांक : 15-06-2026
हस्ताक्षर

अनमोल यादव
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. 252400/31/2024/39671

Tel. No. _____

Period of Insurance 30-09-2028
 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 : Anmol Yadav
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F656J02704</u> Chassis No. <u>MOBHAW47656J02820</u>	Registration No. <u>UP57BZ 4868</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 : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Anmol Yadav
 (b) Age :
 (c) Address :
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (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 : UPS 72025 0000336
 (h) Issuing Authority :
 (i) Date of Expiry : 17-07-2025
 (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 police? 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 : 12-06-2024 3:00 P.M.
 (b) Place : Gharpur
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : एक गाड़ी दायां ओर गाड़ी को मार कर घुस गया
 (e) If any third party was responsible for this accident give the name and address : दाई में लीजें चमार मूल फ्लॉ -

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : ✓ B.M. H/L, RR. Pender etc.
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : Gurgaon 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? : 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? :

_____ MIA _____

- (d) If yes, to which Police Station?

- (e) Date and Diary No.

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 15-06-2002

अनमोल यादव
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 अनमोल यादव

Occupation

Address

Bank Account Number

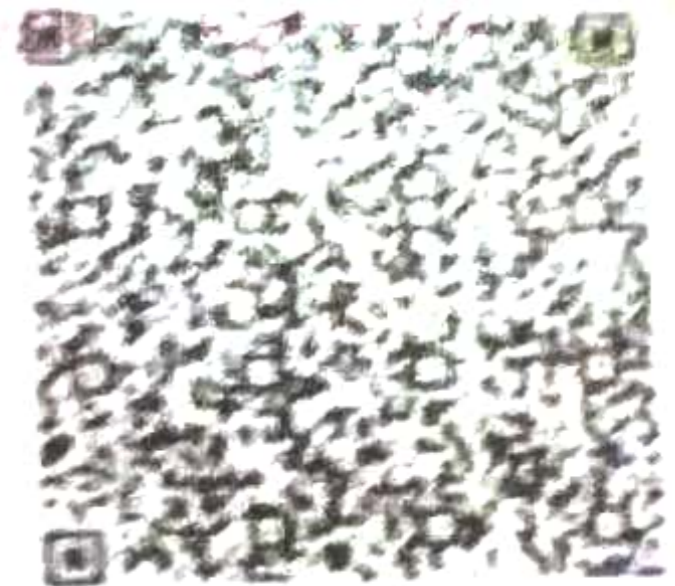
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57E24161 Registration Date : 03-Oct-2025
 Description of Vehicle : M-CYCLE SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : SUPTA AUTOMOBILES, KASHIYA ROAD, PADRAUNA, . . 189-274304
 Owner Name : ANMOL YADAV Son/wife/daughter of : NARAD YADAV
 Full Address (Permanent) : VILL-SHIMPUR DIH, POST- SEKHWANIA, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274402
 Full Address (Temporary) : VILL-SHIMPUR DIH, POST- SEKHWANIA, THANA-KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274402
 Fitness Up To : 02-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 MOTORCORP LTD
 Front HSRP No : AA2133086176 Rear HSRP No : AA2133719346
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No. of Cylinders : 1 Chassis No : MBLHAW476SGJ02620
 Engine No : HA11F6SGJ02704 Fuel : PETROL
 Horse Power(BHP) : 5.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+BLACK&ACCENT Wheel base : 1235
 NT (BSI/DPS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 243
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, Gorakhpur, Uttar Pradesh-273001 w.e.f. 02-Oct-2025.

Purchase dt : 01-Oct-2025 Sale Amt : 74999/-
 OTT Date : 01-Oct-2025 Amount/Rcpt No : 7500 / UP57D25100000645
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Oct-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 03-Oct-2025 to 02-Oct-2040

Date : 17-Dec-2025 14:18:24
Further Particulars / Inform Registration Mark Fee Details

