

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.	मौनी - 7052433419
2	Vehicle No. / वाहन संख्या	UPS3FM2450
3	Policy No. / पालिसी संख्या	252400/31/2026/44960
4	Period of Insurance / बीमा अवधि	16/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/01/26 सायं 4 बजे
6	Place of Accident / दुर्घटना का स्थान	उरुवा बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	हरेन्दर गौड़ - 7052433419 UPS320160029495
8	Estimated Loss / अनुमानित हानि	38000
09.	Cause of Accident / दुर्घटना का कारण :	बाइक लेकर मीरे देवर हरेन्दर गौड़ किसी काम से गोला पारहे था। उरुवा बाजार से गोला मोड़ पर मुड़ते समय इसी तरफ से पारहे पिक अप वाले ने टक्कर मार दिया सामने से जिससे हरेन्दर बाइक लेकर दाहिनी तरफ गिरा और बाइक अलिमस्त हो गई हरेन्दर को भी हल्की चोट आई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नही
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही हीरो बेलघाट न266828275

Date / दिनांक : 02/02/26  
हस्ताक्षर

JK

Signature of Insured / बीमाधारक के

मौनी

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Halendar GOUN
- (b) Age : 29
- (c) Address : Cropal puri, Hata Bazar, Gorakhpur
- (d) Is the Driver
1. Owner
  2. paid driver?
  3. Owner's relative or friend? : Relative
- (e) If paid driver, how long has he been in your employment : X
- (f) Was he under the influence of intoxication Liquor or drugs? : X
- (g) Driving Licence Number : UPS220160029495
- (h) Issuing Authority
- (i) Date of Expiry : 15/12/2036
- (j) Was the licence temporary/permanent : Permanent
- (k) Details of endorsement/suspension, if any : N.A
- (l) Has he been involved in any accident before?: N.A
- (m) Has he been charged by the policy? If so, Why?: N.A

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 31/01/26 4:00 PM
- (b) Place : Ushwar Bazar
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : मोटर वाहन में सामान झुकी वरफ से आरंभ किया गया वजन कम
- (e) If any third party was responsible for this accident give the name and address : N.A गरकिया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Glass, Fuel Tank, Vision, Muffler, Headlight, etc
- (b) Estimated cost of repairs : 38000
- (c) When and where can the damaged vehicle be inspected : N.A

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : N.A
- (b) Address : N.A
- (c) Full Details of personal injury sustained : N.A
- (d) Name and address of any person/hospital giving medical attention to injured person : N.A
- (e) Full details of property damaged : N.A
- (f) Has notice of any claim been given to you? : N.A



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. 252400131/2026/44960

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

Period of Insurance 16/10/2026

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Moni  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : Raxel, Bela Khatra, Unhwa Bazar, Gorakhpur

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>HA11F3SHFC8476</u> Chassis No. <u>MBCHAW483SHFJ6573</u>	Registration No. <u>UP33FH2450</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 N.A  
 1. Was a side-car attached N.A  
 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 : N.A  
 (b) Unladen Weight : N.A  
 (c) Weight of goods carried/Load Challan No. : N.A  
 (d) Nature of permit : N.A  
 (e) Nature of goods carried : N.A  
 (f) Was the vehicle plying for hire : N.A  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : N.A  
 (h) Number of passengers carried : N.A  
 (i) Number of Passenger permitted : N.A

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. UPS3FM2450 insured under Policy No. 44960 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 ..... मोनी .....  
Occupation ..... House wife .....  
Address ..... Phase-1, Belga Khurd .....  
..... Wazirpur Barar Gora Khurd .....  
..... 273407 .....

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N.A  
(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? : N.A  
(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? : N.A  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(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 02/02/26 200

Signature of the insured मोनी

UP53 20160029495

UP04703843MT



MCWG  
16/12/2016



Form 7, Rule 16(2)

पता / Address

VILL- GOPLAPUR  
PO- HATABAZAR  
PS- URUWA BAZAR GORAKHPUR -

Holder's Signature

जारीकर्ता / Issuing Authority Sign  
GORAKHPUR



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Print Date : 16/10/2021

पता: द्वारा: सभापति, ग्राम-रसेत , पोस्ट-बेला  
खुर्द, उरुआ बाज़ार, गोरखपुर, उत्तर प्रदेश,  
273407



Address: C/O: Sabhapati, gram-raset ,  
post-bela khurd, Urua Bazar, Gorakhpur,  
Uttar Pradesh, 273407

**5393 5196 2394**



1947



[help@uidai.gov.in](mailto:help@uidai.gov.in)



[www.uidai.gov.in](http://www.uidai.gov.in)

## GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP53FM2450 Registration Date : 18-Oct-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , 188-273010  
 Owner Name : MONI Son/wife/daughter of : SABHAPATI  
 Full Address: (Permanent) : VILL- RASET, PO- BELA-KHURD, PS- URUA BAZAR, GORAKHPUR, UTTAR PRADESH-273407  
 Full Address: (Temporary) : VILL- RASET, PO- BELA KHURD, PS- URUA BAZAR, GORAKHPUR-UTTAR PRADESH-273407  
 Fitness UpTo : 17-Oct-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 : AA2144483993 Rear HSRP No : AA2144991305  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW483SHFJ6573  
 Engine No : HA11F7SHFC8476 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : Black Heavy Grey 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.

As Regd.

Description

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,

GORAKHPUR, , New Delhi, Delhi-110001 w.e.f, 17-Oct-2025.

Purchase dt : 17-Oct-2025 Sale Amt : 73764/-  
 OTT Date : 17-Oct-2025 Amount/Rcpt No : 7377 / UP53D25100008835  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 20-Nov-2025

## Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Oct-2025 to 17-Oct-2040

Date : 03-Dec-2025 13:23:49

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 03-Dec-2025

गोरखपुर

Q 6243760

02-12-2025, 23:53



UNION OF INDIA **Driving Licence**



UP53 20160029495



जारी करने की तिथि

Date of Issue

16/12/2016

वैधता / Validity

15/12/2036

जन्म तिथि

Date of Birth

30/01/1997

Blood Group

Unknown



नाम / Name

**HARENDAR GOUN**

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

**JAWAHAR GOUN**



भारत सरकार

Government of India



आधार

Issue Date : 06/10/2021



मोनी

Moni

जन्म तिथि / DOB : 05/05/2004

महिला / Female

5393 5196 2394

मेरा आधार, मेरी पहचान

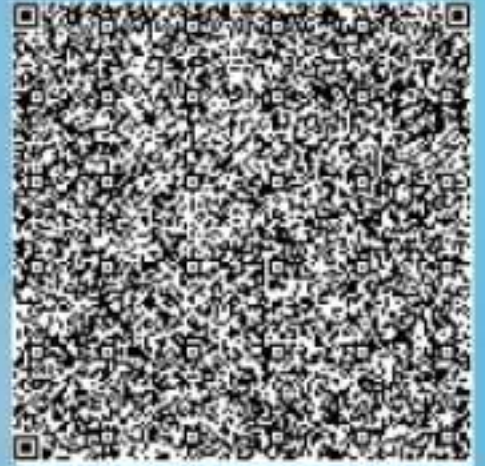
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
KHIPM5558Q



नाम / Name  
MONI

पिता का नाम / Father's Name  
SABHAPATI

जन्म की तारीख /  
Date of Birth  
05/05/2004



← PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed