

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.	Gokulraj Singh 9027223619
2	Vehicle No. / वाहन संख्या	UP-85-CU-6607
3	Policy No. / पालिसी संख्या	252400/31/2025/22093
4	Period of Insurance / बीमा अवधि	11/1/2025 to 10/1/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/1/2026 Time - 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	Surat
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gokulraj Singh UP8520060018218 - 9027223619
8	Estimated Loss / अनुमानित हानि	12405
9	Cause of Accident / दुर्घटना का कारण : मैं - दूर ले - सुजीर बाजार के दिये जा रहा था - अचानक - अचानक की बाधा से - सुजी - बाइक से टकरा गयी और ले 2-लाइड में डिर गयी	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NP
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NP
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S.B. Khandewal Surat, Gujarat, 395044 8868808889

Date / दिनांक :
हस्ताक्षर

03/1/2026

गोकुलराज-सिंह
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. _____

25/11/2022 to 31/12/2022 / 77093
 Certificate/Policy No. _____
 11/11/2022 To 10/11/2022
 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 Gokuldas Sharma
 (a) Name : _____
 (b) Address for correspondence : Bur, Man, Madhya
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Ben</u> <u>2020</u>	Engine No. <u>5F12ERRG60667</u> Chassis No. <u>MBL5FN358RGG60667</u>	Registration No. <u>UP85EU</u> <u>6604</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. : 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 : Gokulraj Kumar Sharma
 (b) Age : 01-01-1986
 (c) Address : Sagar Mohan, Gurgaon
 (d) Is the Driver
 1. Owner :
 2. paid driver? : YES
 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 : U/SS20060016218
 (h) Issuing Authority :
 (i) Date of Expiry : 28/12/2016
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (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 : 01/11/2016 Time - 1:30 PM.
 (b) Place : Sagar
 (c) Speed of vehicle at the time of accident : 50
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 (f) Details of third party responsible for this accident :
 (g) Details of third party responsible for this accident :
 (h) Details of third party responsible for this accident :
 (i) Details of third party responsible for this accident :
 (j) Details of third party responsible for this accident :
 (k) Details of third party responsible for this accident :
 (l) Details of third party responsible for this accident :
 (m) Details of third party responsible for this accident :
 (n) Details of third party responsible for this accident :
 (o) Details of third party responsible for this accident :
 (p) Details of third party responsible for this accident :
 (q) Details of third party responsible for this accident :
 (r) Details of third party responsible for this accident :
 (s) Details of third party responsible for this accident :
 (t) Details of third party responsible for this accident :
 (u) Details of third party responsible for this accident :
 (v) Details of third party responsible for this accident :
 (w) Details of third party responsible for this accident :
 (x) Details of third party responsible for this accident :
 (y) Details of third party responsible for this accident :
 (z) Details of third party responsible for this accident :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : S.B. Khandelwal 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 03/1/2020 200

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 ... *श्री कृष्ण शर्मा*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

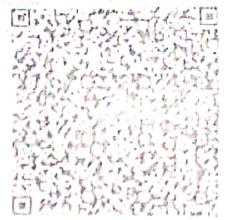


GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CU6604 Registration Date : 17-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 : GOKULESH SHARMA Son/wife/daughter of : KALICHARAN SHARMA
 Full Address. (Permanent) : SURIR, SURIR VIJAU, , MATHURA, UTTAR PRADESH-281205
 Full Address. (Temporary) : SURIR, SURIR VIJAU, , MATHURA-UTTAR PRADESH-281205
 Fitness UpTo : 16-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 : AA1038095000 Rear HSRP No : AA1038466342
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024
 No of Cylinders : 1 Chassis No : MBLJFN358RGF06674
 Engine No : JF17ERRGF06667 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(Seat) : 2 Standing Cap : 0
 Steer Cap : 0 Unladen Wt (kgs) : 115
 Colour : PANTHER BLACK Laden/GV Wt (kgs) : 245
 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 SHRIRAM FINANCE LIMITED, MATHURA, , Mathura, Uttar Pradesh-281001 w.e.f. 11-Jan-2025.

