

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.	Rahul Kumar 8954028385
2	Vehicle No. / वाहन संख्या	UP-85-EX-2869
3	Policy No. / पालिसी संख्या	252400/31/2026/24568
4	Period of Insurance / बीमा अवधि	24/6/2025 To 23/6/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 Time - 4:00 PM.
6	Place of Accident / दुर्घटना का स्थान	ohawp.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Raj Kumar - UP 85 202 000 03674 9820916457
8	Estimated Loss / अनुमानित हानि	21962
09.	Cause of Accident / दुर्घटना का कारण :	मेरे गाड़ी का लडका 25 कुमल गाड़ी लेके मुरीरजा 20 था 21 मेरे मोबाइल फुल के जाने सामने से आर 201- 201- मोबाइल फुल के जाने से मेरी गाड़ी लडका 25 कुमल गिरा मेरे गाड़ी लडका 25 कुमल
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. Kharatehwal Motors Sunar, Meerut, 198442 9868808889

Date / दिनांक :
हस्ताक्षर

24/12/2025

21/12/25

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 _____

25/03/2016/24868
 Certificate/Policy No.

Tel. No. _____

24/6/2015 To 22/6/2016
 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 Rahul Kumar
 (a) Name :
 (b) Address for correspondence : Bhiloni, Bhilaini, Mathura
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2015</u>	Engine No. <u>HTTE2RTM1401</u> Chassis No. <u>MBLDAW219RHM08214</u>	Registration No. <u>UP-85-CX</u> <u>2869</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 NA
 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. : NA
 (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 : Raj Kumar
- (b) Age : 06-8-1972
- (c) Address : Bhikaruni, Bhikaruni, Bangar, 0198, Muzaffarpur
- (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 : UP 85 202 0000 3624
- (h) Issuing Authority : MTR
- (i) Date of Expiry : 05-05-2032
- (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 : 20/12/2022 Time - 4:00 P.M.
- (b) Place : Chowk
- (c) Speed of vehicle at the time of accident : 20 km/hr
- (d) Give a short description of the accident : While driving on road, a car was moving from left to right, I was driving from right to left, we collided.
- (e) If any third party was responsible for this accident give the name and address : SHRUTI KUMAR SINGH, 123, 456, 789, 0123, Muzaffarpur

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate.
- (b) Estimated cost of repairs : 24762
- (c) When and where can the damaged vehicle be inspected : S.B. Kherwalwal Motors

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 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 24/12/2005 200

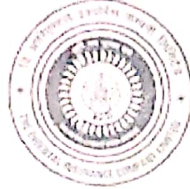
Signature of the insured 21501

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 21 E CN
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

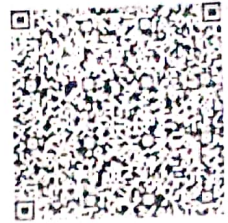


GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CX2869 Registration Date : 27-Jun-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 : RAHUL KUMAR Son/wife/daughter of : JASMANT SINGH
 Full Address: (Permanent) : BHIDONI, BHIDAUNI BANGAR, , MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : BHIDONI, BHIDAUNI BANGAR, , MATHURA-UTTAR PRADESH-281205
 Fitness UpTo : 26-Jun-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 : AA1042724411 Rear HSRP No : AA2127166214
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW219RHM08214
 Engine No : HA11E7RHM14021 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK SPARKING BLUE Laden/GV Wt (kgs) : 242
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HDB FINANCIAL SERVICES LIMITED, MATHURA, , Mathura, Uttar Pradesh-281001 w.e.f. 24-Jun-2025.

