



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 Menela

252400/31/2026/52758
 Certificate/Policy No.

Tel. No.

27/10/25 - 70.26/10/26
 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 : MANOJ GOPATA
 (b) Address for correspondence : VIL 4 POST - GAURIBIRRAM (GAURIBIRRAM)
 (c) Telephone : DIST. VISHNAGAR. 628361206069

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F75AH37427</u> Chassis No. <u>MBLHA W 4815H4537</u>	Registration No. <u>UP57CA</u> <u>6627</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? NO
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter YES
 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 : RAVI KUMAR.
 (b) Age : 29
 (c) Address : VILL. GAURISHAGDYSH
 (d) Is the Driver :
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : Relative.
 (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? : N/A
 (g) Driving Licence Number : UP5720140012539
 (h) Issuing Authority : KUSHINAGAR.
 (i) Date of Expiry : 30.06.2024.
 (j) Was the licence temporary/permanent : No
 (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 : 22.12.2023 - 9:30 AM.
 (b) Place : रायपुर (कार 2013) (रायपुर)
 (c) Speed of vehicle at the time of accident : No
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 - 5 मी रायपुर (कार 2013) के पास

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : - 5 मी, इंटरनेट, ए.सी. में नुकसान
 (b) Estimated cost of repairs : 8784200
 (c) When and where can the damaged vehicle be inspected : ANNU 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 : 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? : _____
- (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 28/02/25 200

Signature of the insured

Manoj Choudhary

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. UP57CA 6627 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. 8484200

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness

Name SURAJ K. GUPTA
Signature SURAJ K. GUPTA
Address W. P. Post - Gauri Jagachik

Signature Manoj Gupta
Occupation Govt
Address 2121, Gauri Jagachik
W. P. Post - Gauri Jagachik
Dist - Gurgaon

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

[PADRAUNA(KUSHI NAGAR)]

DISCLAIMER

REGISTRATION NO : UP57CA6627



Printed Date: 19-12-2025 12:13:55

Application No: UP25110202710951
 Applicant Name: MANOJ GUPTAA
 Son/wife/daughter of: SANHU GUPTA
 Ownership Type: INDIVIDUAL
 Purchase Date: 27-Oct-2025
 Engine No: HA11F7SHH37427
 Pan No:
 Voter Id:
 Full Address (Permanent):

Chassis No:
 Passport No:
 Aadhaar No:

MBLHAW481SHH53174

Full Address (Temporary):

VILL- GAURI JAGADISH, PO- GAURI JAGADISH, P.S- SEORAH, KUSHINAGAR, UTTAR PRADESH-274406
 VILL- GAURI JAGADISH, PO- GAURI JAGADISH, P.S- SEORAH, KUSHINAGAR-UTTAR PRADESH-274406

Dealer's Name and Address:

GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . .
 HERO MOTOCORP LTD

Maker's Name:

SPLENDOR+ (DRS)

Maker's Classification:

Rs. 73764/-

Sale Amount:

BHARAT STAGE VI

Norms:

2

Seating Cap(inc. driver):

8.17

Horse Power(BHP):

1

No of Cylinders:

M-CYCLE/SCOOTER

Class of Vehicle:

PETROL

Fuel used in engine:

113

Unladen Weight(in kgs):

N

AC Fitted:

N

Video Fitted:

720

Width (in mm):

1

Owner Serial No:

Registration Type: NEW
 Month/Year of Manuf: 8/2025
 Standing Cap: 0
 Cubic Capacity: 97.20
 Wheel base: 1235
 Type of Body: SOLO WITH PILLION
 Colour: SPORTS RED BLACK
 GVW(in kgs): 243
 Audio Fitted: N
 Length (in mm): 1995
 Height (in mm): 1050

Hypothecation Details: SHRIRAM FINANCE LIMITED, RAVINDRA NAGAR PADRAUNA, . . . Kushinagar, Uttar Pradesh, 273304
Insurance Details: THIRD PARTY Insurance From ORIENTAL INSURANCE COMPANY LTD. vide policy certificate/covernote no 252400/31/2026/52758 is valid from 27-Oct-2025 to 26-Oct-2030.

Taxation / Fees Particulars:

Sr.No	Description	Amount	Fine	Total
1	New Registration (RTO Si de)	300	35	335
2	Hypothecation Addition	500	0	500
3	MV Tax	7377	1107	8484

Grand Total Rs: 9319/-

Signature of Acceptor After Particulars Verification

Date:

Note: The Registration is subject to Registering Authority Approval. In case of disapproval, Vehicle Registration Mark will not be valid.

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 20/09/2018



मनोज गुप्ता
Manoj Gupta
जन्म तिथि/ DOB: 01/01/1984
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मदिन का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या हार्डवेयर कोश/
ऑफलाइन प्रमाणीकरण की स्थिति) 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).

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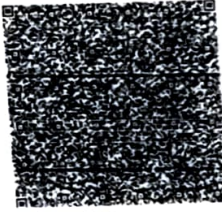
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता:
S/O सन्हु गुप्ता, गौरी जगदीश, गौरी जगदीश, Gauri
Jagdish कुशीनगर,
उत्तर प्रदेश - 274406

Address:
S/O Sanhu Gupta, gauri jagdish, Gauri
Jagdish, PO: Gauri Jagdish, DIST:
Kushinagar,
Uttar Pradesh - 274406



7986 0421 2229

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

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20140012539



Issue Date
23-12-2019

Validity (NT)
30-06-2034

Validity (TR)
22-12-2024



Name:

RAVI KUMAR

Date of Birth:

03-07-1994

Blood Group:

Son/Daughter/Wife of:

SANJU GUPTA

Organ Donor:

N

Holder's Signature

Address:
VILL - GAURU JAGDISH PO - GAURU JAGDISH
MS - SEORAH Tehsil Khatki Rd, Kushinagar, UP
274406

Date of First Issue

(01-07-2014)



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CFZPG8115E

नाम / Name

MANOJ GUPTA

पिता का नाम / Father's Name

SANHU GUPTA

जन्म की तारीख / Date of Birth

01/01/1984

Manoj Gupta

हस्ताक्षर / Signature



15072017