

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.	SANDEEP KUMAR 6389341962
2	Vehicle No. / वाहन संख्या	UPS3FF-9836
3	Policy No. / पालिसी संख्या	252400/31/2026/3335
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/07/2028 4:30 Pm.
6	Place of Accident / दुर्घटना का स्थान	11/04/2028 .
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	6389341962
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण :	तरंग ओवरटैकिंग से दुर्घटना जात संपन्न अलानक एक कुल सामने आ गई. आनगित होकर डिवाइल टस्कट गला।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SBLF SURVEY.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	HERO D.P. MOTOR SUMER SAGAR GORAKHPUR

संदीप

Date / दिनांक : 06/01/2025
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. 252400/31/2026/8335

Tel. No. _____

Period of Insurance 11/04/2026

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 : SANDEEP KUMAR
 (b) Address for correspondence : JATEPUR GORAKHPUR
 (c) Telephone : 6389341962

2. THE INSURED VEHICLE

Make & Year <u>Hero f</u> <u>2025</u>	Engine No. <u>82014</u>	Registration No. <u>UPS3</u> <u>FF9836</u>
	Chassis No. <u>78206</u>	

- (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
- Was a side-car attached
 - Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 241
- (b) Unladen Weight : 111
- (c) Weight of goods carried/Load Challan No. : No
- (d) Nature of permit : drop
- (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 : MUKESH NISHAD
 (b) Age : 29
 (c) Address : JATEPUR GORAKHPUR
 (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 : UPS320280003800
 (h) Issuing Authority : RTO - GRP
 (i) Date of Expiry : 11/02/2024
 (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 : 04/01/2022 48:30PM
 (b) Place : GORAKHPUR
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : गिरा अचानक से हुआ और चालक
 (e) If any third party was responsible for this accident give the name and address : अज्ञात एव फुल बॉडी आ सिविल डामन
 गिरा इन्सुरेंस एजेंसी

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 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 06/01/2026
200

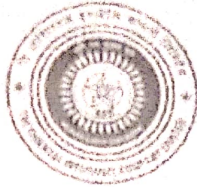
Signature of the insured - संदीप

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 *संदीप*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FF9836 Registration Date : 15-Apr-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 : SANDEEP KUMAR Son/wife/daughter of : MAHESH KUMAR
 Full Address: (Permanent) : 313A JATEPUR NORTH NEAR KALI, MANDIR GORAKHPUR WARD NO 13, GORAKHNATH, GORAKHPUR, UTTAR PRADESH-273015
 Full Address: (Temporary) : 313A JATEPUR NORTH NEAR KALI, MANDIR GORAKHPUR WARD NO 13, GORAKHNATH, GORAKHPUR-UTTAR PRADESH-273015
 Fitness UpTo : 14-Apr-2040 Owner Serial No : 1

Detailed Description : M CYCLE/SCOOTER Link Vehicle No :
 Class of Vehicle : INDIVIDUAL Norms : BHARAT STAGE VI
 Ownership : INDIVIDUAL Link Vehicle No : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD Norms : AA1040186829
 Front HSRP No : IN2140400831 Rear HSRP No : AA1040186829
 Type of Body : SOLO MOTORBIKE Month/Year of Manuf. : 04/2025
 No. of Cylinders : 1 Chassis No : MBEPHAW220SHA78206
 Engine No : AA2124460831 Month/Year of Manuf. : PETROL
 Horse Power (BHP) : 7.91 Fuel : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Cubic Capacity : 1236
 Seating Cap(in all) : S (DRS) Standing Cap : 0
 Sleepar Cap : 2 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 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 SMFG INDIA CREDIT COMPANY LTD., GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 14-Apr-2025.			
Purchase dt	: 14 Apr 2025	Sale Amt	: 78366/
OTI Date	: 14-Apr-2025	Amount/Rcpt No	: 7837 / UP53D25040004176
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 25-Apr-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 15-Apr-2025 to 14-Apr-2040

