

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.	Navendra Singh - 9917461700
2	Vehicle No. / वाहन संख्या	UP05CX1523
3	Policy No. / पालिसी संख्या	252400/31/2026/23063
4	Period of Insurance / बीमा अवधि	16/06/2025 - 15/06/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025 08:30 PM
6	Place of Accident / दुर्घटना का स्थान	Naujheel
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Navendra Singh - 9917461700 UP0520250015288
8	Estimated Loss / अनुमानित हानि	7341.00
9	Cause of Accident / दुर्घटना का कारण : →	मैं अपने कार से खेत पर जा रहा था तभी पीछे से एक कार वाला टारु पीकर आ रहा था उसने एक दम पीछे से टक्कर मार दी और मैं मिट्टी में जा गिरा और बाईक आगे जाके राईट साइड जा गिरी ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Durga Auto Naujheel 7078936431

Date / तिथि :  
EYAS  
**DUKHA AUTO**  
Near SBI Bahadurganj, Mathura - 201203  
Naujheel, Mathura - 201203  
(M) 8445271500, 9634181633

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. 252400/31/2026/23063

Tel. No.

Period of Insurance 16/06/2025 - 15/06/2030  
 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 : Narendera Singh  
 (b) Address for correspondence : Nayjeel  
 (c) Telephone : 9917461700

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp</u> <u>Ctel</u>	Engine No. <u>HA11F5S9E04643</u> Chassis No. <u>MBLHAWU3U59F76051</u>	Registration No. <u>UP05CX</u> <u>1593</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 use  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter NO  
 1. Was a side-car attached NO  
 2. Was a pillion rider carried NO

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 : Navendra Singh  
(b) Age : 43  
(c) Address : Naujheel  
(d) Is the Driver  
1. Owner : Yes  
2. paid driver?  
3. Owner's relative or friend?  
(e) If paid driver, how long has he been in your employment : N/A  
(f) Was he under the influence of intoxication Liquor or drugs?  
(g) Driving Licence Number : UP8520250015280  
(h) Issuing Authority : 16/07/2025  
(i) Date of Expiry : 15/07/2035  
(j) Was the licence temporary/permanent : permanent  
(k) Details of endorsement/suspension, if any : Na  
(l) Has he been involved in any accident before?: Na  
(m) Has he been charged by the policy? If so, Why?: Na

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 15-12-2025, 08:30 PM  
(b) Place : Naujheel  
(c) Speed of vehicle at the time of accident : 40  
(d) Give a short description of the accident  
(e) If any third party was responsible for this accident give the name and address

मैं अपने घर से खेत पर चारहा था तभी पीछे से एक कार वाहन दारू पीकर आ रहा था उसने एक दम पीछे से टक्कर मार दी और मैं मिली में जा गिरा और वाइक आगे जाके राइट सा जा गिरी!

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back and Right, Front  
(b) Estimated cost of repairs : 7341.00  
(c) When and where can the damaged vehicle be inspected : Durga Auto Naujheel

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? : N/A  
(b) If yes, give full details : \_\_\_\_\_
- 

9. WITNESS

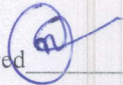
- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : N/A  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_
- 

10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : N/A  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(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 16-12-2025 200

Signature of the insured 

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 .....  
.....  
.....

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



Policy Schedule

Digitally signed by The Oriental Insurance Company Ltd. DN: cn=The Oriental Insurance Company Ltd., o=The Oriental Insurance Company Ltd., email=The Oriental Insurance Company Ltd., c=IN

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIAR NAGAR, OPP. FILMISTAN CINEMA MEERUT,,,01214063570,,, (GSTIN: 09AAACT0627R4ZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2026/23063), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BHATI), Insured Name (NARENDRA SINGH), Insured Address (C/O YOGENDRA SINGH, R/O MATHURA ROAD NAUJHEEL BANGER NAUJHIL, NA, MATHURA, , NA).

Table with insured motor vehicle details: Make (HERO MOTOCORP), Model & Variant (HERO HF DELUXE SELF E20), Registration No (NEW), Year Of Manufacture (2025), Engine - Chassis No (HA11F5S9E04643 - MBLHAW434S9E76051), Seating Capacity (1+1), Type Of Fuel (PETROL), Geographical Area (INDIA).

Schedule Of Premium (Amount in Rs.)

Table with premium schedule: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes items like Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each, Legal Liability (WC) to driver, etc.

Table with nominee and payment details: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount.

