

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

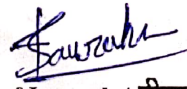
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	SAU RABH KANT ^{Mam} TRIPATHI 7071788181
2	Vehicle No. / वाहन संख्या	UPS3 FK-6178
3	Policy No. / पालिसी संख्या	252400/31/2026/31020
4	Period of Insurance / बीमा अवधि	03/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 & 3:00 PM.
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SOURABH KANT MANI TRIPATHI 20 UPS3 2023009542
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण :	गोरखपुर से नौतनवाजारत अग्रप अग्रतम नौलगाय आ गमन क्रिकेट गार्डी अग्र के डिस्ट्रिक्ट पर क्राइमल हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Hero D.P. MOTORS SUMER SAGAR GORAKHPUR

Date / दिनांक : 02.01.2026.
हस्ताक्षर


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 _____

Certificate/Policy No. 252400/31/2026/31220

Tel. No. _____

Period of Insurance 03.08.2026

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 : SAURABH KANT MANE TRIPATHI
 (b) Address for correspondence :
 (c) Telephone : 7071788181

2. THE INSURED VEHICLE

Make & Year <u>2025 & Hero</u>	Engine No. Chassis No. <u>05578 10268</u>	Registration No. <u>UPS3 FK. 6178</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
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 267
 (b) Unladen Weight : 137
 (c) Weight of goods carried/Load Challan No. : No.
 (d) Nature of permit : NO.
 (e) Nature of goods carried : NO.
 (f) Was the vehicle plying for hire : Yes.
 (g) If Lorry/Jeep/Tractor, was trailer attached? : No.
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SORABH KANT MANI TRIPATHI
- (b) Age : 29
- (c) Address : _____
- (d) Is the Driver
 - 1. Owner :
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : _____
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : _____
- (h) Issuing Authority : _____
- (i) Date of Expiry : _____
- (j) Was the licence temporary/permanent : _____
- (k) Details of endorsement/suspension, if any : _____
- (l) Has he been involved in any accident before? : _____
- (m) Has he been charged by the policy? If so, Why? : _____

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 01/10/2026 4:30:00pm
- (b) Place : GO BACHPUR
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : शुद्ध रूप से - इतना ही है
- (e) If any third party was responsible for this accident give the name and address : अज्ञान - भाग्य 311 211 अज्ञान

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front & Right Damage
- (b) Estimated cost of repairs : 5000/-
- (c) When and where can the damaged vehicle be inspected : _____

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : No
- (b) Address : No
- (c) Full Details of personal injury sustained : No
- (d) Name and address of any person/hospital giving medical attention to injured person : No
- (e) Full details of property damaged : No
- (f) Has notice of any claim been given to you? : No

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NO
(b) If yes, give full details NO

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any NO
(b) Did a Police Constable take particulars of
The accident? NO
(c) Was accident reported to Police? If not, Why? NO
(d) If yes, to which Police Station? NO
(e) Date and Diary No. NO

10. THEFT

- (a) Date and Time NO
(b) Place NO
(c) What was stolen? NO
(d) Estimated cost of replacement? NO
(e) By whom discovered and reported? NO
(f) Has theft been reported to Police?
(g) When? NO
(h) Which Policy Station? NO
(i) C.R. diary Number NO

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 02.01.2026

Signature of the insured [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 *[Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Customer Receipt
Engine Oil Change
25
Lights Multi/Mini
Fuel Level
Mirror L/R
Battery
Business
Dismantled Repairs
(Nos)
Not leaving the necessary material
Supervisor
Signature



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, 1989

DIVISIONAL OFFICE, 346 KHAR SAGAR, OPP. FRIARSTAN CINEMA SIKERVA, T. NO. 111/006/3119, (7/5119, 09A AC 10017/0420)

Policy Type: BUNDLED POLICY (MOTORIZED TWO WHEELERS (3 Years))

Policy No: 25240031/2026-11020

Agent/Broker Code: BARR001/55144

Agent/Broker Name: ADHINAV BHATI

Insured Name: SAURABH KANT MANI TRIPATHI (GETIN)

Insured Address: C/O AKHILESH MANI TRIPATHI, VILL-102, KUNWAR, P.O. KUNWAR PS. CAMPURGANJ (JHARKHAND)