Purchase dt : 11-Jan-2025 Sale Amt : 75855/-
 OTT Date : 11-Jan-2025 Amount/Rcpt No : 7586 / UP85D25010003900
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-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 17-Jan-2025 to 16-Jan-2040

Feb-2025 13:03:41

Particulars / Advance Registration Mark Fee Details

Signature of Registrar
 Registered Authority
 Date: 17-Jan-2025
 Motor Vehicle Dept.
 MATHURA





The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: POL0924

Page No: 1

TAX INVOICE / CERTIFICATE OF POLICY SCHEDULE

(FORM 54 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 36, KHANU NAGAR, OPP. CHAIBHAN CINEMA SITE, DELHI-110037, (GSTIN: 07AAACT06776239)

Table with 2 columns: Policy Details and Policy Period. Includes fields for Policy Type, Policy No., Agent/Dealer Code, Agent/Dealer Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (CLAIMABLE), Lead/Break-In No., and Insured State.

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS and INCLUDED/DECLARED VALUE (IN Rs.). Includes fields for Make, Model & Variant, Registration No., Year Of Manufacture, Engine & Chassis No., Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMT CONTRACT NO., Policy Type, and Geographical Area.

Schedule Of Premium (Amount in Rs.) table with two main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-sections for Deductibles, Add-On Coverages, and various premium components like Basic Third Party Liability, Compulsory PA Cover Premium, etc.

Table for Nominee Details and Payment Method. Includes fields for Nominee Name, Cheque No./Transaction No., Bank Name, Amount, Payment Method, Financer Name, Financer Branch, PDS ID, and POS PAN No./Aadhar No.

Legal disclaimer and terms and conditions text. Starts with 'In the event of a claim made on policy exceeding Rs. Five...' and includes various clauses regarding coverage, exclusions, and policy terms.

Approved By: [Signature]
Approved On: 11/01/23
Date: 09/1
Printed On: 11/01/23

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

Indian Union Driving Licence
Issued by Uttar Pradesh

UP85-20060016218

Issue Date* Validity (NT) Validity (TT)*
20-02-2021 20-12-2026

Name: GOKLESH KUMAR SHARMA
Date of Birth: 01-01-1986 Blood Group: Organ Donor: N
Son/Daughter/Wife of: KALI CHARAN SHARMA
Address:
SUNO MANT MATHURA SUNAR VIHARU
BARHAN, MATHURA 201205

Holder's Signature

Class of First Issue: Car 1, 2008

DL No: UP85 20060016218

UPDL000005120149

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*
Motor Vehicle	MV	UP85	29-12-2006	NT			
Light Motor Vehicle	LMV	UP85	29-12-2006	NT			
Motor Cycle	MC						
Motor Vehicle with Sidecar	MVSC						
Motor Vehicle with Trailer	MVST						
Motor Vehicle with Trailer	MVST						

Form 7 Rule 16(2)

Licensing Authority
UPRS MA MATHURA

Emergency Contact Number

भारत सरकार
Government of India

गोकुलेश शर्मा
Gokulesh Sharma

जन्म तिथि / DOB: 01/01/1986
पुरुष / Male

3407 7839 1230

आधार - आम आदमी का अधिकार

भारतीय जनता पार्टी
Unique Identification Authority of India

पता: S/O: कालीधरन शर्मा, सुरीर,
सुरीर विजड, सुरीरकला बांगर, सुरीर,
मथुरा, उत्तर प्रदेश, 281205

Address: S/O: Kalidharan Sharma,
suri vijau, Sunikalan Bagar, Suri,
Mathura, Uttar Pradesh, 281205

3407 7839 1230

1001 330 1047

आयकर विभाग
INCOME TAX DEPARTMENT
GOKULESH SHARMA
KALICHARAN
01/01/1986
PAN Card Account Number
ECIPS1576M
Signature
भारत सरकार
GOVT. OF INDIA