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Sir / महोदय ,

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

Date / दिनांक : 15/11/2023
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. 052400/31/2016/12322

Tel. No. _____

Period of Insurance 10/5/2015 to 09/05/2016

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 Love Kunk

- (a) Name
(b) Address for correspondence
(c) Telephone

Bhidayami Banger, Bhickun, Nagpur

2. THE INSURED VEHICLE

Make & Year <u>1985</u> <u>2015</u>	Engine No. <u>MA21 F65HD51306</u> Chassis No. <u>MBLKA204265HD61525</u>	Registration No. <u>UP-85-EW</u> <u>6235</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?
(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



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Lalit Kumar
 (b) Age : 11-04-2003
 (c) Address : Bhidauni Bangar, M984421
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (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 : UP 85 20 23 0001992
 (h) Issuing Authority : UP
 (i) Date of Expiry : 10-04-2043
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : None
 (l) Has he been involved in any accident before?: No
 (m) Has he been charged by the policy? If so, Why?: No

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 - 6:30 PM
 (b) Place : near the gate
 (c) Speed of vehicle at the time of accident : 113 km/hr
 (d) Give a short description of the accident : Car was moving from left to right and hit a pedestrian who was crossing the road.
 (e) If any third party was responsible for this accident give the name and address : 3rd party was responsible for this accident.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate
 (b) Estimated cost of repairs : 19914
 (c) When and where can the damaged vehicle be inspected : S.B. Chandelwal Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : None
 (b) Address : None
 (c) Full Details of personal injury sustained : None
 (d) Name and address of any person/hospital giving medical attention to injured person : None
 (e) Full details of property damaged : None
 (f) Has notice of any claim been given to you? : None

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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 : _____

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 15/11/2025 200

Signature of the insured

M9921

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

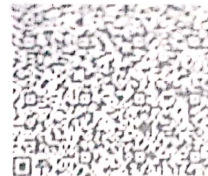
Signature _____

Occupation

Address

Bank Account Number

Name of the Bank



Registration No : UP85CW6235 Registration Date : 12-May-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
Owner Name : LOVE KUSH Son/wife/daughter of : SHIVCHARAN
Full Address (Permanent) : BHIDAUNI BANGAR, POST BHIDONI, , MATHURA, UTTAR PRADESH-281205
Full Address (Temporary) : BHIDAUNI BANGAR, POST BHIDONI, , MATHURA-UTTAR PRADESH-281205
Fitness UpTo : 11-May-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 : AA1041194886 Rear HSRP No : AA1041023857
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
No of Cylinders : 1 Chassis No : MBLHAW476SHD61525
Engine No : HA11F6SHD51306 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+BLACK&ACCE Wheel base : 1235
NT I3S(DRS)
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar 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 HERO FINCORP LTD, NEW DELHI, New Delhi, Delhi-110057 w.e.f. 10-May-2025.

Purchase dt : 10-May-2025 Sale Amt : 80116/-
OTT Date : 10-May-2025 Amount/Rept No : 8012 / UP85D25050002328
Vehicle is Govt. Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 20-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-May-2025 to 11-May-2040

Date : 06-Jun-2025 16:29:47

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority

Signature of Registering Authority

Date : 06-Jun-2025

3214730



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 316 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	10-MAY-25
Policy No	25240031/2026 12327	Proposal No.& Date	R/25240031/2026 99451486 13 & 10-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11-42 ON 10/05/2025 TO MIDNIGHT OF 09/05/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 11-42 ON 10/05/2025 TO MIDNIGHT OF 09/05/2026
Insured Name	LOVE KUSHI (GSTIN:)		
Insured Address	C/O SHIVCHARAN, R/O BHIDAI BANGAR, POST BHIDONI, MATHURA, NA, 0		

Lead/Breakin No
Insured State

UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make: HERO MOTOCORP
Model & Variant: HERO SPLENDOR PLUS 135 BLA L20
Registration No: NEW
Year Of Manufacture: 2025
Engine-Chassis No: HX1116SHDS1306-MBLHAW476SHD61525
Cubic Capacity: 130
Seating Capacity: 1+1
Type Of Body: SOLO
Type Of Fuel: PETROL
RTO Location:

INSURED DECLARED VALUE (IDV) (in Rs.)

