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

Sir / महोदय,  
**Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.**

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.	Shikhar Jainwal 9719353000
2	Vehicle No. / वाहन संख्या	UP26 AX1095
3	Policy No. / पालिसी संख्या	252400/31/2026/14861
4	Period of Insurance / बीमा अवधि	17/05/25 To 16/05/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/02/25 & 8:30am
6	Place of Accident / दुर्घटना का स्थान	मोहल्ला कायस्थान
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shikhar Jainwal, 9719353000 UP2620090078625
8	Estimated Loss / अनुमानित हानि	98121=
9	Cause of Accident / दुर्घटना का कारण : मैं अपनी गाड़ी लेकर अपने घर बमनपुरी से अपने बेटे को स्कूल छोड़ने जा रहा था कि रास्ते में मोहल्ला कायस्थान के पास पीछे से आ रहे टुक टुक वाले ने गाड़ी में पीछे से टक्कर मार दी जिससे गाड़ी फिर गमो और क्षतिग्रस्त हो गयी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Auto world Bareilly 100 ft. T. Point Bareilly 7302818015

Date / दिनांक : 09/02/26.  
हस्ताक्षर

Shikhar  
Jainwal  
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 \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/14861

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

Period of Insurance 17/05/025 To 16/05/026.  
 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 : Shri. K. K. Yashwanth  
 (b) Address for correspondence : Banarasi Vyaharamarua Purnanwar  
 (c) Telephone : 9719353000

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp Ltd</u> <u>2025</u>	Engine No. <u>EC0001SGA04895</u> Chassis No. <u>MBLCEW038SGA01332</u>	Registration No. <u>UP26AX</u> <u>1095</u>
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- (a) Was the vehicle in proper working condition?
- (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

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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shekhar Jaiswal  
(b) Age : 36  
(c) Address : 110 Kamnani Jaiswal Vihar Manpur Varanasi.  
(d) Is the Driver  
1. Owner :  
2.  paid driver? : Owner  
3. Owner's relative or friend? : Owner.  
(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 : UP1620090078625  
(h) Issuing Authority : Union of India Driving Licence.  
(i) Date of Expiry : 26/01/2029  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any :  
(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 :  
(b) Place : दिल्ली काठमान  
(c) Speed of vehicle at the time of accident : 35  
(d) Give a short description of the accident : पीके से टुक टुक होकर गश्ती में टकरा मार गई  
(e) If any third party was responsible for this accident give the name and address : NO.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected :

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? :  
MIA

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? : NIA  
(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? : NIA  
(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 09/02 2006

Signature of the insured

Shekhar Jaiswal

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. \_\_\_\_\_ 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 .. *Shekhar Jain* .....  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

Transport Department Pilibhit  
FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP26AX1095  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA T-POINT, TULAPUR, PILIBHIT BYPASS BAREILLY, 150-243122  
 Owner Name : SHEKHAR JAISWAL  
 Full Address: (Permanent) : VRAHAMAPURI, PURANPUR, POORANPUR, PILIBHIT, UTTAR PRADESH-262122  
 Full Address: (Temporary) : VRAHAMAPURI, PURANPUR, POORANPUR, PILIBHIT-UTTAR PRADESH-262122  
 Fitness UpTo : 18-May-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Relationship with the Nominee : Spouse  
 Nominee Name :  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2125164505  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 0  
 Engine No : ECD001SS6404895  
 Horse Power(BHP) : 6.04  
 Maker's Classification : VIDA V2 PRO  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : MAT PEARL WHITE  
 Other Criteria :  
 Vehicle Purchase As : Fully Bur  
 Registration Date : 19-May-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : RAMMURTI JAISWAL  
 Owner Serial No : 1  
 Link Vehicle No :  
 Nominee Name : PRIYANKA JAISWAL  
 Norms : Not Available  
 Rear HSRP No : AA2127869318  
 Month/Year of Manuf. : 01/2025  
 Chassis No : MBLCEW038S6A01332  
 Fuel : PURE EV  
 Cubic Capacity : 0.00  
 Wheel base : 1301  
 Standing Cap : 0  
 Unladen Wt (kgs) : 125  
 Laden/GV Wt (kgs) : 275  
 AC Fitted : NO

### 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 IDFC FIRST BANK LTD, Bareilly, Uttar Pradesh-243001 w.e.f. 17-May-2025.

