

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.	Rovina Kumar 9634619732
2	Vehicle No. / वाहन संख्या	UP-85-EU-4313
3	Policy No. / पालिसी संख्या	252400/31/2025/75239
4	Period of Insurance / बीमा अवधि	02/1/2025 To 01/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/11/2025 Time - 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	SIKI
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Narender Kumar UP/20170018827 (9958800522)
8	Estimated Loss / अनुमानित हानि	609
09.	Cause of Accident / दुर्घटना का कारण :	फिबल कर जाती गिर गयी जाके खम्भे से टकरायी शक्ती वजह से ये टंकी डम्पेज हो गयी.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S.B. Khandewal Workshop Sumer, Mansa, Mathura 8868808889

Date / दिनांक :  
हस्ताक्षर

24/11/2025

Rovina Kumar  
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. \_\_\_\_\_

252400/31/2025 / 75239

Certificate/Policy No.

02/11/2025 To 01/01/2026

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  
 (a) Name : Ravindra Kumar  
 (b) Address for correspondence : Jangra, Jangra, Mathura.  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year Dem. 2021	Engine No. 107M1 EBR 4K 2434 Chassis No. MBL100W230R4K00957	Registration No. UP85EU 4313
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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 NR  
 2. Was a pillion rider carried NR

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

NR

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Najeeb Khan  
 (b) Age : 08-06-1993  
 (c) Address : Jagan, Main, Mahul  
 (d) Is the Driver  
 1. Owner : No  
 2. paid driver? : No  
 3. Owner's relative or friend? : Yes  
 (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 : UP8520170018827  
 (h) Issuing Authority : MP  
 (i) Date of Expiry : 19-12-2037  
 (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 : 20/12/2023 Time - 11:30 AM  
 (b) Place : SI  
 (c) Speed of vehicle at the time of accident : SI  
 (d) Give a short description of the accident : SI  
 (e) If any third party was responsible for this accident give the name and address : SI

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate.  
 (b) Estimated cost of repairs : SI  
 (c) When and where can the damaged vehicle be inspected : SI

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : SI  
 (b) Address : SI  
 (c) Full Details of personal injury sustained : SI  
 (d) Name and address of any person/hospital giving medical attention to injured person : SI  
 (e) Full details of property damaged : SI  
 (f) Has notice of any claim been given to you? : SI

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 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 24/12/2025 200

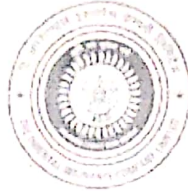
Signature of the insured Raviog Kumar

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. \_\_\_\_\_ 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 *Rovind Kumar*  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

## Transport Department MATHURA

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP85CU4313 Registration Date : 04-Jan-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004

Owner Name : ROVINS KUMAR Son/wife/daughter of : PRAHALAD  
 Full Address: (Permanent) : JARARA, JARARA, , MATHURA, UTTAR PRADESH-281205  
 Full Address: (Temporary) : JARARA, JARARA, , MATHURA-UTTAR PRADESH-281205  
 Fitness UpTo : 03-Jan-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 : AA1038094729 Rear HSRP No : AA1038466031  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2024  
 No of Cylinders : 1 Chassis No : MBLHAW230R4K00957  
 Engine No : HA11E8R4K12434 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 109  
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239  
 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, NEW DELHI, , New Delhi, Delhi-110007 w.e.f. 02-Jan-2025.

Purchase dt : 02-Jan-2025 Sale Amt : 76156/-  
 OTT Date : 02-Jan-2025 Amount/Rcpt No : 7616 / UP85D25010001271  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 17-Jan-2025

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Jan-2025 to 03-Jan-2040

Date : 07-Feb-2025 10:46:34

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
**Registering Authority**  
 Date : 07-Feb-2025  
 Motor Veh Deptt.  
 MATHURA

2023554





Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP85 20170018827



Issue Date 23-09-2023    Validity (NT) 19-12-2037    Validity (TR)\* 26-02-2026



20-12-2017

Holder's Signature

Name: NARENDRA KUMAR

Date of Birth: 08-06-1993

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: OM PRAKASH

Address:

JARARA MANT  
MAT, MATHURA 281205

Date of first issue

DL No: UP85 20170018827

UPDL000011830715



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	20-12-2017	NT			
	LMV	UP85	20-12-2017	RT			
	TRAMS	UP85	27-02-2021	TR			

Form / Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP85 MATHURA





भारत सरकार  
Government of India



ISSUE Date: 05/09/2014



रोविन्त कुमार  
Rovins Kumar  
जन्म तिथि/DOB: 10/04/2002  
पुल्ल/ MALE

9718 3754 2091

VID : 9154 4525 1979 8919

मेरा आधार, मेरी पहचान

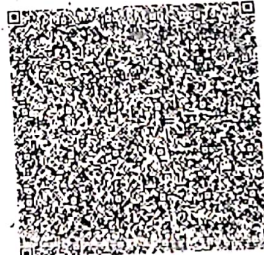


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O: प्रह्लाद, जराड़ा, जराड़ा, जराड़ा, मथुरा,  
उत्तर प्रदेश - 281205

Address:  
S/O: Prahlad, jarara, jarara, Jarara,  
Mathura,  
Uttar Pradesh - 281205



9718 3754 2091

VID : 9154 4525 1979 8919



1947

help@uidai.gov.in



www.uidai.gov.in



उपायुक्त विभाग  
INTEGRAL TAX DEPARTMENT

भारत सरकार  
GOV. OF INDIA



राजकी सेवा कार्ड आई  
Rajakiki Seva Card (Rajakiki Card)

JTUPK2861P



सर्वोपयोगी  
SERVING NUMBER

सर्वोपयोगी सेवा कार्ड  
SERVING CARD

15082020

सर्वोपयोगी सेवा कार्ड  
SERVING CARD

सर्वोपयोगी सेवा कार्ड  
SERVING CARD

