

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.F.F.R.U.T.

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.	NEERAJ KUMAR, 9118294276
2	Vehicle No. / वाहन संख्या	UP34 CA 2252.
3	Policy No. / पालिसी संख्या	252400/31/2025/81956
4	Period of Insurance / बीमा अवधि	31/01/2025 से 30/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/2026 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	रूधा भवनाथपुर चोक के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	वलजीत सिंह, UP3420150014473 8810731405
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	रूधा भवनाथपुर चोक के पास सामने से दौड़ी और से मोटरसाइकिल से जोरदार टक्कर हो गई। जिससे मेरी गाड़ी बाईं ओर गिरकर क्षतिग्रस्त 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, LRPR ROAD LAKHIMPUR-KHERI, 9151154036

नीरज कुमार

Date / दिनांक : 29/01/2026
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 MEERUT

Certificate/Policy No. 252400/31/2025/B1956

Tel. No.

Period of Insurance 31/01/2025 से 30/01/2026
 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 : NEERAJ KUMAR
 (b) Address for correspondence : R/O UMARIYAKALAN KEOTIKALAN SITAPUR PS-
 (c) Telephone : 9118294276 HARGADN/SITAPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HASJE7RH00407</u> Chassis No. <u>MBLHAW228RH00370</u>	Registration No. <u>UP34CA</u> <u>2252</u>
-------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------

- (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 to 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 : BALJEET SINGH
- (b) Age : 10/02/1992
- (c) Address : VILL-UMARTYA KALAN/Ps-KHOTI KALAN, THANA HARGAON, SITAPUR
- (d) Is the Driver
1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAI
- (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 : UP34 2015 0014473
- (h) Issuing Authority : 06/11/2015
- (i) Date of Expiry : 05/11/2035
- (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 : 27/01/2026 4:00 PM
- (b) Place : खेडा भवनाथपुर चौकी के पास
- (c) Speed of vehicle at the time of accident : 30-40 km
- (d) Give a short description of the accident : खेडा भवनाथपुर चौकी के पास सामने से दौड़ी मोर से
- (e) If any third party was responsible for this accident give the name and address : मोटरसाइकिल से जोरदार टक्कर हो गई। जिससे मेरी गाड़ी बाई मोर बिरभर हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MUSARAM 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? : _____
- (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 Policy 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 29/01/2008

Signature of the insured AKHIL K

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. UP34CA2952 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 जीरज कुमार
Occupation
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PG180928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR SAGAR, OPP. FILMISTAN CINEMA MEERU T... 01214063570... (GSTIN: 09AAACT0627R4ZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2025/81956), Agent/Broker Code (HA0000155144), Agent/Broker Name (ABHINAV BIHARI), Insured Name (NEERAJ KUMAR), Insured Address (C/O SRI RAMASARE, R/O UMARIYAKALAN KLOTIKALAN SITAPUR, PS- HARGAON, SITAPUR, NA), Policy Issued On (31-JAN-25), Proposal No. & Date (R/252400/31/2025/61851 & 31-JAN-2025), Policy Period (OWN DAMAGE) (FROM 19-33 ON 31-01-2025 TO MIDNIGHT OF 30-01-2026), Policy Period (LIABILITY) (FROM 19-33 ON 31-01-2025 TO MIDNIGHT OF 30-01-2026), Lead/Breakin No (), Insured State (UTTAR PRADESH)

Table with insured motor vehicle details: Make (HERO), Model & Variant (HERO SPLENDOR PLUS FI), Registration No (NI W), Year of Manufacture (2025), Engine Chassis No (HA11L7RH100407 MBH1AW278RH100370), Cubic Capacity (100), Seating Capacity (1+1), Type of Body (SOLO), Type of Fuel (PETROL), Vehicle (75873), Electrical Accessories (0), Non-Electrical Accessories (0), Total IDV (75873), TMF CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area (INDIA)

Schedule Of Premium (Amount in Rs.)

Table with premium schedule: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes Vehicle (1271.63), 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) (NA), Legal Liability to Passenger (IMT-46) (NA), Driving Tuition Loading On TP Premium (60%) (0), PA Paid Driver, Conductor, Cleaner-GR36B3 (0), Net Liability Premium (B) (3851), Total Premium (A+B) (4042), GST (728), SERVICE TAX (0), STAMP DUTY (0.00), Swachh Bharat Cess@0.50% (0), Krishi Kalyan Cess@0.50% (4770), Gross Premium Paid (4770)

- Note: 1. Policy Issuance is 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 Indorsements IMT.7 10.28.

Table with nominee and payment details: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount (4770)

Table with POS details: POS Name (NA), 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 OIC endorsements mentioned herein, along with which are available on company's website www.orientalinsurance.org.in or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheques (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. 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 31-JAN-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 MVA Act 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND LIMITED USE OF VEHICLE".

