

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
MEERUT.....

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.	मयूरेश गुप्ता, 8935018221
2	Vehicle No. / वाहन संख्या	UP31BP2495
3	Policy No. / पालिसी संख्या	30/12/2024 से 29/12/2025
4	Period of Insurance / बीमा अवधि	MS/2024/7001/0/46575/391696
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025 व 2:00PM
6	Place of Accident / दुर्घटना का स्थान	होमगार्ड ऑफिस के पास का स्थान
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मयूरेश गुप्ता, 8935018221 UP3120150002151
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	पूराने होमगार्ड ऑफिस के पास सामने से गाया से टक्कर हो गई जिससे मेरे पीछे आ रही मोटरसाइकिल वाले ने पीछे से टक्कर मार दी जिससे मेरी गाड़ी दाँधी और गिरकर भातिमस्त हो गई।
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.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR KAHERI, 9151154036

Date / दिनांक : 26/12/2025
हस्ताक्षर

मयूरेश गुप्ता

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 MEERUT

Certificate/Policy No. MSPO24/7001/0/46575/391696

Tel. No.

Period of Insurance 30/12/2024 से 29/12/2025
 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 : MAYURESH
 (b) Address for correspondence : MO NAYA HATHIPUR PS-SADAR KOTWALI
 (c) Telephone : 8935018221

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>JA07ABL9L24619</u> Chassis No. <u>MBLJAW170L9L12285</u>	Registration No. <u>UP31BP2495</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MAYURESH GUPTA
- (b) Age : 09/07/1988
- (c) Address : HNO-14 MOH. ARJUN PURWA SETHGHAT ROAD, LAKHIMPUR KHERI
- (d) Is the Driver
1. Owner : Yes
 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 : UP31 20150002151
- (h) Issuing Authority : 02/03/2015
- (i) Date of Expiry : 01/03/2035
- (j) Was the licence temporary/permanent : Permanent
- (k) Details of endorsement/suspension, if any : No
- (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 : 24/12/2025 2:00 PM.
- (b) Place : पुराना होमगाई ऑफिस के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : पुराना होमगाई ऑफिस के पास सामने से गाड़ी से टकरा कर हो
- (e) If any third party was responsible for this accident give the name and address : जिसके पीछे से आ रहे मोटरसाइकिल वाले ने पीछे से चकर मार दी जिससे मेरी गाड़ी टूटी और गिरकर मतिभस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND BACK AND RIGHT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR-KHERI, 9151154036

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? : NO
(b) If yes, give full details : NO

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? : N/A
(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? : N/A
(g) When? : _____
(h) Which Policy 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 26/12/ 2005

Signature of the insured Signature

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. UP31BP2495 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/-

Handwritten signature

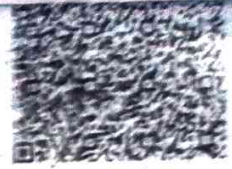
Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Transport Department Lakhimpur Kheri
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BP2495
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI,
 Owner Name : MAYURESH
 Full Address: (Permanent) : ADD. MO. NAYA HATHIPUR 2, ADD. MO. NAYA HATHIPUR 2, PS: SADAR KOTAWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : ADD. MO. NAYA HATHIPUR 2, ADD. MO. NAYA HATHIPUR 2, PS: SADAR KOTAWALI, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 14-01-2036
 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2028841355
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07ABL9L24619
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPER SPLENDOR-DRUM-S ELF-CAST
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : METALLIC NEXUS BLUE
 Other Criteria : Fully Built
 Registration Date : 15-01-2021
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAJESH KUMAR GUPTA
 Tax UpTo : One Time
 Link Vehicle No Norms : BHARAT STAGE VI
 Rear HSRP No : AA2028105464
 Month/Year of Manuf. : 11/2020
 Chassis No : MBLJAW170L9L12285
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1273
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Laden/GV Wt (kgs) : 252
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	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, HPV, PUNE, PUNE, Pune, Maharashtra-411009 w.e.f. 03-Jan-2021.

Purchase dt : 03-Jan-2021
 OTT Date : 03-Jan-2021
 TaxUpTo : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Sale Amt : 70150/-
 Amount/Rcpt No : 7015 / UP31D21010 100805
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 15-Jan-2021

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

This certificate is valid from 15-01-2021 to 14-01-2036

Date : 25-Mar-2021 15:22:47
 Taxation Particulars / Advance Registration Mark Fee Details

M2186278

Scan for card
 Signature of Registering Authority
 Date : 25-03-2021
01/12-22

3/25/2021, 3:22 PM

UNION OF INDIA Driving Licence (UP) (NT)

UP31-20150002151



वर्क नम्बर अथवा
Date of Issue
02/03/2015

वर्क नम्बर
Date of Birth
09/07/1988


वैधता/validity
01/03/2035

Blood Group
Unknown




नाम / Name
MAYURESH GUPTA
पिता/माता अथवा / Son/Daughter/Wife of
RAJESH KUMAR GUPTA

UP31 20150002151 UP02307949VT



MCWG
02/03/2015



Form 7 Rule 16(2)

नाम / Address
**HNO-14 MOH ARJUN PURWA
BETH GHAT ROAD
LAKHIMPUR KHERI**

Holder's Signature [Signature]

[Signature]
[Signature] / Issuing Authority Sign
LAKHIMPUR KHERI

भारत सरकार
Government of India

Aadhaar No. Issued: 22/10/2014



मयुरेश गुप्ता
Mayuresh Gupta
जन्म तिथि / DOB : 15/12/1986
पुरुष / Male



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

7876 6889 5579

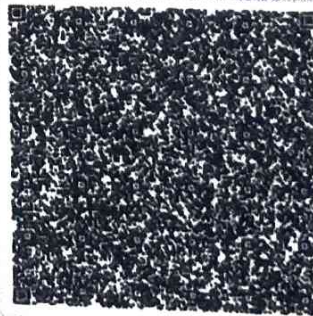
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Details as of 07/03/2024

पता: S/O राजेश कुमार गुप्ता, 14, नया
हाथीपुर - 2, लखीमपुर, खीरी, उत्तर प्रदेश,
262701
Address: S/O Rajesh Kumar Gupta, 14,
5 NAYA HATHIPUR - 2, Lakhimpur, PO.,
DIST:Kheri, Uttar Pradesh, 262701



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1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

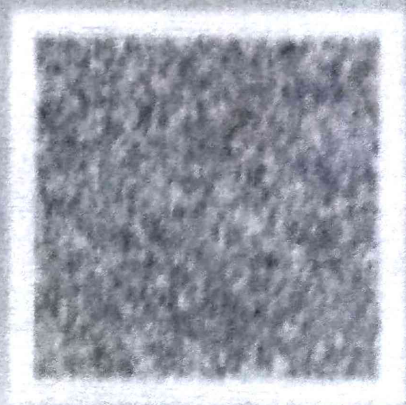


भारत सरकार
GOVT. OF INDIA



व्यक्तिगत स्थायी खाता संख्या कार्ड
Permanent Account Number Card

BABPG6521N



नाम / Name
MAYURESH GUPTA

पिता/माता का नाम / Father's Name
RAJESH KUMAR GUPTA

जन्म तिथि / Date of Birth
15/12/1985