Purchase dt : 17-May-2025  
 OTT Date :  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 28-May-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 145000/-  
 Amount/Rcpt No : /  
 Tax Exempted or Not : NOT EXEMPTED

Previous RegNo :  
 Entry Date :  
 Conversion Date :  
 This certificate is valid from 19-May-2025 to 18-May-2040

Date : 29-May-2025 10:53:57  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 29-May-2025

Q 3424880

आयकर विभाग

INCOME TAX DEPARTMENT


SHEKHAR JAISWAL

RAM MURTI JAISWAL

02/11/1989

Permanent Account Number

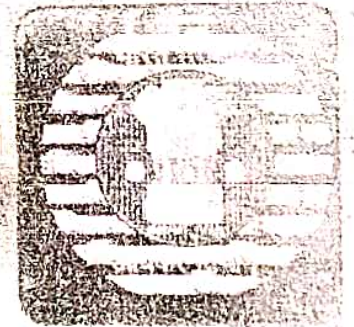
BFHPJ4680Q

  
Signature



भारत सरकार

GOVT. OF INDIA



UNION OF INDIA **Driving Licence**

UP NT

UP26 20090078625



जारी करने की तिथि  
Date of Issue  
27/10/2009

वैधता / Validity  
26/10/2029

जन्म तिथि  
Date of Birth  
02/11/1989

Blood Group  
A+

नाम / Name

**SHEKHAR JAISWAL**

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

**RAM MURTI JAISWAL**

UP26 20090078625

UP01158530MT



LMV  
27/10/2009



MCWG  
27/10/2009



UP

पता / Address

**MOH BAMANPURI  
PS & TEH PURANPUR  
DISTT PILIBHIT - 262122**

*Shekhar Jaiswal*

Holder's Signature

जारीकर्ता / Issuing Authority Sign  
**ARTO PILIBHIT**

Form 7 Rule 16(2)



भारत सरकार  
Government of India



Issue Date: 18/03/2015



शेखर जायसवाल  
Shekhar Jaiswal  
जन्म तिथि / DOB : 02/11/1989  
पुरुष / Male



**5955 4014 3788**

**मेरा आधार, मेरी पहचान**

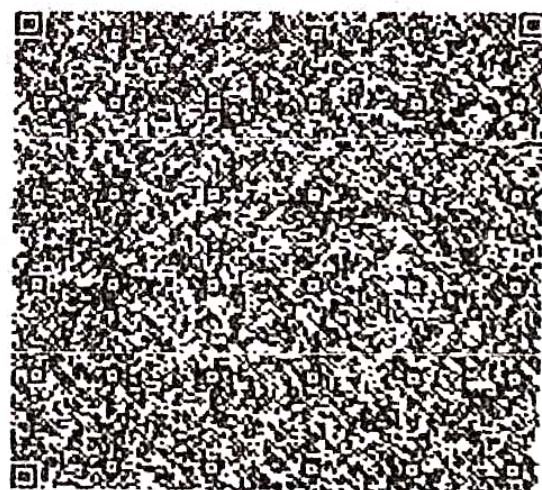
Print Date: 13/12/2021

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: आत्मज: राममूर्ति जायसवाल, ब्रहमपुरी,  
पूरनपुर, पीलीभीत, उत्तर प्रदेश, 262122  
Address: S/O: Rammurti Jaiswal,  
vrahamapuri, Puranpur, Pilibhit, Uttar  
Pradesh, 262122



**5955 4014 3788**

1947

help@uidai.gov.in

www.uidai.gov.in



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No: 1

This Document is Digitally Signed  
Signature: RAJY...  
Date: Sat, May 11, 2024 11:23:26 AM  
Reason: Error...