At 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. We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature

Approved By : 6595258MD Approved On : 16-JUN-25 Place : MRT Printed On : 15-NOV-25




  
भारत सरकार  
GOVERNMENT OF INDIA

  
नरेन्द्र सिंह  
Narendra Singh  
जन्म तारीख/DOB: 26/05/1982  
पुरुष Male



9242 3536 0162

**आधार - आम आदमी का अधिकार**

  
भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता:  
आत्मज: योगेन्द्र सिंह, मथुरा  
मार्ग नौहड़ील बांगर,  
नौहड़ील, मथुरा  
उत्तर प्रदेश, 281203

Address:  
S/O: Yogendra Singh, mathura  
road Nauhjheel Banger,  
Nauhjhil, Mathura  
Uttar Pradesh, 281203

9242 3536 0162

**Aadhaar - Aam Aadmi ka Adhikar**

स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER  
APJPS0650L




नाम /NAME  
NARENDRA SINGH

पिता का नाम /FATHER'S NAME  
YOGENDRA SINGH

जन्म तिथि /DATE OF BIRTH  
26-05-1982

हस्ताक्षर /SIGNATURE



आयकर आयुक्त-1, आगरा  
COMMISSIONER OF INCOME-TAX-1, AGRA

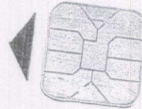
इस कार्ड के खो / मिल जाने पर कृपया जारी करने  
वाले प्राधिकारी को सूचित / वापस कर दें  
आयकर आयुक्त-1,  
आयकर भवन,  
संजय प्लेस,  
आगरा - 282 002.

In case this card is lost/found, kindly inform/return to  
the issuing authority :  
Commissioner of Income-Tax - I,  
Aayakar Bhawan,  
Sanjay Place,  
Agra - 282 002.



**Indian Union Driving Licence**  
Issued by Uttar Pradesh

UP85 20250015288



Issue Date: 16-07-2025  
Validity (NT): 15-07-2035  
Validity (TR)\*



Holder's Signature

Date of First Issue: 16-07-2025

Name: NARENDRA SINGH  
Date of Birth: 26-05-1982  
Son/Daughter/Wife of: YOGENDRA SINGH  
Blood Group: O+ VE

Organ Donor: N

Address:  
MATHURA ROAD NAUH/HIL NAUH/HEEL BANGER  
MAT MATHURA UTTAR PRADESH 281203

DL No: UP85 20250015288

UPDL85100002880



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	UP85	16-07-2025	NT			
	LMV	UP85	16-07-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP85 MATHURA

**DURGA AUTO**

NEAR SBI BRANCH, BAJNA ROAD, NAUJHEEL, MATHURA, MATHURA, 281210, UP, India

State Code: 9 Contact: 9634181633, , ,

GSTIN No: 09AJSPN4601K2ZQ

Associate Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	23791-02-REST-1225-43	Date	16-12-2025
Customer Name	The Oriental Insurance Com LTD	Contact No.	9389178729
VIN	MBLHAW434S9E76051	Model	HF DELUXE
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CX1523
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83400ACK001RS -FRONT VISOR (BLACK NH-1) TYPE-1	87141090	Paid	558.47	1	9.00	9.00	0.00	0.00	0.00	0.00	659.00
2	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
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	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
6	37100AFA01099S -METER	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
7	53178AAFH00S -LEVER COM.P.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
8	3370BAAHA010099S -UNIT TAIL LIGHT	85122010	Paid	315.25	1	9.00	9.00	0.00	0.00	0.00	0.00	372.00
9	80100KST940S -FENDER COMPLETE REAR	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
10	77246AAH100RS -COWL R SIDE ABK ARMY BLACK	87141090	Paid	261.02	1	9.00	9.00	0.00	0.00	0.00	0.00	308.00
11	77256AAH100RS -COWL L SIDE ABK ARMY BLACK	87141090	Paid	261.02	1	9.00	9.00	0.00	0.00	0.00	0.00	308.00
12	77230ACK000RS -CENTER REAR COWL NH-1.	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
Parts Total											0.00	6,279.00

**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	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
2	102046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
Jobs Total											0.00	1,062.00

Parts Total	6,279.00
Labour Total	1,062.00
SGST (Parts) 9%	478.91
CGST (Parts) 9%	478.91
SGST (Labour) 9%	81.00
CGST (Labour) 9%	81.00
<b>Total</b>	<b>7,341.00</b>

**DURGA AUTO**  
 Near SBI Bajna Road, Teh. Mant  
 Naujheel, Mathura - 281203  
 (M) 8445272800, 9634181633