

Bank Account Number .....  
Name of the Bank .....

TAX INVOICE/CERTIFICATE CUM POLICY SHEET  
(FORM 81 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)  
CAR, OPP. FILMISTAN CINEMA MEETUR-81114063570 (GSTIN: 09AAACT06274ZU)  
Policy Issued On 01-JUL-25  
RU25240001/2026/18275 &

(FORM 51 OF THE  
HAR NAGAR, OFF. FILM

Policy Issued On \_\_\_\_\_  
 \_\_\_\_\_ & Date \_\_\_\_\_

01-JUL-23  
B/252400/31/2026/18275 & 01-JUL-2023

2023/03/23 TO MIDNIGHT OF 2023/03/23

(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. : \_\_\_\_\_

(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

Date 12/11/2025 200

Signature of the insured Giangu

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dheeraj Kumar  
 (b) Age : 24 Age  
 (c) Address : Mumukh Tata Vigwanandhpur  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : Yes  
 (e) If paid driver, how long has he been in your employment :  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UPS320230005374  
 (h) Issuing Authority :  
 (i) Date of Expiry : 17-09-2041  
 (j) Was the licence temporary/permanent : permanent  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before? : no  
 (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 : 11/11/2025 Time 5:00 PM  
 (b) Place : मिना रोड  
 (c) Speed of vehicle at the time of accident : 40 kmph  
 (d) Give a short description of the accident : गोरी गाड़ी सामने मिना रोड पर  
 (e) If any third party was responsible for this accident give the name and address : क्याम वी विवा विले से सामने 2+40 मीटर

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Eg ben Estimator  
 (b) Estimated cost of repairs : 1200  
 (c) When and where can the damaged vehicle be inspected : Chivam Hero Honda

### 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



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. 252400/31/2026/2566

Tel. No. \_\_\_\_\_

Period of Insurance 1/07/2025 To 30/06/2026  
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 : Ganga  
(b) Address for correspondence :  
(c) Telephone : Paji Jagdish pur

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HA11F7SHE67S66</u> Chassis No. <u>MBLHAW480SHEB6054</u>	Registration No. <u>UPS3FK0511</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? NA  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached NA  
2. Was a pillion rider carried NA

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



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.	Gangga
2	Vehicle No. / वाहन संख्या	UPS3FK0511
3	Policy No. / पालिसी संख्या	252400/31/2026/25666
4	Period of Insurance / बीमा अवधि	1/07/2025 To 30/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/11/2025 Time - 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	मियान टोला
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dheeraj Kumar D.L- UPS320230005374
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मे Gangga मेरी गाड़ी UPS3FK0511 जो Dheeraj Kumar Ji ने <del>वर्क</del> राजी से गिरा जाने समय मियान टोला के पास से दो पहिया वाले के टक्कर मार के घाटी में गिर गई वॉक तरफ गिरकर दालिया टूट
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Shivam Hero Jhanglu 6386650150

Date / दिनांक  
हस्ताक्षर

Dheeraj Kumar  
12/11/2025

Gangga  
Signature of Insured / बीमाधारक के