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	17-MAY-25
Policy No	252400/31/2026/14861	Proposal No. & Date	R/252400/31/2026/99748026/2 & 17-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:12 ON 17/05/2025 TO MIDNIGHT OF 16/05/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 18:12 ON 17/05/2025 TO MIDNIGHT OF 16/05/2030
Insured Name	SHEKHAR JAISWAL (GSTIN: )	Compulsory FA	FROM 18:12 ON 17/05/2025 TO MIDNIGHT OF 16/05/2026
Insured Address	C/O RAMMURTI JAIWAL, R/O VRAIHAMAPURI, PURANPUR, PILIBHIT, NA, 0	Lead / Break In No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO			Vehicle	128250
Model & Variant	VIDA V2 PRO			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	128250
Engine - Chassis No	ECD001S6A04895 - MBLCEW038S6A01332			TMF CONTRACT NO	
Cubic Capacity	6			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL		
RTO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	2149.47	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory FA Cover Premium	360
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	194.47	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3633
Deductibles		Total Premium (A+B)	4148
Voluntary Deductibles (IMT 22A)	0	GST	746
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishi Kalyan Cess@0.50%	0
SIP Discount	0	Gross Premium Paid	4894
Sub-Total Deductibles	0		
Add-On Coverages			
NIL Depreciation	321		
Return to Invoice	0		
Key Replacement	0		
Consumables	321		
Sub Total Add-on Coverages	321		
Net own Damage Premium(A)	515		

Nominee Details :		Age		Relation	
Nominee Name		1			
Payment Details :		Cheque No./Transaction No.		Bank Name	
Payment Method					Amount
					4894
Financer Type		Financer Name		Financer Branch	
		IDFC FIRST BANK LTD			BAREILLY
POS Name		POS ID		POS PAN NO/Aadhar No	
NA		NA			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 above which are available on company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(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.

I/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 hereon set his/their hands at 252400 on 17-MAY-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 RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (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 requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet these 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 1500000

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. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/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, 1998.

\* This insurance excludes all pre existing damages



Approved By : UNIV@252400  
Approved On : 17-MAY-25  
Place : MRT  
Printed On : 17-MAY-25

For and on behalf of  
The Oriental Insurance Company Limited  
General Manager  
Authorized Signature

**MOSARAM AUTO WORLD PRIVATE LIMITED**

100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India

State Code: 9 Contact: 9415148200, , ,

GSTIN No: 09AASCM0223E1ZL

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 17032-03-REST-0226-23  
 Customer Name SHEKHAR JAISWAL  
 VIN MBLCEW038S6A01332  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 10-02-2026  
 Contact No. 9719353000  
 Model V2 PRO  
 Reg No.  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD64305ACP000YS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	1,710.00
2	VD88120ACP200S - MIRROR ASSY L BACK	70091090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
3	VD53178ACP000S -LEVER L HANDLE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
4	VD33600ACD001S - WINKER ASSEMBLY RIGHT REAR	85122010	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
5	VD77320ACP000SS -REAR GRIP RIGHT (METALLIC GUN METAL)	87141090	Paid	718.64	1	9.00	9.00	0.00	0.00	0.00	0.00	848.00
6	VD51103ACP000S -GUARD SARI	87141090	Paid	202.54	1	9.00	9.00	0.00	0.00	0.00	0.00	239.00
7	VD33700ACP001S -UNIT TAIL LIGHT	85122010	Paid	1,351.69	1	9.00	9.00	0.00	0.00	0.00	0.00	1,595.00
8	VD88100ACP000SS -SET ILLUSTR TAIL LIGHT COVER	87141090	Paid	616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	728.00
9	VD81253ACP000S - LUGGAGE BOX B	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
10	VD81200ACP000S -SET ILLUSTR REAR LUGGAGE COVER	87141090	Paid	425.42	1	9.00	9.00	0.00	0.00	0.00	0.00	502.00
11	VD33720ACD001S -LIGHT ASSEMBLY LICENSE	85122010	Paid	224.58	1	9.00	9.00	0.00	0.00	0.00	0.00	265.00

Parts Total

0.00 7,452.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-V2 PRO	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00

Jobs Total

0.00 2,360.00

Parts Total	7,452.00
Labour Total	2,360.00
SGST (Parts) 9%	568.37
CGST (Parts) 9%	568.37
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
<b>Total</b>	<b>9,812.00</b>