Date : 06 May 2025 13:23:10
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 मोटर वाहन विभाग
 गोरखपुर
 06-May-2025

310634



भारत सरकार
Government of India



Issue Date: 21/05/2014



संदीप कुमार
SANDEEP KUMAR
जन्म तिथि/DOB: 10/03/2005
पुरुष/ MALE

3123 7018 4498

VID : 9177 6437 1733 1314

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



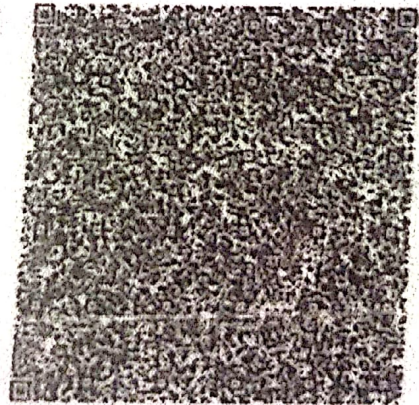
पता:

S/O: महेश कुमार, 313ए, जटेपुर नार्थ नज़दीक कली
मंदिर, गोरखनाथ, वॉर्ड न 13, गोरखपुर, गोरखपुर,
उत्तर प्रदेश - 273015

Address:

S/O: Mahesh Kumar, 313a, jatepur north
near kali mandir, gorakhnath, ward no 13,
Gorakhpur, Gorakhpur,
Uttar Pradesh - 273015

Download Date: 31/01/2023



3123 7018 4498

VID : 9177 6437 1733 1314



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

TAX DEPARTMENT



भारत सरकार

GOVT OF INDIA



स्थायी खाता संख्या

Permanent Account Number

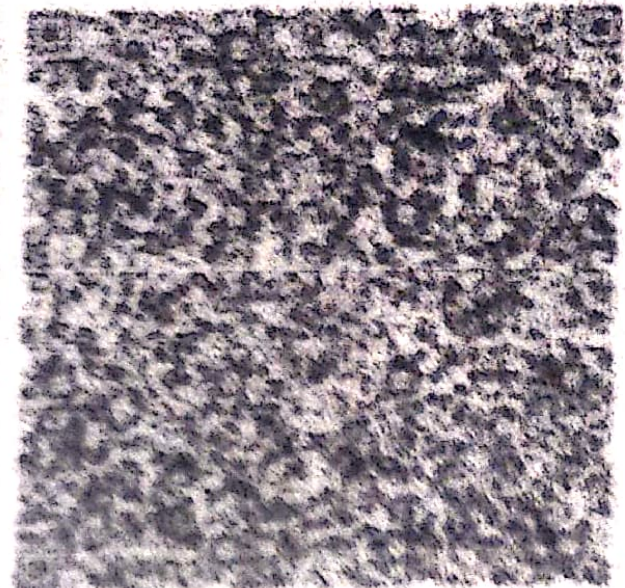
NEUPK7350N

नाम

SANDEEP KUMAR

जन्म तिथि / Date of Birth

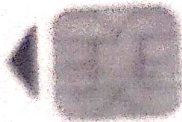
10/03/2005





Indian Union Driving Licence
Issued by Uttar Pradesh

UPSI 20230000000



Issue Date: 15-02-2023 Validity: 15-02-2028 Issuing PS: [blurred]



Name: [blurred]
Date of Birth: 12-02-1994 Blood Group: [blurred] Organ Donor:
Spouse/Daughter/Wife of: [blurred]
Address: [blurred]
Uttar Pradesh 221001

DL No: UPSI 20230000000



[blurred text]

Category	Class	Issue Date	Validity	Remarks
Motor Vehicle	Light Motor Vehicle	15-02-2023	15-02-2028	
Motor Vehicle	Medium Motor Vehicle			
Motor Vehicle	Heavy Motor Vehicle			
Motor Vehicle	Tractor			
Motor Vehicle	Auto Rickshaw			
Motor Vehicle	Other			

