

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.	प्रदीप कुमार, 7307203868
2	Vehicle No. / वाहन संख्या	UP31CK 5891
3	Policy No. / पालिसी संख्या	252400/31/2025/91650
4	Period of Insurance / बीमा अवधि	04/03/2025 से 03/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/02/2026 6:00PM
6	Place of Accident / दुर्घटना का स्थान	वावागंज चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शिवपाल, 7307203868 UP3119920005917
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : वावागंज चौराहे के पास पीछे से मोटर साइकिल वाले ने जोरदार टक्कर मार दी जिससे मेरी गाड़ी दायी 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 LRP ROAD LAKHTIMPUR KHERT, 9151154036

प्रदीप कुमार

Date / दिनांक : 19/02/2026
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

Tel. No. _____

Certificate/Policy No. 252400/31/2025/91650

Period of Insurance 04/03/25 to 03/03/26
 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 : PRADIP KUMAR
 (b) Address for correspondence : VILL: KARTPOKHAR PO-BANJKA, PS-KHERI, UP-262725
 (c) Telephone : 7307203868

2. THE INSURED VEHICLE

Make & Year <u>NERO</u> <u>2025</u>	Engine No. <u>NAJJE8SNAG1492</u> Chassis No. <u>MBLHAW239SHAC3080</u>	Registration No. <u>UP31CK</u> <u>S891</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 : SHIV PAL
 (b) Age : 10/09/1966
 (c) Address : VILL-KARTI POKHAR, PO-BANJKA PS-KHERI, UP-262725
 (d) Is the Driver
 1. Owner :
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (e) If paid driver, how long has he been in your employment : RELATIVE
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number :
 (h) Issuing Authority : UP3119920005917
 (i) Date of Expiry : 15/06/2022
 (j) Was the licence temporary/permanent : 14/06/2027
 (k) Details of endorsement/suspension, if any : Permanent
 (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 : 17/02/2026 6:00 PM
 (b) Place : बाबागंज चौराहे के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : बाबागंज चौराहे के पास पीछे से गांवु लाइफल वाले ने जोरदार
 (e) If any third party responsible for this accident give the name and address : एकदम मार दी जिससे बेसी जाती शर्मा और गिरफ्तार
 हाकिमसद बीमाई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES LAP ROAD
 LAKHIMPUR KHERI 2151154-36

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? : _____ 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 19/02/2026

Signature of the insured शरद कृष्ण

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. UP31CK589 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 श्रीमती सुशील
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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-0226-877	Date	20-02-2026
Customer Name	PRADEEP KUMAR	Contact No.	7307203868
VIN	MBLHAW239SHAC3080	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CK5891
HMCGL Card No	1073024810004334	HMCGL Card Category	Platinum

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	88110AAFH31ZAS - MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
3	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	K42426AABMA00S -KIT WHEEL COMP. REAR	87141090	Paid	4,843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	5,715.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
8	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
Parts Total											0.00	16,912.00

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

Parts Total	16,912.00
Labour Total	2,000.10
SGST (Parts) 9%	1,289.90
CGST (Parts) 9%	1,289.90
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	18,912.10

Rupees in Words: Eighteen Thousand Nine Hundred Twelve 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 dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of CITY Jurisdiction Only

10730 - Main W/S

FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31CK5891
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI
 Owner Name : PRADIP KUMAR
 Full Address: (Permanent) : VILL- KARIPOKHAR, PO- BANIKA, PS- KHERI, KHERI, UTTAR PRADESH-262725
 Full Address: (Temporary) : VILL- KARIPOKHAR, PO- BANIKA, PS- KHERI, KHERI-UTTAR PRADESH-262725
 Fitness UpTo : 05-Mar-2040
 Registration Date : 06-Mar-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SRI VINOD
 Owner Serial No : 1
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2121946388
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8SHA61492
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(In all) : 2
 Siespar Cap : 0
 Colour : BLACK GREY STRIPE
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1040067126
 Month/Year of Manuf. : 01/2025
 Chassis No : MBLHAW239SHAC3080
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 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 w.e.f. .

Purchase dt : 04-Mar-2025 Sale Amt : 77027/-
 OTT Date : 04-Mar-2025 Amount/Rcpt No : 7703 / UP31D25030000921
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 10-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 06-Mar-2025 to 05-Mar-2040

Date : 02-Apr-2025 09:38:48

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 02-Apr-2025



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 19920005917

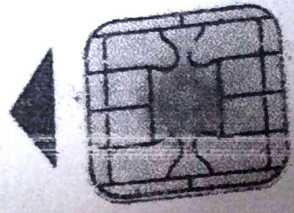
Issue Date
15-06-2022

Validity (NT)
14-06-2027

Validity (TR)*



(20-09-1902)



Holder's Signature

Date of First Issue

Name: **SHY PAL**
Date of Birth: **10-09-1966** Blood Group:
Son/Daughter/Wife of: **KHAGESHWAR**

Organ Donor:

Address:
**VILL KARI POKHAR POST BANKA THANA KHERI
LAKHIMPUR, LAKHIMPUR KHERI 262725**

DL No: UP31 19920005917

UPDL000003477140



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a

Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
	MCWG	UP31	28-09-1992	NT			
	LMV	UP31	28-09-1992	NT			
MVSD							

Form 7 Rule 1(b.2)

[Signature]
Licensing Authority
UP31 LAKHIMPUR KHEDI

Emergency Contact Number



भारत सरकार
Government of India



प्रदीप कुमार
Pradip Kumar
जन्म तिथि / DOB : 01/01/2003
पुरुष / Male



6692 2275 9315

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:-

आत्मज: विनोद, कारीपोखर, बनिका,
खीरी, बनीका, उत्तर प्रदेश, 262725

Address:

S/O: Vinod, karipokhar, Banika,
Kheri, Banika, Uttar Pradesh,
262725

6692 2275 9315



1947
1800 300 1947

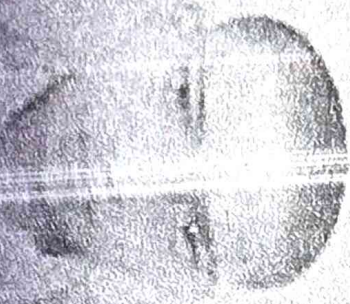


help@uidai.gov.in

www

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



स्थायी विवरण संख्या कार्ड
Permanent Account Number Card

NSKP K7874M

नाम / Name
PRADIP KUMAR

पिता का नाम / Father's Name
VINOD

जन्म की तारीख /
Date of Birth
01/01/2003

भारत सरकार
GOVT. OF INDIA



PAN Application (Physical) System
Valid unless Physically Signed

13012023