

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

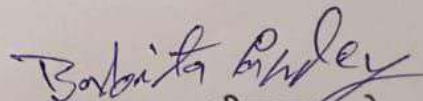
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Babita Pandey
2	Vehicle No. / वाहन संख्या	UP 53FN 3149
3	Policy No. / पालिसी संख्या	252400/31/2026/54166
4	Period of Insurance / बीमा अवधि	30/10/2025 To 29/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/04/2026
6	Place of Accident / दुर्घटना का स्थान	Dughara Chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinod Pandey HR0320110047514
8	Estimated Loss / अनुमानित हानि	6638 = 00
09.	Cause of Accident / दुर्घटना का कारण:	अपने घर पार करे कुलमी ले दुधरा चौराहा जा रहे थे दुधरा चौराहे पर हमारे एक व्यक्ति के आने से धमने ले आ ही भेकू शामिल दिखी नही और टक्कर लग गई जिससे गाड़ी क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Deep Chand Traders Katasdharu C.K.P. 7521065310

Date / दिनांक :  
हस्ताक्षर 21/04/2026

  
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. 25240031/2026/54166

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

Period of Insurance 30/10/2025 TO 29/10/2026  
 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 : Babita Pandey  
 (b) Address for correspondence : Pandey Tulsi Po. Murdewa Ps. Harpur G. Rd.  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2025 Hero</u>	Engine No. <u>HA11F259100388</u> Chassis No. <u>MBLHAW4565915071</u>	Registration No. <u>UP53FN 3149</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? Personal  
 (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 : NA  
 (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 : Vinod  
 (b) Age : 12-05-1988  
 (c) Address : Vill-Tulsi Pandey P. Murdewa P. Harpur  
 (d) Is the Driver  
 1. Owner : X  
 2. paid driver? : X  
 3. Owner's relative or friend? : X  
 (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 : HR0320110047514  
 (h) Issuing Authority :  
 (i) Date of Expiry : 28/08/2031  
 (j) Was the licence temporary/permanent : permanent  
 (k) Details of endorsement/suspension, if any : X  
 (l) Has he been involved in any accident before? : X  
 (m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 21/04/2026  
 (b) Place : Dughara chauraha  
 (c) Speed of vehicle at the time of accident : 20 km/hr  
 (d) Give a short description of the accident : एक व्यक्ति के ड्राइव में हाजिर ले आ रहे मोटरसाइकिल दिल्ली नही की मिलने करके होने से गाड़ी क्षतिग्रस्त हो गयी  
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Mirror, Head Light, Handle, Leg Guard  
 (b) Estimated cost of repairs : 6638=00  
 (c) When and where can the damaged vehicle be inspected : Deep Chand Traders Katsakou Gorakhpur

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 : NA.  
 (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?
- (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?
- (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?
- (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 21/04/2026

Signature of the insured Barbista Parley

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

10. THEFT

- (a) Date and Time
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- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (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 21/04/2026

Signature of the insured Barbista Parley

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 6638= Day of 21/04/2006  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 6638=00  
(In words Rupees ₹. ६६३८.००)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. 11P53FN3149 insured under Policy No. 54166 of  
the said company and accident which occurred on or about \_\_\_\_\_ I/W/o gita  
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  
₹ 1.00

Witness  
Name .....  
Signature .....  
Address .....

Signature Bonita Ardey  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH

https://vahan.npt.vahan.gov.in/vahan/vahan/ui/reports/formPaperRC

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP33F/3146 Registration Date : 03-Nov-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , 188-273001  
 Owner Name : BABITA PANDEY Son's/wife/daughter of : VINOD PANDEY  
 Full Address: (Permanent) : VILL-TULASI PANDEY, PO-MURDEWA, PS-HAROPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273211  
 Full Address: (Temporary) : VILL-TULASI PANDEY, PO-MURDEWA, PS-HAROPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273211

Fitness Up To : 02-Nov-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : VINOD PANDEY  
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2142502391 Rear HSRP No : AA2141837060  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW456S9K50771  
 Engine No : HA11F259K00388 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE PRO Wheel base : 1295  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK-RED STRIPE 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.	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 HERO FINCORP LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 03-Nov-2025.

Purchase dt : 03-Nov-2025 Sale Amt : 66734/-  
 OTT Date : 03-Nov-2025 Amount/Rcpt No : 6674 / UP53D25110001441  
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 18-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 03-Nov-2025 to 02-Nov-2040

Date : 05-Dec-2025 12:42:16  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 मोर पीता 05 दिसंबर 2025  
 गोरखपुर

Q 6229586

04-12-2025, 2


  
भारतीय रिजर्व बैंक  
भारत

  
बाबिता पाण्डेय  
Babita Pandey  
जन्म तिथि/DOB: 08/05/1982  
महिला/FEMALE



8059 9857 3401

**आधार-आम आदमी का अधिकार**

  
भारतीय रिजर्व बैंक  
भारत

भारतीय रिजर्व बैंक  
भारत

पता:	Address:
W/O. विनोद पाण्डेय,	W/O. Vinod Pandey
तुलासी पाण्डेय, मुर्दवा,	Tulasi Pandey, Murdowa
खजनी, गोरखपुर	Khajnipur, Gorakhpur
उत्तर प्रदेश-273211	Uttar Pradesh-273211

8059 9857 3401

**Aadhaar-Aam Admi ka Adhikar**

HR0850958

DLNUMBER HR-0320116047514 Inv Carr No.

NAME VINOD PANDEY

SAWD S/L PRADEEP PANDEY

DOB 13-88-1969 Validity (M) 28-Aug-2031

Blood Grp B+

Address 1102 WITEL ROAD, PO  
MUMBAI-400004

Issue Date 28-Aug-2011

Aadhaar No

Authorisation to Drive	Date Of Issue
LMV	28-August-2011
MCMS	28-August-2011

Holder Signature \_\_\_\_\_ Issue Auth Signature \_\_\_\_\_

Issuing Authority: DMV OFFICE, MUMBAI

HR Form-7



**DEEPA CHAND TRADERS**  
 CAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India  
 State Code: 9 Contact: 7054923970, , ,  
 GSTIN No: 09BKDPP2013C2ZN  
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 66816-03-REST-0426-6  
 Customer Name BABITA PANDEY  
 VIN MBLHAW456S9K50771  
 Insurance Company Motorsathi Solutions  
 HMCGL Card No  
 Part Details

Date 22-04-2026  
 Contact No. 9911204551  
 Model HF DELUXE  
 Reg No. UP53FN3149  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	AFABS6A0010BAGS - VISOR FRONT NH-1(T1)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	3,400.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
5	18355AFA000S -COVER MUFFLER	87141090	Paid	347.46	1	9.00	9.00	0.00	0.00	0.00	0.00	410.00
<b>Parts Total</b>											0.00	5,694.01

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	800.00	9.00	9.00	0.00	0.00	0.00	0.00	944.00	
<b>Jobs Total</b>											0.00	944.00

Parts Total	5,694.01
Labour Total	944.00
SGST (Parts) 9%	434.29
CGST (Parts) 9%	434.29
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
<b>Total</b>	<b>6,638.01</b>

Rupees in Words: Six Thousand Six Hundred Thirty Eight and paise One 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 GORAKHPUR Jurisdiction Only

66816 - Main W/S

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

नाम / Name

BAJAJ PARAG

पिता का नाम / Father's Name

जन्म की तारीख /  
Date of Birth

05/08/1985

हस्ताक्षर / Signature