Purchase dt : 24-Jun-2025 Sale Amt : 81601/-
 OTT Date : 24-Jun-2025 Amount/Rcpt No : 8161 / UP85D25060004513
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 04-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Jun-2025 to 26-Jun-2040

Date : 24-Jul-2025 11:14:41

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Registering Authority
 Date :
 Motor Vehicle Deptt.
 MATHURA

1549437



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGB0928

Page No: 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 36 KHAIR NAGAR, OPP. HILMISTAN CINEMA THEATRE, 01211063570, (GSTIN: 09AAAC0627R1ZU)

Policy Type	BLINDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	24-JUN-25
Policy No	25240031202624568	Proposal No. & Date	B/25240031/2026/17258 & 24-JUN-2025
Agent/Broker Code	BA0880155144	Policy Period (OWN DAMAGE)	FROM 17.27.04.2026/2025 TO MIDNIGHT OF 23.06.2026
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 17.27.04.2026/2025 TO MIDNIGHT OF 23.06.2025
Insured Name	RAHUL KUMAR (GSTIN:)	Lead/Break In No	
Insured Address	C/O JASMIANT SINGH, BHIDONI, BHIDDAUNI BANGAR, MATHURA, N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH L20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine - Chassis No	HALL1E7RHM14021 - MBLHAW219RHM08214	IME 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			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	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	1221.25	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GIR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4162
AAI Membership (IMT-4)	0	GST	750
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1104	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	1104	Krishhi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	4912
NIL Depreciation	194		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	194		
Net own Damage Premium(A)	311		

- Note:
1. Policy Issuance is the subject to the realization 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.

Nominee Details:		Nominee Name	Age	Relation
Payment Details:		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	HDB FINANCIAL SERVICES	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				Amount
				4912

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 Insured under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and DIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org 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 ab initio (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.

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 hereon set his/her hands at 252400 on 24-JUN-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 M.V 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) Carnage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

Ability Purpose in conjunction with motor trade.

Driver's License: Each 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 driver'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: Each section II-1 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 (a) of the policy-Damage to third party property as per 7.3 India P.A. cover under section III for owner-Driver is RS.

No Claim Bonus: The amount is credited 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 under the terms of the previous policy.

Insured hereby certifies 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 schedule excludes all pre-existing damages.

Approved By : 6592558M1

Approved On : 24-JUN-25

Place : MUM

Printed On : 06-JUN-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP85 2020003674



Issue Date 17-02-2020 Validity (NT) 05-05-2037 Validity (TR)* -----



Holder's Signature

Name: **RAJKUMAR**
Date of Birth: **06-05-1997** Blood Group: _____ Organ Donor: **N**
Son/Daughter/Wife of: **JAGDISH**
Address:
**BHIDAUNI BHIDAUNI BANGAR
MAT, MATHURA, UP 281205**

Date of First Issue (17-02-2020)

DL No: UP85 2020003674

UPDL000002570902



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	UP85	17-02-2020	NT			
LHV	UP85	UP85	17-02-2020	NT			
MVSD							

Emergency Contact Number _____

[Signature]
Licensing Authority
UP85 MATHURA

Form 7/Rule 16(2)



भारत सरकार
Government of India

राहुल कुमार
Rahul Kumar
जन्म तिथि / DOB : 01/01/1998
पुरुष / Male

आधार नं. 9765 0528 5777

मेरा आधार, मेरी पहचान

आधार पहचान का प्रमाण है, शहरिकता या जन्मतिथि का नहीं।
इसका उपयोग संपादन (ऑनलाइन प्रमाणीकरण, या संपादन कोड/
ऑनलाइन संपादन कोड) 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 KMT).

Aadhaar No. 9765 0528 5777

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आशुत: जसवंत सिंह, भिदोनी, भिदोनी,
भिदोनी, भिदोनी बंगर, मथुरा, उत्तर प्रदेश,
281205
Address: S/O Jasmant Singh, bhidoni,
bhidoni, bhidoni, Bhidauni Bangar,
PO. Bhidoni, DIST. Mathura, Uttar
Pradesh, 281205

9765 0528 5777

1347

math@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

KWTPK5426F



नाम / Name
RAHUL KUMAR

पिता का नाम / Father's Name
JASMANT SINGH

31072021

जन्म की तारीख /
Date of Birth
01/01/1998

राहुल कुमार
हस्ताक्षर / Signature