

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.	<del>शिवकुमारी</del> शिवकुमारी 12/02/25 7380928249 कुमाँ
2	Vehicle No. / वाहन संख्या	UP 44 BR- 8253
3	Policy No. / पालिसी संख्या	252400/31/2026/4031
4	Period of Insurance / बीमा अवधि	16/04/2025 to 15/04/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025 दोपहर 2 बजे
6	Place of Accident / दुर्घटना का स्थान	हरीरा नहर कैम्पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रोहित कुमाँ 9695286557
8	Estimated Loss / अनुमानित हानि	75000
09.	Cause of Accident / दुर्घटना का कारण :	प्रधान जीमिंट रिवरटा (रोहित कुमाँ) ने गाड़ी लोकल पीपल गांव जा रहे थे कि यन्त्र मोटर साइकिल विपरीत दिशा से आ रही थी, उसी को बचाने के चक्कर में गाड़ी लोकल गिर गयी गाड़ी में ऊकलानुद्धा
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	का. हा. आ. डी. से. म. ए. ब. ड. रा. वा. डी. N. B.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	7081802200

शिवकुमारी

Signature of Insured / बीमाधारक के

Date / दिनांक : 11/12/2025  
 हस्ताक्षर



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 \_\_\_\_\_

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

Certificate/Policy No. 952400/31/2026/4031

Period of Insurance \_\_\_\_\_  
 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 : शिवकुमारी ए/ओ केएल एल  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7300920240

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>2F17ERKLN500040</u> Chassis No. <u>MBLDFN352RUD09118</u>	Registration No. <u>UP 77 BR-0253</u>
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- (a) Was the vehicle in proper working condition?  
 (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
- NA

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
- NA

शिवकुमारी

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : शिवकुमार सुशी-नाथ  
 (b) Age : 38  
 (c) Address : रिजिस्टार  
 (d) Is the Driver  
 1. Owner  
 2. paid driver?  
 3. Owner's relative or friend?  
 : UP 99 202000008704  
 (e) If paid driver, how long has he been in your employment :  
 (f) Was he under the influence of intoxication Liquor or drugs? : उत्तरा  
 (g) Driving Licence Number : पकनोर  
 (h) Issuing Authority :  
 (i) Date of Expiry : 16/04/2025  
 (j) Was the licence temporary/permanent : 15/04/2023  
 (k) Details of endorsement/suspension, if any :  
 (l) Has he been involved in any accident before?:  
 (m) Has he been charged by the policy? If so, Why?: मचल/लमल

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 08/11/2025  
 (b) Place :  
 (c) Speed of vehicle at the time of accident : दोपहर लगकर 2 घण्टे  
 (d) Give a short description of the accident : मरे रिजिस्टार शिवकुमार सुशी-नाथ  
 (e) If any third party was responsible for this accident give the name and address : लकल पीपलगाव 28

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : हरीमेट केदिसाव से  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : 7570=00

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 :  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? : Nk

शिवकुमारी

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_

*NA*

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. : \_\_\_\_\_

*NA*

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 : \_\_\_\_\_

*NA*

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 11/12/2025 200

Signature of the insured शिवकुमार

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. \_\_\_\_\_ 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 .....

Occupation .....

Address .....

.....

.....

11/12/2025

शिवकुमारी

Bank Account Number .....

Name of the Bank .....




रही कैंट

11/12/2025

UP 44 BK-253

शाहक का नाम - शिव आरी

1) काउल	1590 = 00
2) वाइल	1430 = 00
3) कैक काउल	1050 = 00
4) डैडिल	1030 = 00
5) डीरिक्ट	280 = 00
6) डीरिक्ट	1140 = 00
7) लेफ्ट चार्ज -	1050 = 00
<hr/>	
	7570 = 00

  
कॉन्क्रेट ऑफिस  
बुलशानपुर 227814

GOVERNMENT OF UTTAR PRADESH

Transport Department Sultanpur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No  
Description of Vehicle  
Dealer's Name & Address  
Owner Name  
Full Address: (Permanent)