Signature of Registering Authority
Date : 17-Dec-2025

Q 8302064



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0925

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, 01214063570, (GSTIN: 09AACT9627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	01-OCT-25
Policy No	252400/31/2026/39671	Proposal No. & Date	R/252400/31/2026/105173855/1 & 01-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 20:23 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 20:23 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026
Insured Name	ANMOL YADAV (GSTIN:)		
Insured Address	C/O NARAD YADAV, R/O VILL-SHIVPUR DIH POST-SEKHWANIA, THANA-KUBERSTHAN, PADRAUNA (KUSHINAGAR), NA, 0	Lead/Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (IN RS.)	
Make	HERO MOTOCORP			Vehicle	70602
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	70602
Engine -Chassis No	HA11F68GJ02704 - MBLHAW4768GJ02620			TMF CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1183.29	Basic Third Party Liability	3851
Elect Accessories	0	Compulsory PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 3 Person Of Rs (0) each (IMT-18)	0
		Legal Liability (WC to driver (IMT-28)	0
Basic Premium	177.29	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
		Net Liability Premium (B)	4028
		Total Premium (A+B)	726
		GST	0
		SERVICE TAX	0.00
		STAMP DUTY	0
		Swachh Bharat Cess @ 0.50%	0
		Kristal Kalyan Cess @ 0.50%	4754
		Gross Premium Paid	
		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,	
Voluntary Deductibles (IMT 22A)	0		
Anti-Theft Device (IMT-19)	0		
AAI Membership (IMT-4)	0		
No Claim Bonus	0		
Discount for vehicle designed for handicapped	0		
SIP Discount	0		
Sub-Total Deductibles	0		
Nil Depreciation	0		
Returns to Insurer	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	177		
Net own Damage Premium(A)			

Nominee Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4754
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	GORAKHPUR
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 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 GIC endorsements mentioned heretofore which are available on company's website.

www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranty: 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 01-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 for 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) Race Making (5) Speed testing (6) Liability trials (7) Duty 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.

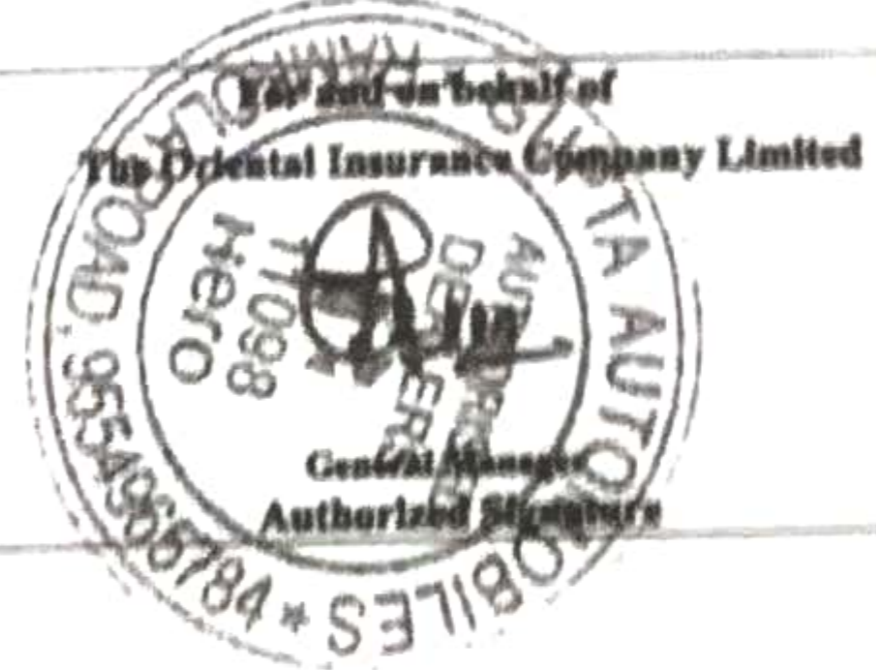
Liability Clause: Under section II-1 (1) of the policy - Death of or body injury. Such amount is necessary to meet these requirement of the motor vehicle act 1988. Under Section II-1 (2) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS 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/30%, preceding four consecutive years/35%, preceding five consecutive years/40%, preceding six consecutive years/45%, preceding seven 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

