

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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 बिहारी सिंह 7390075875
2	Vehicle No. / वाहन संख्या	UP53FP3245
3	Policy No. / पालिसी संख्या	252400/31/2026/63700
4	Period of Insurance / बीमा अवधि	28/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/06/26 राय 5 बजे
6	Place of Accident / दुर्घटना का स्थान	बैलघाट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	गणेश वर्मा - 7390075875 UP5320210021319
8	Estimated Loss / अनुमानित हानि	12000
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर मैं मिला गणेश वर्मा किसी काम से सोपावा जा रहे थे बैलघाट इलाके तिरहु मोड़ पर बसती लरक से आ रहे बसक वाले ने अचानक गाड़ी गणेश वर्मा की तरफ में दिया जिससे लेकर गणेश वर्मा की तरफ में स्विच लेकर गाड़ी डर कर सीट गलत पिससे बारीक में दुकसान हो गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नही
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही हीरो बैलघाट 7266828275

Date / दिनांक : 03/06/26
हस्ताक्षर



Signature of Insured / बीमाधारक के

विपिन बिहारी सिंह

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FP3245 Registration Date : 29-Nov-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 BIHARI SINGH Son/wife/daughter of : ARJOON SINGH
 Full Address: (Permanent) : BELGHAT, BELGHAT, BELGHAT, GORAKHPUR, UTTAR PRADESH-273404
 Full Address: (Temporary) : BELGHAT, BELGHAT, BELGHAT, GORAKHPUR-UTTAR PRADESH-273404
 Fitness UpTo : 28-Nov-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 : AA2144493406 Rear HSRP No : AA1047549750
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLJAW529S9J03317
 Engine No : JA07AZS9J04315 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC DR Wheel base : 1263
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : MATT GREY Laden/GV Wt (kgs) : 252
 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, , New Delhi, Delhi-110001 w.e.f. 29-Nov-2025.

Purchase dt : 29-Nov-2025 Sale Amt : 78618/-
 OTT Date : 29-Nov-2025 Amount/Rcpt No : 7862 / UP53D25110014913
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Nov-2025 to 28-Nov-2040

करपंजायन अधिकारी
 मोटर वाहन विभाग
 Signature of Registering Authority
 गोरखपुर, 25-12-2025

Date : 25-Dec-2025 14:51:03
 Taxation Particulars / Advance Registration Mark Fee Details

Q 7311190

25-12-2025, 01:21

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Cratesh Verma
- (b) Age : 35
- (c) Address : Belshat, Belshat, Cratesh 4R, UP
- (d) Is the Driver : _____
 - 1. Owner : _____
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : Friend
- (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 : UP5320210021319
- (h) Issuing Authority : _____
- (i) Date of Expiry : 02/09/2031
- (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 : 01/06/2026 5.00 PM
- (b) Place : Belshat
- (c) Speed of vehicle at the time of accident : 45
- (d) Give a short description of the accident : इतरीयक से आ रहे वाहन वाले से टक्कर खासीर गल
- (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, Headlight, Inner, Winker Cover etc
- (b) Estimated cost of repairs : 12000
- (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. 252400/31/2026/63700

Tel. No. _____

Period of Insurance 28/11/2026

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 : VIPIN Bihari Singh
- (b) Address for correspondence : Belshat, Belshat, Gorakhpur, Uttar Pradesh
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero 1202S</u>	Engine No. <u>JA07A2S9J04315</u> Chassis No. <u>MBCVAWS29SSJ03317</u>	Registration No. <u>UP3FP3245</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? Yes
- (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

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? : N.A
- (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 03/06/26 200

Signature of the insured विपिन बिहारी सिंह

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. UPS3FP3245 insured under Policy No. 63200 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 पिपिन विद्यार्थी सिंह
Occupation self employee
Address Balghat, Balghat,
Gorakhpur, U.P.
273404

Bank Account Number
Name of the Bank



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: अर्जुन् सिंह, बेलघाट,
बेलघाट, गोरखपुर,
उत्तर प्रदेश - 273404

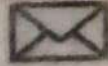
Address:

S/O: Arjoon Singh, Belghat,
Belghat, Gorakhpur,
Uttar Pradesh - 273404

8795 3166 8756



1947



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

Government of India



विपिन बिहारी सिंह

Vipin Bihari Singh

जन्म तिथि/ DOB: 01/10/1982

पुरुष / MALE



8795 3166 8756

मेरा आधार, मेरी पहचान

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

BIPIN BIHARI SINGH

ARJUN SINGH

01/10/1985

Permanent Account Number

CMQPS7758K

बिपिन बिहारी सिंह

Signature



07122009

DL No: UP53 20210021319

UPDL000006266000



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*
	MCWG	UP53	03-09-2021	NT			
	LMV	UP53	03-09-2021	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP53 20210021319

Issue Date Validity (NT) Validity(TR)*
03-09-2021 02-09-2031 -----



Ganesh
Holder's Signature

(03-09-2021)

Date of First Issue

Name: **GANESH VERMA**
Date of Birth: **01-01-1991** Blood Group:
Son/Daughter/Wife of: **OMPRAKASH VERMA**
Address:
**VILL-PO-BELGHAT NEAR THANA SHIV TEMPLE
PS BELGHAT KHAJNI, GORAKHPUR, UP 273404**

Organ Donor: **N**

