

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.	दिव्यांश गुप्ता . 6386834020
2	Vehicle No. / वाहन संख्या	UP31 CM 4215
3	Policy No. / पालिसी संख्या	252400/31/2026/21046
4	Period of Insurance / बीमा अवधि	06/06/2025 से 05/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/03/2026 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	गुरुनानक इण्टर कॉलेज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	जवाहरलाल गुप्ता, 6386834020 UP31 19900000 432
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण	गुरुनानक इण्टर कॉलेज के पास पीछे से बुलेट वाले ने टक्कर मार दी जिससे मेरी गाड़ी बाँधी और गिरकर सातग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES, LRPRAD LAXMIMPUR-KHERI, 9157154036

Date / दिनांक : 25/03/2026
हस्ताक्षर

Diyaanshu G. Gupta
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. 252400/31/20261

Tel. No.

Period of Insurance 06/06/2025 से 05/06/2026
 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 : DIVYANSHU GUPTA
 (b) Address for correspondence : R/O MO-THATHERAN TOLA OEAL, KHERA, PS-KHERA
 (c) Telephone : 6386834020 LAKHIMPUR-KHERA

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC0001S6E06563</u> Chassis No. <u>MBLCEW049S6E06527</u>	Registration No. <u>UP31CM</u> <u>4215</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 : JAWAHAR LAL GUPTA
 (b) Age : 44
 (c) Address : R/O MO THATHAI RUN TOLA, DHAKHWAPAL,
 LAKHIMPUR-KHERI, 262725
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : FATHER
 (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 19900000432
 (h) Issuing Authority : 30/11/2022
 (i) Date of Expiry : 29/11/2027
 (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 : 22/03/2026 1:00 PM
 (b) Place : गुरुनाथ इण्टर कॉलेज के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : गुरुनाथ इण्टर कॉलेज के पास पीछे से बुलेट वाले ने
 (e) If any third party was responsible for this accident give the name and address : टूटकर भारती जिससे मेरी गाड़ी बाँधी उस गिरकर सतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD
 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 : 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 25/03/2006

Signature of the insured Dijendra Kumar

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. UP31CM4215 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 Dhyanshu Chauhan
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CM4215 Registration Date : 07-Jun-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 : DIVYANSHU GUPTA Son/wife/daughter of : SRI JAWAHAR LAL GUPTA
 Full Address (Permanent) : MOH- THATHERAN TO. A. OEAL KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262725
 Full Address (Temporary) : MOH- THATHERAN TO. A. OEAL KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262725
 Fitness UpTo : 06-Jun-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2120464770 Rear HSRP No : AA2108891314
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 0 Chassis No : MBLCEW049S6E06527
 Engine No : ECD001S6E06563 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 124
 Colour : MAT PEARL WHITE Laden/GV Wt (kgs) : 274
 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 : 06-Jun-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No :
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-Jun-2025 to 06-Jun-2040

Date : 21-Jun-2025 10:27:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 21-Jun-2025

Divyanshu Gupta



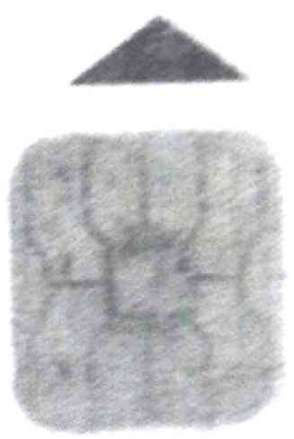
Indian Union Driving Licence

Issued by **Uttar Pradesh**



UP31 19900000432

Issue Date: 30-11-2022 Validity (NT): 29-11-2027 Validity (TR):



Holder's Signature

04-09-1996

Name: **JAWAHAR LAL GUPTA**

Date of Birth: **11-04-1952** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RAM LAL GUPTA**

Address:

**MOH. THATHAIRUN TOLA DHAKHWA OEL
LAKHIMPUR, LAKHIMPUR KHERI 262725**

Date of First Issue

D. No. JF31 19900000432



Handwritten notes in the top right section of the form.

Case No.	Case Name	Case Type	Case Status	Case Date	Case Amount	Case Description	Case Remarks
1
2
3
4
5
6
7
8
9
10

Handwritten notes in the top left section of the form.





भारत सरकार

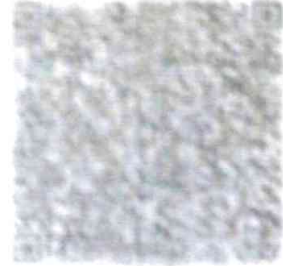
Government of India

जवाहर गुप्ता

Jawanshu Gupta

जन्म तिथि : DOB : 08/03/1986

लिंग : Male



6675 5611 0919

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

आत्मज: जवाहर लाल गुप्ता,
थथेरान टोला, ओयल, खीरी, ओएल,
उत्तर प्रदेश, 262725

Address: S/O: Jawahar Lal Gupta, moh.
thatheran tola, Oeal, Kheri, Oel, Uttar
Pradesh, 262725



6675 5611 0919



1947



help @ uidai gov.in

WWW

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

DIVYANSHU GUPTA
JAWAHAR LAL GUPTA

02/03/1980
Permanent Account Number
AHMPG6035E

अभिज्ञान संकेत

Signature



Divyanshu Gupta

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-0326-956 Date 26-03-2026
 Customer Name DIVYANSHU GUPTA Contact No. 9519608000
 VIN MBLCEW049S6E06527 Model V2 PLUS
 Insurance Company HMCGL Card No. UP31CM4215
 Part Details HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	VD88120ACP200S - MIRROR ASSY L BACK	70091090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
2	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
3	VD64305ACP000SS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,440.68	1	9.00	9.00	0.00	0.00	0.00	0.00	1,700.00
4	VD80106ACP000S -REAR FENDER	87141090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
5	VDACPCS6A0040DZGS - SET ILLUSTR BODY SIDE LH	87141090	Paid	2,706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	3,194.00
6	VD64305ACP000BS - COVER FRONT LOWER L	87141090	Paid	3,210.17	1	9.00	9.00	0.00	0.00	0.00	0.00	3,788.00
7	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
8	VD64301ACP000AS - COVER FRONT L	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
Parts Total											0.00	12,497.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	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												12,497.00
Labour Total												2,000.10
SGST (Parts) 9%												953.16
CGST (Parts) 9%												953.16
SGST (Labour) 9%												152.55
CGST (Labour) 9%												152.55
Total												14,497.10

Rupees in Words: Fourteen Thousand Four Hundred Ninety Seven and paise Ten Only

Authorised Signatory

10730 - Main W/S

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