Vehicle: 76110

Electrical Accessories: 0

Non-Electrical Accessories: 0

Total IDV: 76110

TMI CONTRACT NO

Policy Type

Zone B - Rest of India

Geographical Area

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)

Vehicle	1275.6
Elect. Accessories	0
Non-Elect. Accessories	0
Basic Premium	114.6
Geographical Area Extra (IMT-4)	0
Driving Tuition Loading On OD Premium (60%)	0
Sub-Total Additions	0
Deductibles	
Voluntary Deductibles (IMT-22A)	0
Anti-Theft Device (IMT-10)	0
AAI Membership (IMT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
STP Discount	0
Sub-Total Deductibles	0
Add-On Coverages	
NIL Depreciation	190
Return to Invoice	0
Key Replacement	0
Consumables	0
Sub-Total Add-on Coverages	190
Net own Damage Premium(A)	305

LIABILITY SECTION (B)

Basic Third Party Liability	3851
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR36B3	0
Net Liability Premium (B)	3851
Total Premium (A+B)	4156
GST	748
SERVICE TAX	0
STAMP DUTY	0.00
Swachh Bharat Cess@ 0.50%	0
Krishi Kalyan Cess@ 0.50%	0
Gross Premium Paid	4904

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: 1

Relation

Payment Details: Payment Method

Cheque No./Transaction No.

Bank Name

Amount

Financer Type

Financer Name

HERO FINCORP LTD

Financer Branch

NEW DELHI

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 assistance under the policy is subject to conditions, clauses, exclusions, IMTs and GRs/endorsements mentioned herein above which are available on company's website.

Warranty that in case of endorsement of premium (cheques) 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 have hereon to set his/her hands at 25240031/2026 99451486 13 & 10-MAY-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 "ADVANCEMENT OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use of the vehicle 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) Organised racing (4) Pox Making (5) Speed testing (6) R stability trials (7) Public Purpose in connection with motor trade.

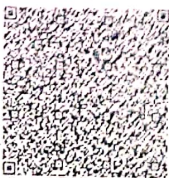
Driver's Licence: A person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability: Chapter II 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 (iii) of the policy. Damage to third party property is Rs. 2.5 Lakhs. PA cover under sec. 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(s) 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.

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 voids all pre-existing damages.



Approved By: 19 MAY 25

Approved On: 19 MAY 25

Place: MBI

Printed On: 19 MAY 25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature





Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP85 20230001992



Issue Date 02-02-2023 Validity (NT) 10-04-2043 Validity (TR)



(02-02-2023)

Holder's Signature

Name: LALIT KUMAR
Date of Birth: 11-04-2003 Blood Group:
Son/Daughter/Wife of: HARCHARAN LAL

Organ Donor: N

Date of First Issue

Address:
Bhidauni Bangar Mathura Uttar
Pradesh 281205

DL No: UP85 20230001992

UPDL000010387384



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	UP85	UP85	02-02-2023	NT			
LMV	UP85	UP85	02-02-2023	NT			
MYSD							

Emergency Contact Number

Lic. Issuing Authority
UP85 MATHURA

Form 7 Rule 16(2)



Unique Identification Authority of India

पता आत्मान शिवचरण मिहोती
बंगार मथुरा, बिहारी उत्तर प्रदेश
281205

Address S.O. Shivcharan Bihdaun
Bangar Mathura, Bihori, Uttar Pradesh
281205

2848 1986 6642

1947

help@uidai.gov.in

www.uidai.gov.in

भारत सरकार
Government of India

लवकुश
Lovekush

जन्म तिथि / DOB 22-01/2005
पुरुष / Male

2848 1986 6642

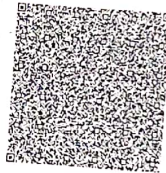
मेरा पहचान, मेरी पहचान

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MINOR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
MADPK5990C



नाम / Name
LOVE KUSH

पिता का नाम / Father's Name
SHIVCHARAN

जन्म की तारीख /
Date of Birth
22/01/2005

हस्ताक्षर / Signature

12052022