Lead/Resale No: 04-AUG-25

Proposed No. & Date: 04-AUG-25

Policy Period (OWN DAMAGE): FROM 11-08-2025 TO 11-08-2028

Policy Period (LIABILITY): FROM 11-08-2025 TO 11-08-2028

Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make: HERO MOTORCYCLE

Model & Variant: XTREME 125R ABS

Registration No: NHW

Year Of Manufacture: 2025

Engine-Chassis No: JA07A0SGG05578 - MBLJAC059SGR10268

Cubic Capacity: 124.7

Seating Capacity: 1+1

Type Of Body: OTHERS

Type Of Fuel: PETROL

RTO Location: [Blank]

INSURED DECLARED VALUE (IDV) IN RS.

Vehicle: 98267

Electrical Accessories: 0

Non Electrical Accessories: 0

Total IDV: 98267

Zone 1 - Rest of India

Geographical Area: INDIA

Schedule Of Premium (Amount In Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1646.96	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person (0 Rs) each (IMT-16)	0
Basic Premium	1548.96	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GIR (B3)	3651
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	4246
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	764
AAI Membership (IMT-3)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	1400	STAMP DUTY	0
SIP Discount	1400	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	2800	Krishikalyan Cess @ 0.50%	5010
Add-On Coverages	246	Gross Premium Paid	5010
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	246		
Sub-Total Add-on Coverages	395		
Net own Damage Premium (A)			

Nominee Details: Nominee Name: [Blank], Age: [Blank], Relation: [Blank], Amount: 5010

Payment Details: Payment Method: [Blank], Cheque No./Transaction No.: [Blank], Bank Name: [Blank]

Financer Type: Financer Name: KOTAK MAHINDRA PRIME Finance Branch, POS ID: NA, POS PA/NO/Aadhar No: NA

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 AMI policy of the Company. The AMI policy if available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMIs and OIC endorsements mentioned therein above which are available on company's website.

Warranted that in case of dishonour of premium cheque(s) 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/have hereto set his their hands at 252400 on 04-AUG-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 a rider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AMI 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) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

g/Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified at any holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (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 (1) of the policy, Damage to third party property is Rs.7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

No Claim Bonus: The insured is entitled 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 following year: 25% preceding two consecutive years, 25% preceding three consecutive years, 35% preceding four consecutive years, 45% preceding five consecutive years, 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify 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 MV Act, 1988.

* This insurance excludes all pre-existing damages



Approved By: 6595235MD

Approved On: 04-AUG-25

Place: MR

Printed On: 04-AUG-25

For and on behalf of
The Oriental Insurance Company Limited
 346 KHAR SAGAR
 Opposite Friarstan Cinema
 Sikarva, T. No. 111/006/3119
 (7/5119, 09A AC 10017/0420)
 General Manager
 Authorized Signature

E+T

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FK6178 Registration Date : 07-Aug-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, . . 188-273010
 Owner Name : SAURABH KANT MANI Son/wife/daughter of : AKHILESH MANI TRIPATHI

Full Address: (Permanent) : 192 KUNWAR KUNWAR TAHSIL -, CAMPIERGANJ, . GORAKHPUR, UTTAR PRADESH-273158

Full Address: (Temporary) : 192 KUNWAR KUNWAR TAHSIL -, CAMPIERGANJ, . GORAKHPUR-UTTAR PRADESH-273158

Fitness Up To : 06-Aug-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 : AA2133083250 Rear HSRP No : AA2133716414
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLJAU059SGG10268
 Engine No : JA07A0SGG05578 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS SINGLE SEAT Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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 KOTAK MAHINDRA PRIME LTD., GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 04-Aug-2025.

