

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.	सुदामा वर्मा, 9335855498
2	Vehicle No. / वाहन संख्या	UP31 CK 1175
3	Policy No. / पालिसी संख्या	252400/31/2025/83222
4	Period of Insurance / बीमा अवधि	05/02/2025 से 04/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/2026 2:50PM
6	Place of Accident / दुर्घटना का स्थान	शारदा नगर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सावन कुमार वर्मा, 9170411590 UP3120120035741
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	शारदा नगर के पास सामने से स्वाइ आ गया जिससे मुझे ब्रेक लगाना पड़ा / जिससे मेरी गाड़ी आनेपन्नेत होकर बांधी ओर गिरकर सतिग्रस्त 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, LRPRAD LAKHIMPUR-KHERI, 9151154636

Date / दिनांक : 30/01/2026  
हस्ताक्षर

सुदामा वर्मा  
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 MFFRUT

Certificate/Policy No. 252400/31/2025/83222

Tel. No.

Period of Insurance 05/02/2025 से 04/02/2026

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 : SUDAMA VERMA  
 (b) Address for correspondence : RIDMADARAPUR, MURAI KHERA, LAKHIMPUR-KHERI,  
 (c) Telephone : 9.735.855498 PS-KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJESRHL77164</u> Chassis No. <u>MBLHAN231RHLCL1159</u>	Registration No. <u>UP31CK</u> <u>1175</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 : SAVAN KUMAR VERMA  
(b) Age : 15/06/1993  
(c) Address : 280, MO-BANKHENWA, LAKHIMPUR-KHERI, 262701  
(d) Is the Driver  
1. Owner : NO  
2. paid driver? : NO  
3. Owner's relative or friend? : BHAT  
(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 : UP3120120035741  
(h) Issuing Authority : 17/10/2012  
(i) Date of Expiry : 16/10/2032  
(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 2:50PM  
(b) Place : शारदा नगर के पास  
(c) Speed of vehicle at the time of accident : 30-40 km/h  
(d) Give a short description of the accident : शारदा नगर के पास सामने से साई आ गया जिससे मुझे  
(e) If any third party was responsible for this accident give the name and address : ब्रेक लगाना पड़ा जिससे मेरी गाड़ी आगे पारित हो कर बायीं ओर गिरकर साई जड़ 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 : MOSARRAM AUTO SALES, LRPROAD 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 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 30/01/2026

Signature of the insured

सुयामा वर्मा

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. UP31CK 1175, 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 अशोक कुमार  
Occupation .....  
Address .....

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





# GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI  
FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP31CK1175 Registration Date : 07-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 : SUDAMA VERMA Son/wife/daughter of : S/O SRI JAGADAMMA PRASAD

Full Address: (Permanent) : R/O MADARAPUR, MURAI KHERA, MUDAI, KHERA, LAKHIMPUR KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262701

Full Address: (Temporary) : R/O MADARAPUR, MURAI KHERA, MUDAI, KHERA, LAKHIMPUR KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 06-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 : AA2120938502 Rear HSRP No : AA2120644790  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLHAW231RHLC1159  
 Engine No : HA11E8RHL77164 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 109  
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239  
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of BANDHAN BANK LIMITED, LAKHIMPUR, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 05-Feb-2025.

Purchase dt : 05-Feb-2025 Sale Amt : 77027/-  
 OTT Date : 05-Feb-2025 Amount/Rcpt No : 7703 / UP31D25020001000  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 19-Feb-2025

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Feb-2025 to 06-Feb-2040

Date : 07-Mar-2025 17:51:47

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 मोटर वाहन  
 लखीमपूर  
 Date: 07-Mar-2025

Q 1643102

सुदामा वर्मा

(1)

**प्रपत्र-6**

[ नियम 16(1) देखिये ]

**वालन अनुज्ञप्ति का प्रारूप**

अनुज्ञप्तिधारक का नाम शिव कुमार वर्मा

पुत्र/पत्नी/पुत्री शिव कुमार वर्मा

फोटोग्राफ के आर-  
नाम लिखा जाए (अनुज्ञ  
पत्रधारक की मुद्रा  
उसके हस्ताक्षर का  
भाग फोटोग्राफ पर  
एक भाग वालन अनुज्ञ  
पर होना चाहिए)



अनुज्ञप्तिधारक के नमून  
हस्ताक्षर/अंगूठे के निशान



(3)

31/10/35/91 (2)

वालन अनुज्ञप्ति संख्यांक

जारी करने की तारीख 13/10/2012

नाम शिव कुमार वर्मा

पुत्र/पत्नी/पुत्री शिव कुमार वर्मा

स्थायी पता मो. सरायी का  
पो. ...

