

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.	Prakash Kumar 8595154982
2	Vehicle No. / वाहन संख्या	UP-85-000-8815
3	Policy No. / पालिसी संख्या	25240/31/2020/65206
4	Period of Insurance / बीमा अवधि	8/12/2020 to 07/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025 Time - 9.10 AM
6	Place of Accident / दुर्घटना का स्थान	Lohari
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Kanhaiyalal - DL920190005490 8860831416
8	Estimated Loss / अनुमानित हानि	7050 —
9	Cause of Accident / दुर्घटना का कारण : मे गाड़ी को रूपा लाल वाली लेके गये थे और उनका रजिस्ट्रेशन डोगया गाँव छोड़ कर पार कर के कुल्ला आगे आ आगया और गाड़ी गिरने से होट गयी	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NR
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NR
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	S.B. Khandhwal, Mahan Sunk, Mahan, Mahan 8868808889

Date / दिनांक :
हस्ताक्षर

14/12/2025

प्रशांत कुमार
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 _____

Tel. No. _____

25400/21/2020/65206
 Certificate/Policy No. _____
 8/12/2025 To 07/12/2026
 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 Bhajan Kumar
 (a) Name : _____
 (b) Address for correspondence : Bhajan, Madhya
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Moto 2025</u>	Engine No. <u>HT11 F754L 28564</u> Chassis No. <u>MBC100 W48654L 24562</u>	Registration No. <u>UP-85-00</u> <u>8815</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? _____
 (d) If a Motor Cycle/scooter
 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Kanhaiya Lal
 (b) Age : 06/06/1999
 (c) Address : Plot No - B-3 K/12 No-11/6 E Block, CPY 4th floor, Vihar, Phase - 1, Gurgaon, Haryana, New Delhi
 (d) Is the Driver
 1. Owner :
 2. paid driver? : no
 3. Owner's relative or friend? : no
 (e) If paid driver, how long has he been in your employment : no
 (f) Was he under the influence of intoxication Liquor or drugs? : no
 (g) Driving Licence Number : DL 9 20190005490
 (h) Issuing Authority : Delhi
 (i) Date of Expiry : 20/05/2039
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any : no
 (l) Has he been involved in any accident before? : no
 (m) Has he been charged by the policy? If so, Why? : no

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10/12/2023 To Time - 9:10 AM
 (b) Place : Delhi
 (c) Speed of vehicle at the time of accident : no
 (d) Give a short description of the accident : अज्ञात कारणों से एक कार का नियंत्रण खोना और एक व्यक्ति को चोट पहुंचाना
 (e) If any third party was responsible for this accident give the name and address : अज्ञात व्यक्ति का दोष

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front Bumper & Headlight
 (b) Estimated cost of repairs : 21000
 (c) When and where can the damaged vehicle be inspected : S.B. Chaudhary Road, Gurgaon

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? :

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 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 14/12/2020 200

Signature of the insured प्रशांत कुमार

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 Handwritten Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

**GOVERNMENT OF UTTAR PRADESH**Transport Department
MATHURA, Uttar Pradesh

RECEIPT/APPL No: UP85D25120001791/UP25120927477094
 Vehicle Class: M-Cycle/Scooter
 Received From: PRASHANT KUMAR
 Receipt date: 09-Dec-2025
 Chassis No: MBLHAW486S4L24567
 FinancerName: HERO FINCORP LTD
 Bank Ref No: CPAFZNTME3
 Remarks: ONLINE-PAYMENT

Vehicle No: UP85DA8815
 Sale Amount : 73764/-
 Transaction Id: UPY2512092896390

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(08-Dec-2025 to One Time)	7377	0	7377

GRAND TOTAL (in Rs): 8177/- (EIGHT THOUSAND ONE HUNDRED AND SEVENTY SEVEN ONLY)

Note– This is computer generated slip, no need of signature (<https://parivahan.gov.in>).
 (Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

RAJESH
JAIN MOTORCYCLE COMPANY

Customer Copy

Printed On: 14-Dec-2025 15:45:37

**GOVERNMENT OF UTTAR PRADESH**Transport Department
MATHURA, Uttar Pradesh

RECEIPT/APPL No: UP85D25120001791/UP25120927477094
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RAJESH
JAIN MOTORCYCLE COMPANY





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0928

Page No : 1

Stamp for the purpose of Insurance
Company Limited
Form No. 51 of 16/10/2018
Under Insurance Policy for M.V.