: UP44BR8253  
: M-CYCLE/SCOOTER  
: MAHABIR AUTOMOBILES, 166 LAKSHMAN PUR, SULTANPUR, , 0-200801  
: SHIV KUMARI  
: PURE BHOLA TIWARI WALLIPUR, VALLIPUR SULTANPUR, , SULTANPUR, UTTAR  
: PRADESH-227812

Full Address: (Temporary)

: PURE BHOLA TIWARI WALLIPUR, VALLIPUR SULTANPUR, , SULTANPUR-UTTAR  
: PRADESH-227812

Fitness Up To

: 19-Apr-2040

Owner Serial No

: 1

Detailed Description

Class of Vehicle

: M-CYCLE/SCOOTER

Link Vehicle No

: BHARAT STAGE VI

Ownership

: INDIVIDUAL

Norms

Maker's Name

: HERO MOTOCORP LTD

Rear HSRP No

: AA2124174239

Front HSRP No

: AA2123480838

Month/Year of Manuf.

: 09/2024

Type of Body

: SOLO WITH PILLION

Chassis No

: MBLJFN352RGJ09118

No of Cylinders

: 1

Fuel

: PETROL

Engine No

: JF17ERRGJ08840

Cubic Capacity

: 124.60

Horse Power(BHP)

: 8.98

Wheel base

: 1245

Maker's Classification

: DESTINI PRIME

Standing Cap

: 0

Seating Cap(in all)

: 2

Unladen Wt (kgs)

: 115

Sleeper Cap

: 0

Laden/GV Wt (kgs)

: 245

Colour

: PANTHER BLACK

AC Fitted

: NO

Other Criteria

: Fully Built

Vehicle Purchase As

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 w.e.f. .

Purchase dt

: 16-Apr-2025

Sale Amt

: 75855/-

OTT Date

: 16-Apr-2025

Amount/Rcpt No

: 7586 / UP44D25040002516

Vehicle is Govt./ Pvt.

: PRIVATE

Tax Exempted or Not

: NOT EXEMPTED

Date of Approval

: 24-May-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner

Previous RegNo

Old State

Entry Date

Transfer Date

Conversion Date

This certificate is valid from 20-Apr-2025 to 19-Apr-2040

Date : 28-May-2025 17:22:49

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 28-May-2025



Q 3313059

The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAAC7062784ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)	Policy Issued On	16-APR-25
Policy No	252400/31/2026/4031	Proposal No. & Date	R-252400/31/2026/2234 & 16-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:31 ON 16/04/2025 TO MIDNIGHT OF 15/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 14:31 ON 16/04/2025 TO MIDNIGHT OF 15/04/2026
Insured Name	SHIV KUMARI (GSTIN: B)	Lead/Broker No	
Insured Address	C/O KESHU KUMAR, PURE BHOLA TIWARI WALLIPUR VALLIPUR, SULTANPUR, SULTANPUR, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (In Rs.)

Make	HERO MOTORCORP	Vehicle	72062
Model & Variant	HERO DUSTINI 125 PRIME	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	72062
Engine -Chassis No	BF17EREGJ08840 - MBLJFN352RGJ09118	IMT CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTU Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1207.76	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1135.76	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4140
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	746
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	1027	STAMP DUTY	0
SEP Discount	1027	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	180	Krishik Kalyan Cess@0.50%	4886
NIL Depreciation	0	Gross Premium Paid	
Returns to Invoice	0		
Key Replacement	0		
Consumables	180		
Sub-Total Add-on Coverage	289		
Net own Damage Premium(A)			

- Note:
1. Policy Issuance is the subject of the realisation of cheque
  2. Consolidated Stamp Duty paid via Challan No
  3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
  4. Voluntary excess Rs(0)
  5. Subject to Endorsements IMT,7,10,28.