Purchase dt : 04-Aug-2025 Sale Amt : 103439/-
 OTT Date : 04-Aug-2025 Amount/Rcpt No : 10344 / UP53D25080001704
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Aug-2025 to 06-Aug-2040

Date : 28-Aug-2025 14:58:42

Signature of Registering Authority
 Date : 28-Aug-2025

Taxation Particulars / Advance Registration Mark Fee Details

Q 5285743



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20230019542



Issue Date 28-07-2023 Validity (NT) 06-04-2036 Validity (TR)*



28-07-2023

Holder's Signature

Name: SOURABH KANT MANI TRIPATHI

Date of Birth: 07-04-1996 Blood Group:

Organ Donor:

Son/Daughter/Wife of: AKHILESH MANI TRIPATHI

Address:

H NO 192 KUNWAR AREA PO CAMPIERGANJ
Campierganj, Gorakhpur, UP 273158

Date of First Issue

DL No: UP53 20230019542

UPDL000011430462



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	UP53	28-07-2023	NT			
	LMV	UP53	28-07-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority

UP53 GORAKHPUR

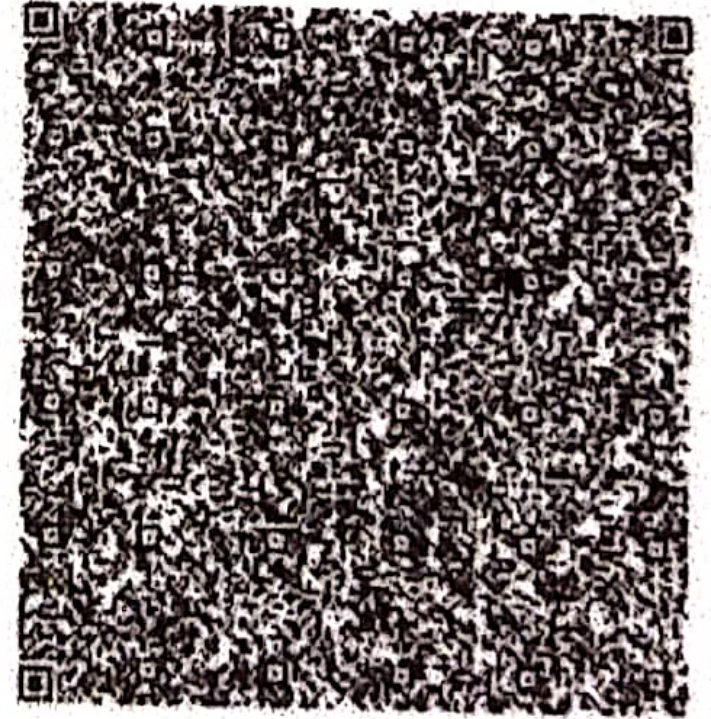




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: अखिलेश मणि त्रिपाठी, 192,
कुन्वार, तहसील - कैम्पियरगंज, कुंवर, गोरखपुर,
उत्तर प्रदेश, 273158

Address: S/O: Akhilesh Mani Tripathi, 192,
kunwar, tahsil - campierganj, Kunwar,
Gorakhpur, Uttar Pradesh, 273158



Print Date: 12/10/2023

6063 9024 6036



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

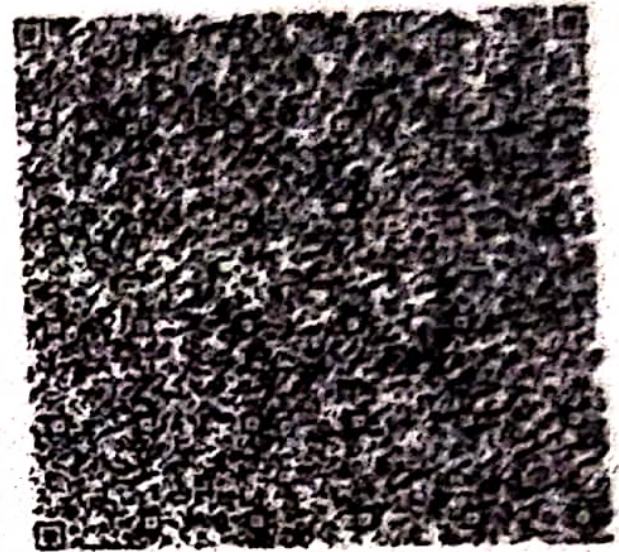


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BROPT7981B



नाम / Name

SAURABH KANT MANI TRIPATHI

पिता का नाम / Father's Name

AKHILESH MANI TRIPATHI

जन्म की तारीख

Date of Birth

07/04/1996

Saurabh Tripathi

हस्ताक्षर / Signature

22042019