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AACT0627RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	08-DEC-25
Policy No	252400/31/2026/65206	Proposal No. & Date	3/252400/31/2026/43645 & 08-DEC-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:37 ON 08/12/2025 TO MIDNIGHT OF 07/12/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:37 ON 08/12/2025 TO MIDNIGHT OF 07/12/2026
Insured Name	PRASHANT KUMAR (GSTIN:)	Lead/Breakin No	/
Insured Address	C/O MAHIPAL SINGH, BHIALAIPO BHALAI, MATHURA., NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS 120	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70077
Engine - Chassis No	HA111754L28564 - MBLHAW486S4L24567	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1174.49	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (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)	4027
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	998	Krishni Kalyan Cess@0.50%	4751
Add-On Coverages		Gross Premium Paid	
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	176	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financier Type	Financier Name	HERO FINCORP LTD.	Financier Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			Amount
			4751

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 OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques 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.

I/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 Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 08-DEC-25

IMPORTANT NOTICE
The Insured is not indemnified 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 MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use 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) Liability trails

g) Any Purpose in connection with motor trade.

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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (1) of the policy - Death or body injury Such amount is necessary to meet these requirements of the motor vehicle act 1988 Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A.C over 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% and NCB on OD premium No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/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 : 659525SMD
Approved On : 08-DEC-25
Place : MRT
Printed On : 08-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

6037822 Form-7



GOVERNMENT OF NATIONAL CAPITAL
TERRITORY OF DELHI

DRIVING LICENCE

Authorisation to drive a motor vehicle throughout India and
in case of E-rickshaw or E-cart throughout NCT of Delhi except the prohibited roads

Driving Licence particulars will be available from the following link:



Drive safe (Even more safe public transport)

Transport Department, Government of NCT of Delhi
Licence to Drive Vehicles Throughout India Copy

Licence No. : DL9 20190005490 (P) N
 Name : KANHAIYA LAL
 S/W/D : TALEVAR SINGH
 DOB : 05/05/1990 BC : U
 Address :
 PLOT NO-B-3 KH NO-16/6 E BLOCK
 QUTUB VIHAR PHASE 1 QUTAB PUR
 SOUTH WEST DELHI 110071

Auth to Drive : LMV Date of Issue : 27/05/2019
 MCWG : 27/05/2019

Issue Date : 27/05/2019 (Holder Signature)
 Validity(NT) : 26/05/2039
 Validity(T) : NA
 Inv Carr No : NA Issuing Authority
 SWZ-1, PALAM


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
 द्वारा: महिपाल सिंह, भलार्ड, भलार्ड, मथुरा,
 उत्तर प्रदेश - 281205



Address:
 C/O: Mahipal Singh, Bhalari, PO: Bhalari, DIST:
 Mathura,
 Uttar Pradesh - 281205

Details as on: 28/11/2025




6673 3654 0276
VID : 9176 1855 5540 1113

1947 | help@uidai.gov.in | www.uidai.gov.in


भारत सरकार
Government of India


प्रशांत कुमार
 Prashant Kumar
 जन्म तिथि/DOB: 20/07/2004
 पुरुष/ MALE

Aadhaar no. issued: 20/01/2020



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वीड्युआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML)

6673 3654 0276
मेरा आधार, मेरी पहचान

इस कार्ड के खोने/पाने पर कृपया सूचित करें/सीकरां:
आयकर सेवा सुचारु, प्रौद्योगिकी विकास निगम लिमिटेड
(पूर्व में एनएसईएल ई-गवर्नेंस इन्फ्रास्ट्रक्चर लिमिटेड)
सीपी कॉम्प्लेक्स, माधवराव रोड,
बानेर रोड, बंगलूर,
पुणे - ४११०४४

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, Protean eGov Technologies Limited
(Formerly NSIC, e-Governance Infrastructure Limited)
4th Floor, Sapphire Chambers
Baner Road, Baner,
Pune - 411045
Tel: 91-20-2721 8046, e-mail: pani@protean.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
NTKPK7070L



नाम / Name
PRASHANT KUMAR

पिता का नाम / Father's Name
MAHIPAL SINGH

जन्म की तिथि /
Date of Birth
20/07/2004

हस्ताक्षर / Signature