Payment Details:	Nominer Name	Cheque No./Transaction No.	Bank Name	Amount
				4886
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs 1lac or a claim for refund of premium exceeding Rs 1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OJC endorsements mentioned herein above which are available on company's website.

Warranties that in case of difference of premium charged the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured, in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of wider terms appearing in the certificate in order to comply with the provisions of the Motor Vehicle Act, 1988.

**IMPORTANT NOTICE**  
The insured is not insurable if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the provisions of the Motor Vehicle Act, 1988 is recoverable from the insured by the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations as to use:** This policy is issued only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

**Driver's Clause:** Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limit of Liability Clause:** Under section II-1 (i) of the policy. Death of or body injury such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (i) of the policy. Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

**No Claim Bonus:** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

\* This insurance excludes all pre-existing damages

Approved By : 6595258MD  
Approved On : 16-APR-25  
Place : MRT  
Printed On : 16-APR-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature





भारत सरकार

GOVERNMENT OF INDIA

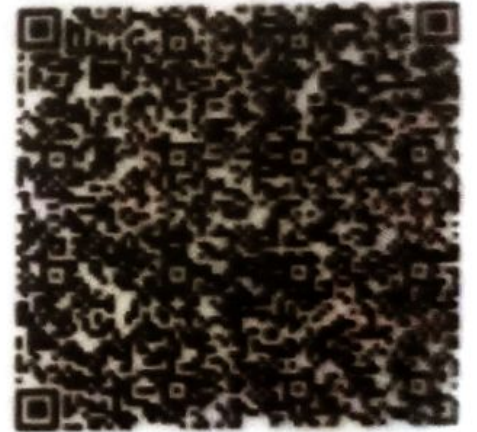


शिव कुमारी

Shiv Kumari

जन्म तिथि/ DOB: 15/05/1988

महिला / FEMALE



6549 3531 9086

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

अध्यागिनी: केश कुमार, ग्राम  
पुरे भोला तिवारी, पोस्ट  
वल्लीपुर, वल्लीपुर,  
सुल्तानपुर,  
उत्तर प्रदेश - 227812

W/O: Kesh Kumar, GRAM PURE  
BHOLA TIWARI, post Wallipur,  
Vallipur, Sultanpur,  
Uttar Pradesh - 227812

**6549 3531 9086**

**Aadhaar-Aam Admi ka Adhikar**

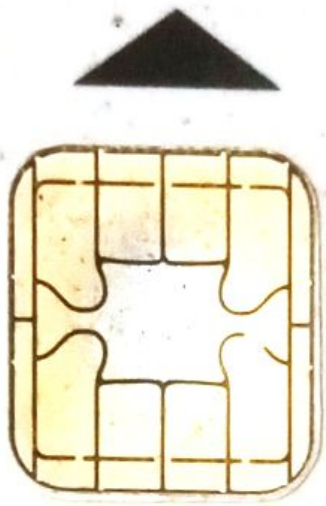


सत्यमेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh



**UP44 20200008784**



Issue Date    Validity (NT)    Validity (TR) #  
30-06-2020    09-06-2036    -----

Name: **ROHIT KUMAR**

Date of Birth: **10-06-1996**    Blood Group:    Organ Donor: **N**

Son/Daughter/Wife of: **SHRINATH**

Address:

**PURE BAKIYATIWARI KHARA POST PIPERGAON  
PS KUREBHARSULTANPUR, UP 228121**

  
Holder's Signature

Date of First Issue    (30-06-2020)

DL No: UP44 20200008784

UPDL 000003057928



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	UP44	30-06-2020	NT			
	LMV	UP44	30-06-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP44 SULTANPUR

आयकर विभागा

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name  
SHIV KUMARI

पिता का नाम / Father's Name  
RAM TIRATH YADAV

जन्म की तारीख /  
Date of Birth  
15/05/1988

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

JRZPK4302Q



24072020

शिवकुमारी

हस्ताक्षर / Signature