

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.	विपिन शर्मा - 9310905589
2	Vehicle No. / वाहन संख्या	UPS3 FN 0397
3	Policy No. / पालिसी संख्या	252400/31/2026/3136
4	Period of Insurance / बीमा अवधि	23/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/03/26 - सांभ 6 बजे
6	Place of Accident / दुर्घटना का स्थान	डेहरादून
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	नवीन - 9310905589 UPS120160011541
8	Estimated Loss / अनुमानित हानि	5000
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर मैंने रिश्तेदार नवीन को तबली में प्यारी था रहे थे डेहरादून पहुँचे ही थे कि तभी अचानक स्टेर से निकलकर नीलगाय सामने आ गई जिससे टकराकर गाड़ी लेकर नवीन गिर गए और बाइक में कुत्सत ही गया और नवीन को हल्की चोट आई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही हीरो बेलहाट 7266828275

Date / दिनांक : 20/03/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

विपिन शर्मा



GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FN0397 Registration Date : 29-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 : VIPIN SHARMA Son/wife/daughter of : C/O: MARKANDE
 Full Address: (Permanent) : DEHRA TIKER GRAM PIPARI POST, DEHARATIKAR, , GORAKHPUR, UTTAR PRADESH-273213
 Full Address: (Temporary) : DEHRA TIKER GRAM PIPARI POST, DEHARATIKAR, , GORAKHPUR-UTTAR PRADESH-273213
 Fitness UpTo : 28-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 : AA2140304092 Rear HSRP No : AA2142015705
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW434SHJ02218
 Engine No : HA11F5SHJ00595 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE CANVAS Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : 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.	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 IDFC FIRST BANK LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 26-Oct-2025.

Purchase dt : 24-Oct-2025 Sale Amt : 62797/-
 OTT Date : 24-Oct-2025 Amount/Rcpt No : 6280 / UP53D25100017132
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-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 29-Oct-2025 to 28-Oct-2040

Date : 27-Nov-2025 15:24:13

Taxation Particulars / Advance Registration Mark Fee Details

क्र.पंजीयन अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग
 Date : 27-Nov-2025
 गोरखपुर

Q 4183011

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Naveen

(b) Age : 32

(c) Address : Dilwan Kachhara, Dak Khana, Chandni Aligarh, Kotla Waly Basti

(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 : UPSI 20160011541

(h) Issuing Authority

(i) Date of Expiry : 03/08/2036

(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 : 19/03/26 6:00 PM

(b) Place : Dehra Tikar

(c) Speed of vehicle at the time of accident : 45

(d) Give a short description of the accident : अचानक ब्रेक फेल होना कारण से

(e) If any third party was responsible for this accident give the name and address : N.A

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Visor, Head Light, Panel Inner, Crank Cover

(b) Estimated cost of repairs : 5000

(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. 252400/31/2026/51316

Tel. No. _____

Period of Insurance 23/10/26

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 : UJAIN SHARMA
- (b) Address for correspondence : Pipari, Dehatikar, Sikariganj, Chhatakpur
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIF5SHJ00595</u> Chassis No. <u>MBLHAW434SHJ02218</u>	Registration No. <u>UPS3FN0397</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? Yes
- (c) Was trailer attached? _____
- (d) If a Motor Cycle/scooter
 - 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

NOTHING

FORM 60

24/03/12 11:03:13

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

- 1. Full name and Address of the declarant VIPIN SHARMA S/O Markande
Vill - Papari, Post Dehratkar, Sikangang, Gorakhpur UP
- 2. Particulars of the Transaction _____
- 3. Amount of the Transaction _____
- 4. Are you assessed to tax? Yes No
- 5. If yes,
 - i. Details of Ward/Circle/Range where the last return of the income was filed.

 - ii. Reasons for not having Permanent Account Number

- 6. Details of the document being produced in support of address in column (1)

Verification

I, VIPIN SHARMA do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 20/03/12 Place Gorakhpur

Signature of the declarant _____

DECLARATION

I am aware that as per the CBDT circular no. 03/2011, TDS certificates in Form 16-A will be generated only from the Tax Information Network (TIN) website for customers who have updated their Permanent Account Number (PAN) with the Bank. I understand, agree and accept that until I update my Permanent Account Number (PAN) with Citibank N.A; my TDS certificates shall not be generated from the TIN website. I further agree and confirm that I shall not hold the bank liable/responsible in any manner including issuance of any TDS certificate or for rectification thereof during this period.

Customer name : VIPIN SHARMA

Signature of the declarant : Vipin Sharma

FORM 60/1.0/30-07-2013

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. UPS3FN039A insured under Policy No. SI316 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 N.A
Address

Signature पिपल शर्मा
Occupation Self employe
Address Pipal Dehatkar
Sikarimang, Chonakhet UP
27.32.13

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? : _____
- (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 20/03/26 200

Signature of the insured विपिन शर्मा

UP04307677MT

UP51 20160011541



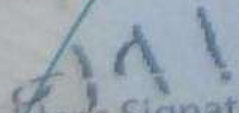
MCWG
04/08/2016



Form 7 Rule 16(2)

पता / Address

DIWANI KACHEHARI KE PICHHE DAK KHANA
PO-GANDHI NAGAR, PS-KOTWALI
BASTI


Holder's Signature


जारीकर्ता / Issuing Authority Sign
basti



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: द्वारा: मारकण्डे, ग्राम पिपरी पोस्ट
डेहराटिकर, देहरा टिकर, सिकरीगंज, गोरखपुर,
उत्तर प्रदेश, 273213



Address: C/O: Markande, gram pipari post
deharatikar, Dehra Tiker, Sikriganj,
Gorakhpur, Uttar Pradesh, 273213

4802 7166 3322



1947



help@uidai.gov.in

WWW

www.uidai.gov.in



UNION OF INDIA **Driving Licence**



UP51 20160011541



जारी करने की तिथि
Date of Issue

04/08/2016

वैधता / Validity

03/08/2036

जन्म तिथि
Date of Birth

01/01/1994

Blood Group

Unknown



नाम / Name

NAVEEN

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

VEDI



भारत सरकार

Government of India



विपिन शर्मा

Vipin Sharma

जन्म तिथि / DOB : 01/01/2000

पुरुष / Male



4802 7166 3322

मेरा आधार, मेरी पहचान