

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.	VIPIN KUMAR SINGH 9919857195
2	Vehicle No. / वाहन संख्या	UPS3FF 5049
3	Policy No. / पालिसी संख्या	252400/31/2025/96815
4	Period of Insurance / बीमा अवधि	22/03/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026 @ 11:00 Am
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	RITIN KUMAR SINGH UPS720210005329
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण :	गोरखनाथ से गलियार हाली गलियार के तटल आते समय जलमय रु के पीछे वाहन आगे आ गया और धक्का खाया होया।
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. Motor SUMER SARIAR, GORAKHPUR

Date / दिनांक : 06/01/2026.
हस्ताक्षर

विपिन 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 _____

Certificate/Policy No. 252400/31/2008/90815

Tel. No. _____

Period of Insurance 22/03/2026
 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 : VIPIN KUMAR SINGH
 (b) Address for correspondence : GOLGHAR KOTWAL GORAKHPUR
 (c) Telephone : 9919257195

2. THE INSURED VEHICLE

Make & Year <u>Hero X 2025</u>	Engine No. <u>12308</u> Chassis No. <u>57960</u>	Registration No. <u>UPS3 FF5049</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 : 231
 (b) Unladen Weight : 192
 (c) Weight of goods carried/Load Challan No. : No
 (d) Nature of permit : AKP
 (e) Nature of goods carried : AKP
 (f) Was the vehicle plying for hire : No
 (g) If Lorry/Jeep/Tractor, was trailer attached? : Yes
 (h) Number of passengers carried : No
 (i) Number of Passenger permitted : 01
02

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: PRITIN KUMAR SINGH
 (b) Age: 36
 (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: UPSF 20210005329
 (i) Date of Expiry: 02/04/2021
 (j) Was the licence temporary/permanent: 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: 05/01/2026 & 11:00AM
 (b) Place: GORAKHPUR
 (c) Speed of vehicle at the time of accident: 40
 (d) Give a short description of the accident: _____
 (e) If any third party was responsible for this accident give the name and address: श्रीकेशव शर्मा गोरखपुर जिला उत्तर प्रदेश

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: Front & Right
 (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? : NO
- (g) When? : NO
- (h) Which Police 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 06/01/2026

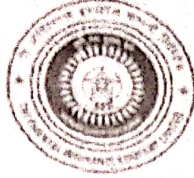
Signature of the insured रविपति सिंह

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 *विपिन सिंह*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department, Gorakhpur HTO

FORM 23
CERTIFICATE OF REGISTRATION

Registration No : **UP5311K04** Registration Date : **11-Apr-2025**
 Description of Vehicle : **M-CYCLE SCOOTER** Purpose For Pending RC : **REG**
 Owner's Name & Address : **D P VICTORS OPP MANU ENO COLLEGE DEORIA ROAD C/140/POUR., 188-273010**
 Owner Name : **VENU KUNARI SINGH** Beneficial holder of : **VENU SINGH**
 Full Address (Permanent) : **GOUGHAN PURWA ANUR NATIONAL MEDICAL STORE NE PA., NE SERAJ CLINIC NE**
NAG CHAKRABARTI UTTAR PRADESH-273001
 Full Address (Temporary) : **GOUGHAN PURWA ANUR NATIONAL MEDICAL STORE NE PA., NE SERAJ CLINIC NE**
NAG CHAKRABARTI UTTAR PRADESH-273001
 License Up To : **23-Mar-2040** Owner Birth No :

Class of Vehicle : **M-CYCLE SCOOTER** Link Vehicle No :
 Ownership : **INDIVIDUAL** Norms : **APAT STAGE V**
 Make's Name : **HERO MOTORCYCLE LTD**
 Frame HSRR No : **AAV0377191***
 Type of Body : **BOX WITH PILLION** Rear HSRR No : **12121577925**
 No of Cylinders : **1** Month/Year of Manuf : **2025**
 Engine No : **HATTE7SHB12308** Chassis No : **DUFAV2225H857920**
791 Fuel : **TROL**
 Make's Classification : **SPLENDOR • BLK STRUPE 13** Cubic Capacity : **120**
\$(DRS) Wheel Base : **139**
 Seating Captn all : **2** Standing Cap :
 Steepr Cap : **0** Upriden Wt (Kgs) : **11**
 Colour : **BLACK AND ACCENT** Laden GV Wt (Kgs) : **111**
 Other Criteria : **AC Fitted** AC Fitted : **13**
 Vehicle Purchase As : **Fury/Bare**

Additional Particulars of all transport vehicles other than motor cycle (Gross Vehic Weight) Weight in L Weight in H

- a) Front
- b) Rear
- c) Other
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of we l
 Purchase dt : **23-Mar-2025** Sale Amt : **306.**
 OTT Date : **23-Mar-2025** Amount/Rept No : **37 / UP630250300006387**
 Vehicle is Govt Prop : **PRIVATE** Tax Exempted or Not : **NOT EXEMPTED**
 Date of Approval : **05-Apr-2025**

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Conversion Date :

This certificate is valid from **24-Mar-2025** to **23-Mar-2040**

Date : **11-Apr-2025** Signature of Regulating Authority :
 Date : **11-Apr-2025**

Q 2543905

0112025344P

श्रीवकर विभागी
INCOME TAX DEPARTMENT
VIPIN KUMAR SINGH
JITAN SINGH
08/11/1981
PAN/Account Number
DDXPS3454M
Signature
श्रीवकर विभागी
भारत सरकार
GOVT. OF INDIA
13012011

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20210005329

Issue Date 09-04-2021 Validity (N1) 08-04-2031

Validity (TR)



Holder's Signature

109-04-2011

Name: RITVI KUMAR SWAGH
Date of Birth: 07-08-1987 Blood Group: O+ VE Organ Donor: Y
Son/Daughter/Wife of: JETAN SWAGH

Address: RAAMPUR CHAUNET, Rampur
Hara, Kashi Nagar, UP 224301

DL No: UP57 20210005329

DL No: 00000000000000000000



Vehicle Category: Heavy Motorcycl
Hazardous Vehicle: Nil Validity: Nil

Class of License	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
Light Motorcycl	UP57	UP57	08-04-2021	MT			
Light Motorcycl	UP57	UP57	09-04-2021	MT			

Issued by: JETAN SWAGH

Requesting Authority: UP57 KUSHINAGAR

Form 7 Rule 16(2)