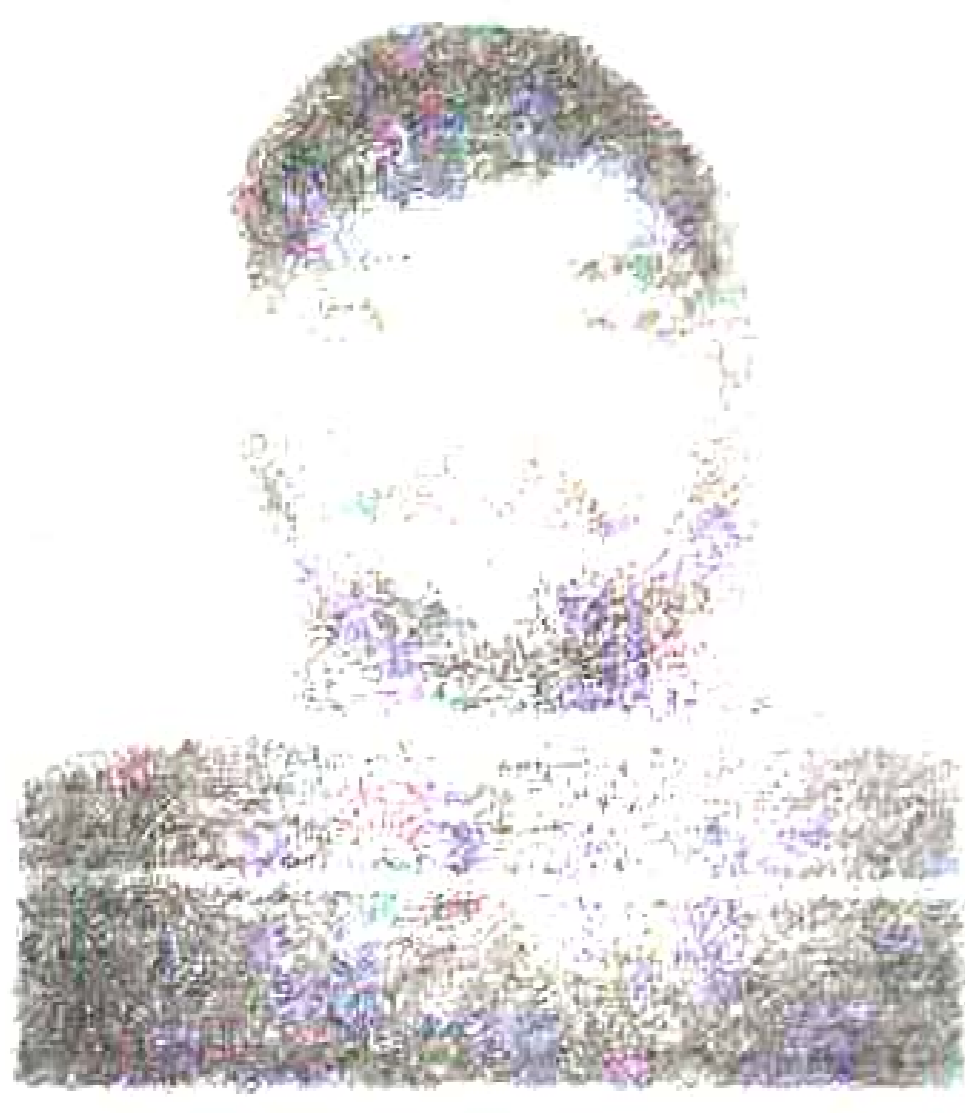
Approved By: UHV@252400
Approved On: 01-OCT-25
Place: MRT
Printed On: 06-NOV-25



यह बीमा पालिसी, गाड़ी का फुल बीमा
(OD) एक साल का तथा थर्ड पार्टी बीमा
पाँच साल के लिए ही मान्य है।



Aadhaar No. Issued: 0770312014



अर्मोल यादव
Armol Yadav
जन्म तिथि/DOB: 18/07/2005
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सप्रेशन 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)

2413 8988 1568

मेरा आधार, मेरी पहचान



शिवपुरडीह
S/O नारद यादव, शिवपुरडीह, शिवपुर
जिला, कुशीनगर, उत्तर प्रदेश
पिन कोड - 274402

Address
S/O: Narad Yadav, SHIVPUR DIH,
SHIVPURDIH, Shivpur Dih, PO: Gekhwana,
DIST: Kushinagar,
Uttar Pradesh - 274402



