

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.	शुभम, UP31CK 7065 9839767678
2	Vehicle No. / वाहन संख्या	UP31CK 7065
3	Policy No. / पालिसी संख्या	252400/31/2025/93328.
4	Period of Insurance / बीमा अवधि	10/03/2025 से 09/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/03/2026 10:00am.
6	Place of Accident / दुर्घटना का स्थान	अम्बर स्रोत के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शुभम, 9839767678 UP3120200006073
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	अम्बर स्रोत के पास एक बिल्डिंग में मरम्मत का कार्य चल रहा था कि तभी अचानक मैंने अपने वाहन को उस बिल्डिंग के पास खड़ा किया कि तभी उस बिल्डिंग से एक लोहे की रॉड लगी पर आगे की 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, LRPRoad LAKHIMPUR KHERI, 915115 4036

Date / दिनांक : 08/03/2026
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

Certificate/Policy No. 252400/31/2025/93328

Tel. No.

Period of Insurance 10/03/2025 से 09/03/2026
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 : SHUBHAM
(b) Address for correspondence : R/O Vill- AMBARSOT, PO-KHERI, LAKHIMPUR-KHERI
(c) Telephone : 9839767678

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AVS GA 25776</u> Chassis No. <u>MBLJAU022SGA26686</u>	Registration No. <u>UP31CK</u> <u>7065</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 : SHUBHAM
 (b) Age : 01/07/2000
 (c) Address : R/O AMBARSOT LAKHIMPUR-KHERI, UP, 262721
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (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 : UP31 2020 0006073
 (h) Issuing Authority : 23/06/2020
 (i) Date of Expiry : 30/06/2040
 (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 : 06/03/2026 10:00am
 (b) Place : अम्बरसोत के पास
 (c) Speed of vehicle at the time of accident : 30-40km/h
 (d) Give a short description of the accident : अम्बरसोत के पास एक बिल्डिंग में मरम्मत का कार्य
 (e) If any third party was responsible for this accident give the name and address : पुजा या कितमी मेने अपने वाहन को उस बिल्डिंग के पास खड़ा किया तथा उस बिल्डिंग से एक लोहे की रॉड टंकी पर आग्रेसी जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : UPPER AND LEFT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES, LRP ROAD
 (c) When and where can the damaged vehicle be inspected : 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 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 08/03/ 2006

Signature of the insured *Abdham*

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 7065 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 [Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23



CERTIFICATE OF REGISTRATION

Registration No : UP31CK7065 Registration Date : 13-Mar-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 : SHUBHAM Son/wife/daughter of : SRI BAL KRISHANA
 Full Address: (Permanent) : VILL- AMBARSOT, PO- AMBARSOT, PS- KHERI, KHERI, UTTAR PRADESH-262721
 Full Address: (Temporary) : VILL- AMBARSOT, PO- AMBARSOT, PS- KHERI, KHERI-UTTAR PRADESH-262721
 Fitness UpTo : 12-Mar-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 : AA2121946517 Rear HSRP No : AA1040067255
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAU022SGA26686
 Engine No : JA07AVSGA25776 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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 : 10-Mar-2025 Sale Amt : 101439/-
 OTT Date : 10-Mar-2025 Amount/Rcpt No : 10144 / UP31D25030002136
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-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-Mar-2025 to 12-Mar-2040

Date : 03-Apr-2025 09:23:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registration Authority

Date : 03-Apr-2025

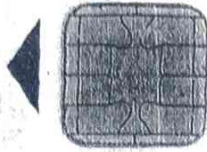
पंजीयन अधिकारी
मोहन बाबन विभागा
Signature of Registration Authority
Date : 03-Apr-2025

Q 2546958



Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20200006073



Issue Date: 23-06-2020 Validity (NT): 30-06-2040 Validity (TR): -----



Holder's Signature

Name: **SHUBHAM**
Date of Birth: **01-07-2000** Blood Group:
Son/Daughter/Wife of: **BAL KRISHANA**

Organ Donor: **N**

Address:
Ambarsot Lakhimpur, Kheri, UP
262721

Date of First Issue (23-06-2020)

DL No: UP31 20200006073

UPDL000003001969



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*
	MCV/S	UP31	23-06-2020	NT			
	LMV	UP31	23-06-2020	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number
9052637419

Licensing Authority
UP31 LAKHIMPUR KHERI



भारत सरकार
Government of India



शुभम
Shubham
जन्म तिथि / DOB : 01/07/2000
पुरुष / Male



8383 1871 2681

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: बाल कृष्ण, अम्बरसोत,
खीरी, अम्बरसोत, उत्तर प्रदेश,
262721

Address:
S/O: Bal Krishana, Ambarsot,
Kheri, Ambarso., Uttar Pradesh,
262721

8383 1871 2681

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

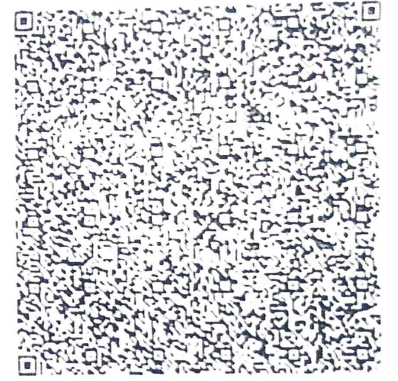
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
KKEPS4474Q



नाम / Name
SHUBHAM

पिता का नाम / Father's Name
BALKRISHANA

01072025

जन्म की तारीख /
Date of Birth
01/07/2000


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-0326-906
 Customer Name SHUBHAM ...
 VIN MBLJAU022SGA26686
 Insurance Company
 HMCGL Card No
 Part Details

Date 08-03-2026
 Contact No. 9839767678
 Model XTREME 125R
 Reg No. UP31CK7065
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	17530ACL000DS -TANK COVER TOP NH-194M-U	87141090	Paid	600.85	1	9.00	9.00	0.00	0.00	0.00	0.00	709.00
2	83600AAGJ00SS -SIDE COVER LEFT R-195C	87141090	Paid	714.41	1	9.00	9.00	0.00	0.00	0.00	0.00	843.00
Parts Total											0.00	1,552.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	1,552.00
Labour Total	1,000.64
SGST (Parts) 9%	118.37
CGST (Parts) 9%	118.37
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	2,552.64

Rupees in Words: Two Thousand Five Hundred Fifty Two and paise Sixty Four Only. Authorised Signatory

1.Terms Cash

10730 - Main W/S

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.