थाना ... जिला ...

अस्थायी पता/कार्यालय का पता (यदि  
कोई हो) ...

थाना ... जिला ...

जन्म तिथि 13/06/1933

शैक्षिक अर्हताएं

वैकल्पिक नागरिकता

रक्त समूह

आर०एच० फैक्टर

इस अनुज्ञप्ति के धारक को संपूर्ण  
भारत में निम्नलिखित वर्णन के यानों  
को चलाने की अनुज्ञप्ति प्रदान की  
जाती है :

साइकिल

बिना गियर वाली मोटर साइकिल

गियर वाली मोटर साइकिल

अशक्त यात्री गाड़ी

हल्का मोटर यान

परिवहन यान

रोड रोलेर

*Suman Kumar*  
*9170411590*

भारत सरकार  
Government of India

सुदामा वर्मा  
Sudama Verma  
जन्म तिथि / DOB : 01/01/1999  
पुरुष / Male

4521 7010 8796

आधार - आम आदमी का अधिकार

Unique Identification Authority of India

पता  
संबंधित: जगदम्मा प्रसाद, ग्राम  
मदारपुर, मुडिया खेर, खीरी, मुडिया  
खेड़ा, उत्तर प्रदेश, 262701

Address:  
S/O: Jagadamma Prasad, gram  
madarapur, Muria Khera, Kheri,  
Mudia Khera, Uttar Pradesh,  
262701

4521 7010 8796

सुदामा वर्मा

सुदामा वर्मा

9355855498

आयकर विभाग  
INCOME TAX DEPARTMENT

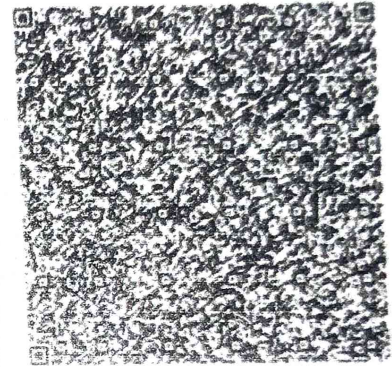


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CPFPV2437G



नाम / Name

SUDAMA VERMA

पिता का नाम / Father's Name

JAGADAMMA PRASAD

जन्म की तारीख / Date of Birth

01/01/1999

सुदामा वर्मा

हस्ताक्षर / Signature

13488

सुदामा वर्मा

**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-0126-833  
 Customer Name SUDAMA VERMA ..  
 VIN MBLHAW231RHLC1159  
 Insurance Company  
 HMCGL Card No 1073024830004205  
 Part Details

Date 31-01-2026  
 Contact No. 9335855498  
 Model SPLENDOR +  
 Reg No. UP31CK1175  
 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	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
3	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
4	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	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
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
9	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
10	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
<b>Parts Total</b>											0.00	<b>10,603.00</b>

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

Parts Total	10,603.00
Labour Total	2,000.10
SGST (Parts) 9%	808.70
CGST (Parts) 9%	808.70
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>12,603.10</b>

Rupees in Words: Twelve Thousand Six Hundred Three and paise Ten 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.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after

10730 - Main W/S



**PARIVAHAN  
SEWA**

## MINISTRY OF ROAD TRANSPORT & HIGHWAYS

Government of India

### Know Your Driving Licence Status

Driving

Licence No. \*

Date Of Birth

(DOB) \*

### Details Of Driving License: UP3120120035741

<b>Current Status</b>	ACTIVE
<b>Holder's Name</b>	S*V*N K*M*R V*R*A
<b>Old / New DL No.</b>	UP31 /35741/LMP/2012
<b>Source Of Data</b>	SARATHI

### Driving License Initial Details

<b>Initial Issue Date</b>	17-Oct-2012
<b>Initial Issuing Office</b>	ASST.RTO, LAKHIMPUR KHERI

### Driving License Validity Details

<b>Non-Transport</b>	<b>From:</b> 17-Oct-2012	<b>To:</b> 16-Oct-2032	
<b>Transport</b>	<b>From:</b> NA	<b>To:</b> NA	
<b>Hazardous Valid Till</b>	NA	<b>Hill Valid Till</b>	NA

### Class Of Vehicle Details

COV Category	Class Of Vehicle	COV Issue Date
NT	LMV	17-Oct-2012
NT	MCWG	17-Oct-2012