2413 8988 1568

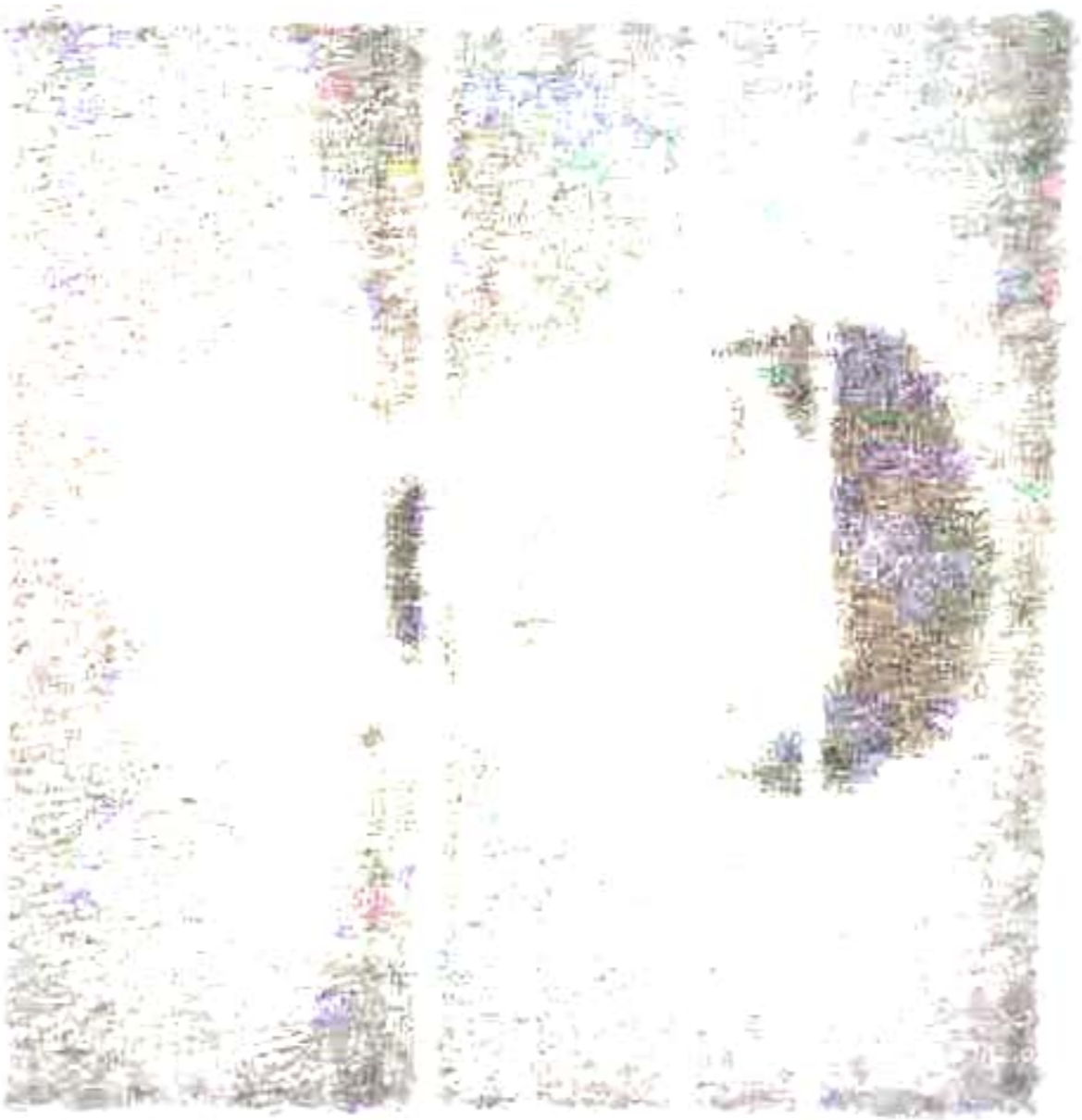
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आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

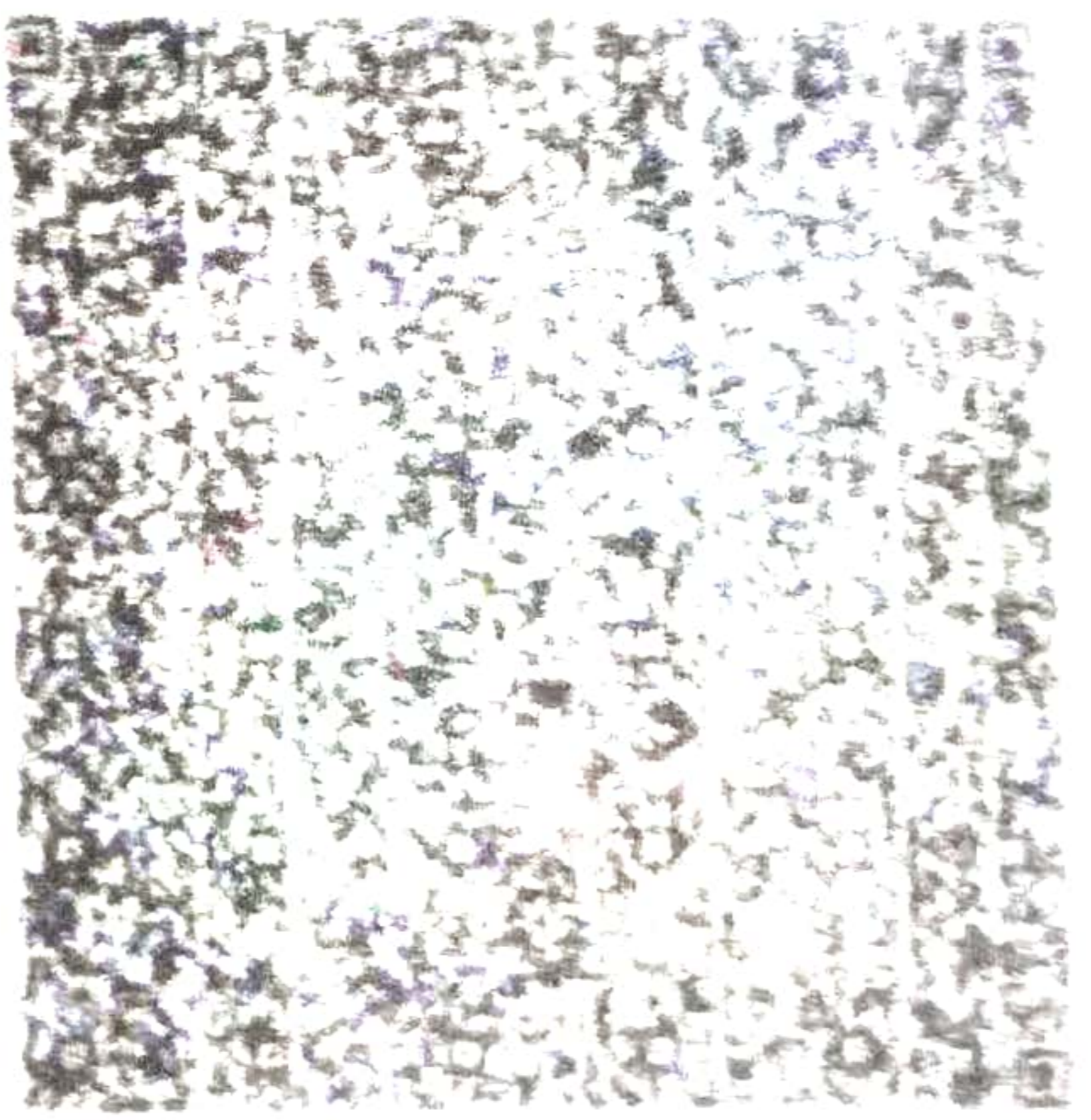
GOVT. OF INDIA



पेंशन अकाउंट नंबर

Pensioners Account Number Card

BOKPY3545D



ANIMOL YADAV

Father's Name
NARAD YADAV

18/07/2005

Signature

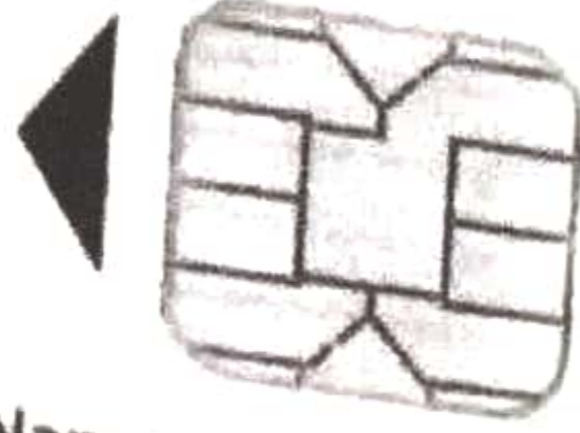
24259



**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP57 20250000336



Issue Date **03-01-2025** Validity (NT) **17-07-2045**

Validity (TR)*



Holder's Signature

Date of First Issue **03-01-2025**

Name: **ANMOL YADAV**
 Date of Birth: **18-07-2005** Blood Group:
 Son/Daughter/Wife of: **NARAD YADAV**

Organ Donor: **N**

Address:
 -- SHIVPUR DIH SHIVPURDIH SHIVPUR DIH
 KUSHINAGAR UTTAR PRADESH 274402

DL No: UP57 20250000336

UPDL000014087072



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	03-01-2025	NT			
	LHMV	UP57	03-01-2025	NT			
	MVSD						

Emergency Contact Number

[Signature]
 Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)