Limitations as to use: use only for social domestic and pleasure purposes and the insured's business. The policy does not cover the use of: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any 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 requirements of Rule 11 of the Central Motor Vehicles Rules, 1989

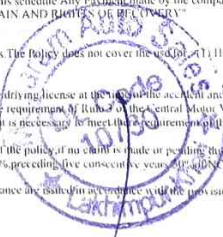
Limits of Liability Clause: Under section II-1 (a) of the policy - Death of or body injury Such amount is necessary to meet the requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is Rs.

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 Preceding year/20% preceding two consecutive years/25% preceding three consecutive years/45% preceding five consecutive years/75% preceding five consecutive years. If 100% NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

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: 255992SMD, Approved On: 31-JAN-25, Place: MRT, Printed On: 31-JAN-25



For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34CA2252 Registration Date : 02-Feb-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, . . . 153-262701
 Owner Name : NEERAJ KUMAR Son/wife/daughter of : SRI RAMASARE
 Full Address: (Permanent) : R/O UMARIYAKALAN KEOTIKALAN, SITAPUR, PS- HARGAON, SITAPUR, UTTAR PRADESH-261121
 Full Address: (Temporary) : R/O UMARIYAKALAN KEOTIKALAN, SITAPUR, PS- HARGAON, SITAPUR-UTTAR PRADESH-261121

Fitness UpTo : 01-Feb-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 : AA2120938216 Rear HSRP No : AA2120644504
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW228RHL00370
 Engine No : HA11E7RHL00407 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : MATT GREY Laden/GV Wt (kgs) : 241
 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 w.e.f. . . .

Purchase dt : 31-Jan-2025 Sale Amt : 79866/-
 OTT Date : 31-Jan-2025 Amount/Rcpt No : 7987 / UP34D25020000318
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Feb-2025 to 01-Feb-2040

Date 29-Mar-2025 11:44:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 29-Mar-2025

Q 2405696

The Chief Minister, Government of Uttar Pradesh
Police, Lucknow



UNION OF INDIA Driving Licence

UP NT

UP34 20150014473



जारी करने की तिथि
Date of Issue
06/11/2015

वैधता / Validity
05/11/2020

जन्म तिथि
Date of Birth
10/02/1992

Blood Group
Unknown

नाम / Name

BALJEET SINGH

पिता/पति का नाम / Son/Daughter/Wife of

RAM KISHORE SINGH

UNION OF INDIA, GOVERNMENT OF UTTAR PRADESH, DEPARTMENT OF TRANSPORT, UTTAR PRADESH, INDIA
UNION OF INDIA, GOVERNMENT OF UTTAR PRADESH, DEPARTMENT OF TRANSPORT, UTTAR PRADESH, INDIA

Holder's Signature

[Handwritten Signature]

SITAPUR

THANA HARGAON

VILL. JIMARHARA POST

पता / Address

वरिष्ठ / Issuing Authority Sign
SITAPUR

[Handwritten Signature]



Form 7 Rule 16(2)

LMV 06/11/2015 06/11/2015

LMV



UP34 20150014473

UP03242912MT



भारत सरकार
हयान प्राधिकरण

Unique Identification Authority of India

पता:
आत्मज: रामासरे, उमरियाकलां,
कोतिकलन, सीतापुर, कयोती कलां,
उत्तर प्रदेश, 261121

Address:
S/O: Ramasare, umariyakalan,
Keotikalan, Sitapur, Keoti Kalan,
Uttar Pradesh, 261121

6305 6737 8401

1947
1800 300 1947

✉
help@uidai.gov.in

WWW
www.uidai.gov.in



भारत सरकार

Government of India



नीरज कुमार
Neeraj Kumar
जन्म तिथि / DOB : 01/01/1998
पुरुष / Male



6305 6737 8401

आधार - आम आदमी का अधिकार

नीरज कुमार

आयकर विभाग
INCOME TAX DEPARTMENT

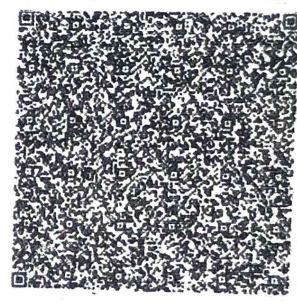


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LNHPK0521K



नाम / Name
NEERAJ KUMAR

पिता का नाम / Father's Name
RAMASARE

जन्म की तारीख /
Date of Birth
01/01/1998

नीरज कुमार
हस्ताक्षर / Signature

11012022

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-0126-830	Date	30-01-2026
Customer Name	NEERAJ KUMAR	Contact No.	8810731405
VIN	MBLHAW228RHL00370	Model	SPLENDOR +
Insurance Company		Reg No.	UP34CA2252
HMCGL Card No	1073025550000206	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	61000AAE200US -FRONT FENDER (R-195C)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
7	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
8	24701KWA940S -PEDAL GEAR CHANGE	87141090	Paid	163.56	1	9.00	9.00	0.00	0.00	0.00	0.00	193.00
9	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
10	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
11	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
12	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
Parts Total											0.00	8,252.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	8,252.00
Labour Total	1,500.96
SGST (Parts) 9%	629.39
CGST (Parts) 9%	629.39
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	9,752.96

Rupees in Words: Nine Thousand Seven Hundred Fifty Two and paise Ninety Six Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.

10730 - Main W/S