

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.	Hasmi Shamsuddin 7080489171
2	Vehicle No. / वाहन संख्या	UP57CA 7195
3	Policy No. / पालिसी संख्या	252400 / 31/2024 / 54124
4	Period of Insurance / बीमा अवधि	30-10-2025 - 29-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-06-2026 9:30 PM
6	Place of Accident / दुर्घटना का स्थान	Rushwalia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shamsuddin Hasmi 9170255929
8	Estimated Loss / अनुमानित हानि	958/-
09.	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर जा रहे थे तो सुरवालीया के पास क्रॉसिंग पर एक बस के काला धनांक रोड़ क्रॉस करते भरे गाड़ी के सामने आ गया और उससे गाड़ी टकरा ले गयी और दाया तरफ गिर कर डैमेज ले 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.	9125197110 Gupta Automobile padrauna

Date / दिनांक : 17-06-2026
हस्ताक्षर

Shamsuddin Hasmi
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. 252400/31/2026/54124
 Tel. No. _____ Period of Insurance 29-10-2026
 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 : Shamsuddin Hasmi
 (b) Address for correspondence : _____
 (c) Telephone : 708042 9171

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>H A 11 F 7 S H I K 3 1 3 7 2</u> Chassis No. <u>M B E H A W 4 9 2 S H I C 5 7</u> <u>166</u>	Registration No. <u>UP57</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 : _____

MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Shamsuddin Hasani

(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 : UP572026B000949

(h) Issuing Authority : _____

(i) Date of Expiry : 07-09-2042

(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 : 12.06.2026 - 9:30 P.M

(b) Place : Suwahin

(c) Speed of vehicle at the time of accident : _____

(d) Give a short description of the accident : एक बस वॉलन के काले फाटने के कारण बस

(e) If any third party was responsible for this accident give the name and address : नहीं था वॉलन बिल्डिंग 01111111111111111111

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Vichor, HIL, FR, Fender etc

(b) Estimated cost of repairs : _____

(c) When and where can the damaged vehicle be inspected : Gupta Automobila polrany

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 _____

~~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 part or future accident shall be forfeited.

Date 17-06-2002

Signature of the insured Shamsuddin Hasmi

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 ... *Shamsuddin Hasmi*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



U66010DL1947GOI007158
 U66010DL1947GOI007158

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	30-OCT-25
Policy No	252400/31/2026/54124	Proposal No. & Date	R 252400/31/2026/106506536/4 & 30-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:51 ON 30/10/2025 TO MIDNIGHT OF 29/10/2026
Agent/Broker Name	ADHINAV BHATT	Policy Period (LIABILITY)	FROM 15:51 ON 30/10/2025 TO MIDNIGHT OF 29/10/2026
Insured Name	SHAMSUDDIN HASMI (GSTIN:)		
Insured Address	C/O HANIF HASMI, R/O VILL DANDOPUR PO DANDOPUR, PS PADRAUNA KUSHINAGAR, PADRAUNA, KUSHINAGAR, N.A.D.	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 L20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year of Manufacture	2025	Total IDV	70077
Engine/Chassis No	HA1F75HK3737 - MBI HAW4825HK57166	UMF 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			

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	176.49	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%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4027
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	4751
Add-On Coverages	0	Gross Premium Paid	
Nil Depreciation	0		
Return to Invoice	0		
Recy. Rept. cost of	0		
Uninsurable	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium (A)	176		

Numinee Name	Age	Relation	Amount
			4751

Payment Details: Payment Method, Cheque No/Transaction No., Bank Name, Financer Name, Financer Branch, POS ID, POS PAN NO./Aadhar No.

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 water losses appearing in the certificate is in order to comply with the M.V. Act, 1988 and is recoverable from the insured for the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".



Approved By: VASANT KUMAR
 Approved On: 30-OCT-25
 Place: MET
 Printed On: 30-OCT-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

https://vahan.parivahan.gov.in/vahan/v...



Registration No : UP57CA7195 Registration Date : 04-Nov-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, , 189-274403
 Owner Name : SHAMSUDDIN HASMI Son/wife/daughter of : S/O- HANIF HASMI
 Full Address: (Permanent) : VILL- DANDOPUR, PO- DANDOPUR, PS- PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL- DANDOPUR, PO- DANDOPUR, PS- PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 03-Nov-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 : AA2142496353 Rear HSRP No : AA2141829900
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW482SHK57166
 Engine No : HA11F7SHK37372 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 Other Criteria :
 Vehicle Purchase As : Fully Built AC Fitted : NO

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 L & T FINANCE LTD., GORAKHPUR, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273004 w.e.f. 03-Nov-2025.

Purchase dt : 29-Oct-2025 Sale Amt : 73764/-
 OTT Date : 29-Oct-2025 Amount/Rcpt No : 7377 / UP57D25110001097
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Nov-2025 to 03-Nov-2040

Date : 27-Jan-2026 12:31:34
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 27-Jan-2026

Q 7636212

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

BHIPP16686P



श्री / Ms. SHAMSUDDIN HASNI

श्री / Ms. HANIF HASNI

श्री / Ms. ...

Shamsuddin Hasni

Indian Union Driving Licence
 Issued by Government of UTTAR PRADESH



UP57 20260008949

Issue Date 17-05-2026 Validity(NT) 07-09-2042 Validity (TR)* 00-00-0000



17-05-2026

Holder's Signature

Name: SHAMSUDDIN HASMI
 Date of Birth: 08-09-2002 Blood Group: Organ Donor: N
 Son/Daughter/Wife of: HANIF HASMI
 Address: Dandopur Dandopur Kushinagar Uttar Pradesh 274304

Date of First Issue

DL No : UP57 20260008949



Invalid Carriages (Regn. Numbers)
 Hazardous Vehicles / Will Validity
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Valid	Valid	Valid	Valid	Valid
MCWG	MCWG	UP57	17-05-2026	MCWG	MCWG	MCWG	MCWG	MCWG	MCWG
LMV	LMV	UP57	17-05-2026	LMV	LMV	LMV	LMV	LMV	LMV
INVS0									

Emergency Contact Number

