

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.	शादब अली 7860344832
2	Vehicle No. / वाहन संख्या	UP34 CA 3890
3	Policy No. / पालिसी संख्या	252400/31/2025/84895
4	Period of Insurance / बीमा अवधि	11/02/2025 से 10/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/02/2026 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	जबीनगर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मो० उर्वेद, 9559329232 UP34 20210009097
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	जबीनगर के पास सामने से मोटर साइकिल से जोरदार टक्कर हो गई जिससे मेरी गाड़ी बाँधी और 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, LRP ROAD LAKHIMPUR, MEERUT, 9151154036

Date / दिनांक : 08/02/2026  
हस्ताक्षर

Shadab Ali  
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. 252400/31/2025/84895

Tel. No.

Period of Insurance 11/02/2025 से 10/02/2026  
 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  
 (b) Address for correspondence  
 (c) Telephone

: SHADAB ALI  
 : R/O KORAIYYA, UDNAPUR PS HARGRON, BITAPUR  
 : 7860344832

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJEC SHB03045</u> Chassis No. <u>MBLHAN145SHB02762</u>	Registration No. <u>UP34CA</u> <u>3890</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 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 : MOHD UBaid  
(b) Age : 01/01/1998  
(c) Address : BASAIHTYA TOLA LAHARPUR, SITAPUR, UP,  
281135  
(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 : UP34 20210009097  
(h) Issuing Authority : 22/06/2021  
(i) Date of Expiry : 31/12/2037  
(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 : 06/02/2026 4:00PM  
(b) Place : नवीनगर के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : नवीनगर के पास सामने से मोटरसाइकिल से जोरदार  
(e) If any third party was responsible for this accident give the name and address : टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सड़क से हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES, LRPRAD  
LAKHTIMPUR- 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 : N/A  
(e) Full details of property damaged :  
(f) Has notice of any claim been given to you? :

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 08/02/2006

Signature of the insured Shadab Ali

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. UP34CA3890 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 Shadab Ali  
Occupation .....  
Address .....

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



GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34CA3890 Registration Date : 13-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 : SHADAB ALI Son/wife/daughter of : S/O SRI ALI HASAN  
 Full Address: (Permanent) : R/O KORAIYYA UDNAPUR, POST- KORAIYYA, PS- HARGAON, SITAPUR, UTTAR PRADESH-261121  
 Full Address: (Temporary) : R/O KORAIYYA UDNAPUR, POST- KORAIYYA, PS- HARGAON, SITAPUR-UTTAR PRADESH-261121  
 Fitness UpTo : 12-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 : AA2120938439 Rear HSRP No : AA2120644727  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLHAW145SHB02762  
 Engine No : HA11ECSHB03045 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 242  
 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 : 11-Feb-2025 Sale Amt : 63900/-  
 OTT Date : 11-Feb-2025 Amount/Rcpt No : 6390 / UP34D25020002169  
 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 13-Feb-2025 to 12-Feb-2040

Date : 29-Mar-2025 12:10:03  
Registration Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 29-Mar-2025

Q 2405753



**Indian Union Driving Licence  
Issued by Uttar Pradesh**

UP

**UP34 20210009097**



Issue Date 22-06-2021    Validity (NT) 31-12-2037    Validity (TR) \_\_\_\_\_

Date of First Issue (22-06-2021)

Name: **MOND UBAID**  
 Date of Birth: **01-01-1998**    Blood Group: \_\_\_\_\_    Organ Donor: **Y**  
 Son/Daughter/Wife of: **JAMIL MOND UBAID**  
 Address: **BASAIHYA TOLA LAHARPUR LAHARPUR (NPP)  
 LAHARPUR, SITAPUR, UP 261135**

Holder's Signature

**DL No: UP34 20210009097**

UPDL 000005000028



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
Motor Vehicle	NT	UP34	22-06-2021	NT			
Motor Vehicle	NT	UP34	22-06-2021	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP34

Aadhaar no. issued: 04/08/2011



भारत सरकार  
Government of India



शादाब अली  
Shadab Ali  
जन्म तिथि/DOB: 12/08/1994  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्वार 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).

6503 4796 8536

मेरा आधार, मेरी पहचान



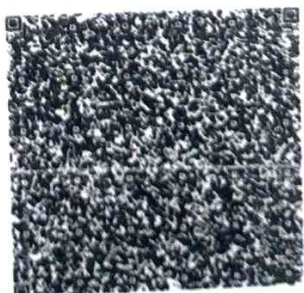
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता  
S/O अली हसन, कोरैय्या उदनापुर पोस्ट कोरैय्या सीतापुर  
ह.स. मिल्ला, सीतापुर  
उत्तर प्रदेश - 261121

Address  
S/O Ali Hasan, koraiyya udnapur post  
koraiyya, Sitapur, PO H.s. Mills, DIST  
Sitapur  
Uttar Pradesh - 261121

Details as on: 28/06/2024



6503 4796 8536

VID : 9196 0915 2478 0579

1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

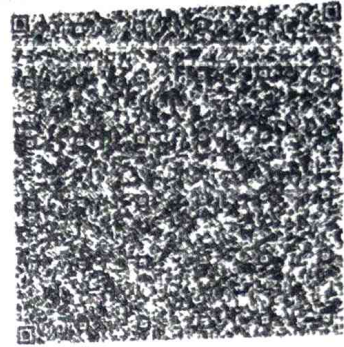


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CEOPA6456A



नाम / Name  
SHADAB ALI

पिता का नाम / Father's Name  
ALIHASAN

25122025

जन्म की तारीख /  
Date of Birth  
12/08/1995

शुभाबा अली  
हस्ताक्षर / Signature

**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-0226-858  
 Customer Name SHADAB ALI  
 VIN MBLHAW145SHB02762  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 08-02-2026  
 Contact No. 7860344832  
 Model HF DELUXE  
 Reg No. UP34CA3890  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	77210KST860ZAHS -R REAR COWL(BLK-1)	87141090	Paid	347.46	1	9.00	9.00	0.00	0.00	0.00	0.00	410.00
3	3365BAAJ101S -WINKER ASSY L RR(W/O BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
4	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
5	33400KST950S -WINKER ASSY.R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
6	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
7	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
8	53100KST870S -PIPE STRG.HANDLE	87141090	Paid	356.78	1	9.00	9.00	0.00	0.00	0.00	0.00	421.00
9	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
10	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
11	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
12	18355KSTA10S -COVER MUFFLER	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
<b>Parts Total</b>											0.00	<b>7,071.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
<b>Jobs Total</b>											0.00	<b>1,500.96</b>

Parts Total	7,071.00
Labour Total	1,500.96
SGST (Parts) 9%	539.31
CGST (Parts) 9%	539.31
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
<b>Total</b>	<b>8,571.96</b>

Rupees in Words: Eight Thousand Five Hundred Seventy One and paise Ninety Six Only

Authorised Signatory

1.Terms Cash

10730 - Main W/S