

10420

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.	Govind Kumar 8630753498
2	Vehicle No. / वाहन संख्या	UP-85-CW-5155
3	Policy No. / पालिसी संख्या	252400/31/2026/10122
4	Period of Insurance / बीमा अवधि	04/5/2025 To 03/5/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/1/2025 TIME - 6.30 PM,
6	Place of Accident / दुर्घटना का स्थान	कोटा रोड
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Karan Kumar - U8520/60003340 8022449281
8	Estimated Loss / अनुमानित हानि	20324
09.	Cause of Accident / दुर्घटना का कारण : जैसे कि गाड़ी को रोकना मंत्री वाइक लेकर अलगाव से आरंभ से कोटा गांव पर वेल के अचानक सामने आ जाने से पकसी डेंट हुआ	
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.	S.B. Khanchelwal Motors Surat, Mansa, Maheshwar 8868808889

Date / दिनांक :  
हस्ताक्षर

24/1/2025

Signature of Insured / बीमाधारक के





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 24/11/2008 2008

Signature of the insured

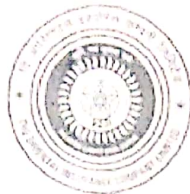
*[Handwritten Signature]*

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 ..... *Pravir Kumar*  
Occupation .....  
Address .....  
.....  
.....

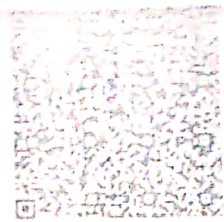
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CW5155 Registration Date : 06-May-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 : GOVIND KUMAR Son/wife/daughter of : DILEEP KUMAR  
 Full Address: (Permanent) : RAJAGARHI KHANWAL, RAMGARHI KHADER, MATHURA, UTTAR PRADESH-281205  
 Full Address: (Temporary) : RAJAGARHI KHANWAL, RAMGARHI KHADER, MATHURA-UTTAR PRADESH-281205  
 Fitness Up To : 05-May-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 : AA1041194687 Rear HSRP No : AA1041023659  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025  
 No of Cylinders : 1 Chassis No : MBLHAW432S9D51792  
 Engine No : HA11F4S9D20518 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sweeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242  
 Cover Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

S. No.	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-110057 w.e.f. 04-May-2025.

Purchase dt : 04-May-2025 Sale Amt : 65000/-  
 DTI Date : 04-May-2025 Amount/Rcpt No : 6500 / UP85D25058001120  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 19-May-2025

Transfer/State/Transfer/Conversion/Reassign Details

Previous Owner :  
 Entry Date :  
 Conversion Date :

Certificate is valid from 06-May-2025 to 05-May-2040

14:39:47

Advance Registration Mark Fee Details

Registration Authority  
 Signature of Registering Authority  
 Date: 06-Jun-2025  
 MATHURA

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

Table with policy details including Divisional Office, Policy No, Agent/Broker Code, Insured Name, and Insured Address.

Table with insured motor vehicle details including Make, Model & Variant, Registration No, Year of Manufacture, and Insured Declared Value (IDV).

Schedule of Premium (Amount in Rs.) table with columns for Own Damage Section (A) and Liability Section (B), listing various premiums and taxes.

Table for payment details including Payment Method, Cheque No./Transaction No., Bank Name, and Amount.

Terms and conditions of the policy, including clauses on premium payment, coverage, and liability.

Signature and stamp area for the insurer, including 'For and on behalf of The Oriental Insurance Company Limited' and 'General Manager'.

UP85 20160003340

UP8607 188278

CHG 17/02/2016 LMV 17/02/2016



Form 7 Rule 16(2)

Address  
13 RAJA GARHI  
SUPER  
MATHURA

Holder's Signature

Issuing Authority Sign  
MATHURA

UNION OF INDIA Driving Licence (UP) (NT)

UP85 20160003340



Issue Date  
17/02/2016  
Date of Birth  
31/07/1994

Validity  
16/02/2036

Blood Group  
UNKNOWN



KAUSHAL KUMAR

Son/Daughter/Wife of

DILEEP KUMAR





भारत सरकार  
Government of India



गोविन्द कुमार  
Govind Kumar  
जन्म तिथि / DOB : 25/07/1999  
पुरुष / Male



7949 9704 0681

आधार - आम आदमी का अधिकार

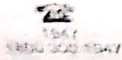


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
S/O: दिलीप कुमार, राजागढ़ी खॉवल,  
रामगढ़ी खादर, मथुरा, राजागढ़ी  
खडवल, उत्तर प्रदेश, 281205

Address:  
S/O: Dileep Kumar, rajagarhi  
khanwal, Ramgarhi Khader,  
Mathura, Rajagarhi Khawal, Uttar  
Pradesh, 281205

7949 9704 0681



1947  
1980 200 1947



help@uidai.gov.in

www

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आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
GGKPK6009M

नाम / Name  
GOVIND KUMAR

पिता का नाम / Father's Name  
DILEEP KUMAR

जन्म की तिथि / Date of Birth  
25/07/1999

सहस्रनामा / PAN  
GGKPK6009M



हस्ताक्षर / Signature