

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.	श्रवण कुमार - 73189/6424
2	Vehicle No. / वाहन संख्या	UPS3FL 6198
3	Policy No. / पालिसी संख्या	252400/31/2026/39871
4	Period of Insurance / बीमा अवधि	01/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/06/26 सुबह 10 बजे
6	Place of Accident / दुर्घटना का स्थान	लोहरैया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शैलेन्द्र सिंह - 9651646011 UPS320120002158
8	Estimated Loss / अनुमानित हानि	8200
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर भरे पेट में शैलेन्द्र सिंह पेट के जा रहे थे अफ्री लोहरैया मोड़ पर पहुँचे थे और मोड़ पर मुड़ते समय दूसरी तरफ से आ रहे बाइक वाले से टकराकर शैलेन्द्र सिंह गाड़ी लेकर बाइक वाले गिर गए जिससे बाइक में नुकसान हो गया -।	
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 बेलघाट 7266828275

Date / दिनांक : 13/06/26
हस्ताक्षर

DK

Signature of Insured / बीमाधारक के

Shravan Kumar



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. 252400/31/2026/39871

Tel. No. _____

Period of Insurance 01/10/2026
Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully.

I. INSURED

- (a) Name : Shraavan Kumar
- (b) Address for correspondence : KUH BAZAR, Rampur, Gorakhpur, UP, 273404
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero 202S</u>	Engine No. <u>HA11F7SHE 67631</u> Chassis No. <u>NBCHAW482SHEB6122</u>	Registration No. <u>UPS3FL6198</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 trailor attached? : N.A
- (h) Number of passengers carried : N.A
- (i) Number of Passenger permitted : N.A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Schandendra Singh
- (b) Age : 33
- (c) Address : Rum Bazar, Balghat, Gurgaon
- (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 : UPS320120002198
- (h) Issuing Authority : _____
- (i) Date of Expiry : 23/01/2032
- (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 : 12/06/26 - 10.00 AM
- (b) Place : Lothraya
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : दूसरी कार से आ रहे वाहन वल से टकराने की वजह 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, Fender, Fuel tank, Stem component
- (b) Estimated cost of repairs : 8200
- (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

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 13/06/26 200

Signature of the insured Sharan 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. UPS3FL6198 insured under Policy No. 39871 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 Shraavan Kumar
Occupation Self employe
Address .. Moh. Bazar, Rani pur
..... Gorakhpur, U.P
..... 273404

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53FL6198	Registration Date	: 03-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	: SHRAVAN KUMAR	Son/wife/daughter of	: BHAGAWANSAHAY MAURYA
Full Address: (Permanent)	: VILL - KURIBAZAR, POST - KURIBAZAR, RANIPUR, GORAKHPUR, UTTAR PRADESH-273404		
Full Address: (Temporary)	: VILL - KURIBAZAR, POST - KURIBAZAR, RANIPUR, GORAKHPUR-UTTAR PRADESH-273404		
Fitness UpTo	: 02-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	Rear HSRP No	: AA2134820533
Front HSRP No	: AA2134075863	Month/Year of Manuf.	: 05/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW482SHEB6122
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F7SHE67631	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ (DRS)	Standing Cap	: 0
Seating Cap(In all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: Black Heavy Grey	AC Fitted	: NO
Other Criteria			
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.o.f.

Purchase dt	: 02-Oct-2025	Sale Amt	: 73764/-
OTT Date	: 02-Oct-2025	Amount/Rept No	: 7377 / UP53D25100001044
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 13-Oct-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-Oct-2025 to 02-Oct-2040

Date : 25-Oct-2025 14:29:15

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 पोस्टल टैक्स अधिकारी
 गोरखपुर

Q 5449870

25-10-2025, 14:29

UP53 20120002198

UP05606357MT



LMV

24/01/2012



MCWG

24/01/2012



Form 7 Rule 16(2)

पता / Address

AJMATA KURI BAZAR
BELGHAT GORAKHPUR

Holder's Signature

जारीकर्ता / Issuing Authority Sign
GORAKHPUR



UNION OF INDIA **Driving Licence**

UP NT

UP53 20120002198



जारी करने की तिथि
Date of Issue
24/01/2012

वैधता / Validity
23/01/2032

जन्म तिथि
Date of Birth
15/02/1993

Blood Group
Unknown



नाम / Name

SHAIENDRA SINGH

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

GULAB SINGH



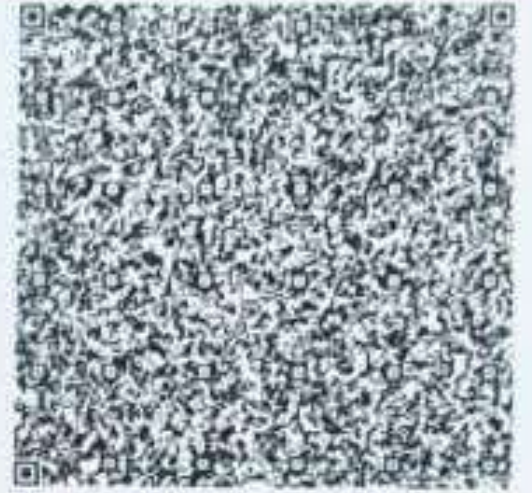
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: आत्मज: भगवानसहाय मौर्या,
ग्राम-पोस्ट-कुरीबाजार, रानीपुर, गोरखपुर, उत्तर
प्रदेश, 273404

Address: S/O: Bhagawansahay Maurya,
village-Post-kuribazar, Ranipur, Gorakhpur,
Uttar Pradesh, 273404



5261 1807 7695

1947

help@uidai.gov.in

www.uidai.gov.in

Print Date: 26/11/2021

आयकर विभाग
INCOME TAX DEPARTMENT

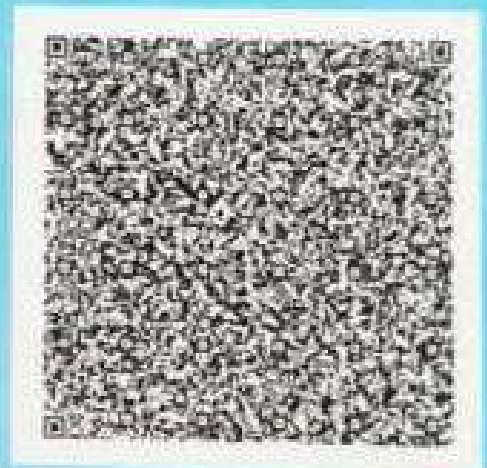


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IAAPK9703A



नाम / Name
SHRAVAN KUMAR

पिता का नाम / Father's Name
BHAGAWANSAHAY MAURYA

जन्म की तारीख /
Date of Birth
18/07/2000

02022019

PAN Application Digitally Signed. Card Not
Valid unless Physically Signed



भारत सरकार

Government of India



Issue Date: 27/04/2015



श्रवण कुमार

Shравण Kumar

जन्म तिथि / DOB : 18/07/2000

पुरुष / Male



5261 1807 7695



5261 1807 7695

मेरा आधार, मेरी पहचान