

सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Grovinda - 8920398716
2	Vehicle No. / वाहन संख्या	UP05CZ7609
3	Policy No. / पालिसी संख्या	252400/31/2026/49835
4	Period of Insurance / बीमा अवधि	22/10/2025 - 21/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 - 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	Bajna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu - 8920398716 UP0520250023456
8	Estimated Loss / अनुमानित हानि	7057
09.	Cause of Accident / दुर्घटना का कारण :	मेरे ताऊ का लडका द्वार से बाईक माँग कर सामान लेने गया था वो बाजार में सामान लेने बाईक को खड़ी करके चला गया और सामने से एक टम्पू बाल्य आकर बाईक में आगे से टक्कर मार दी और बाईक आगे से और राइट साइड से जा गिरी जब वो आया देखा तो बाईक टूटी हुई थी!
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Na
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Yes
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Durga Auto Naujheel 7070936431

Date / दिनांक  
हस्ताक्षर  
**DURGA AUTO**  
Near 301 Bajna Road, Teh. Mani  
Naujheel, Matara - 281203  
(M) 7070936431

गोविन्दा  
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 Meerut

Certificate/Policy No. 252400/31/2026/49835

Tel. No.

Period of Insurance 22/10/2025 - 21/10/2026  
Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
Please answer All relevant questions fully

I. INSURED

- (a) Name : Grovinida  
(b) Address for correspondence : Tulagarhi Rajagarhi Mathura - 201205  
(c) Telephone : 8920398716

2. THE INSURED VEHICLE

Make & Year <u>Hero Motar Corp</u>	Engine No. Chassis No. <u>HA11F7S9F03421</u> <u>MBLMAWU0589F52954</u>	Registration No. <u>UP05CZ</u> <u>7609</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? Na  
(d) If a Motor Cycle/scooter Na  
1. Was a side-car attached Na  
2. Was a pillion rider carried Na

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 : Na  
(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 : Sonu  
(b) Age : 21  
(c) Address : Tulgarhi Surin Kayahari Mant Mathura  
(d) Is the Driver  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : Yes  
(e) If paid driver, how long has he been in your employment :  
(f) Was he under the influence of intoxication Liquor or drugs? : Na  
(g) Driving Licence Number : UP0520250023456  
(h) Issuing Authority : 31-10-2025  
(i) Date of Expiry : 31-12-2043  
(j) Was the licence temporary/permanent : permanent  
(k) Details of endorsement/suspension, if any : NA  
(l) Has he been involved in any accident before? : Na  
(m) Has he been charged by the policy? If so, Why? : Na

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 06/1/2026  
(b) Place : Bajna  
(c) Speed of vehicle at the time of accident : 00  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address :  
मेरे तारु का लकड़ बरसे वाइक मांग कर सामन लेने गया था बापार मे सामन लेने वाइक को खडी क खे चला गया और सामन से एक टम्पू लाना आकर बाइक मे भागे से रक्कर मार दी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front and Right  
(b) Estimated cost of repairs : 7,057  
(c) When and where can the damaged vehicle be inspected : Durga Iduto Naujheel

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? :  
N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

N/A

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.

N/A

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

N/A

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 07-01-2026 200

Signature of the insured

Signature





GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP85CZ7609 Registration Date : 27-Oct-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 : GOVINDA Son/wife/daughter of : RAJVEER  
 Full Address: (Permanent) : TULAGARHI POST, RAJAGARHI, . MATHURA, UTTAR PRADESH-281205  
 Full Address: (Temporary) : TULAGARHI POST, RAJAGARHI, . MATHURA-UTTAR PRADESH-281205  
 Fitness UpTo : 26-Oct-2040 Tax UpTo : One Time  
 Owner Serial No : 1

**Detailed Description**

Class of Vehicle : M-Cycle/Scooter Link Vehicle No : BHARAT STAGE VI  
 Ownership : INDIVIDUAL Norms :  
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1046600668  
 Front HSRP No : AA1046700398 Month/Year of Manuf. : 6/2025  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW485S9F52954  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11F7S9F03421 Cubic Capacity : 97.2  
 Horse Power(BHP) : 8.17 Wheel base : 1235  
 Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113  
 Steepear Cap : 0 Laden/GV Wt (kgs) : 243  
 Colour : BLUE BLACK AC Fitted : NO  
 Other Criteria :  
 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 w.e.f... SHRIRAM FINANCE LTD, MATHURA, . . . Mathura, Uttar Pradesh-281001

HT

Purchase Date : 22-Oct-2025 Sale Amt : 73764  
 OTT Date : 22-Oct-2025 Amount/Rcpt No : 7377/ UP85D25100012776  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : Not Exempted Date of Approval : 15-Dec-2025

Other State/Transfer/Conversion Details

Previous Owner : Previous Registration Number :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 27-Oct-2025 to 26-Oct-2040

Date : 02-Jan-2026 11:34:48

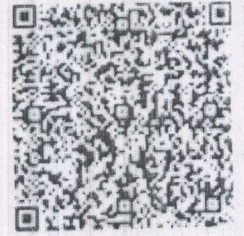
Taxation Particulars / Advance Registration Mark Fee Details

DISCLAIMER - This print-out is only the Registration Certificate related information from parivahan.gov.in portal. This is not the original Registration Certificate. The applicant must collect the original Registration Certificate from issuing office.



## GOVERNMENT OF UTTAR PRADESH

**Transport Department  
MATHURA, Uttar Pradesh**



RECEIPT/APPL No:	UP85D25100012776/UP25102288257432		
Vehicle Class:	M-Cycle/Scooter		
Received From:	GOVINDA		
Receipt date:	27-Oct-2025	Vehicle No:	UP85CZ7609
Chassis No:	MBLHAW485S9F52954	Regn Date:	27-Oct-2025
Sale Amount :	73764/-	Transaction Id:	UPY2510273049897
Bank Ref No:	CHV0404011		
Remarks:	ONLINE-PAYMENT		

Particular	Amount	Fine/Penalty/Addl.Fe.	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(22-Oct-2025 to One Time)	7377	0	7377

**GRAND TOTAL (in Rs): 8177/- (EIGHT THOUSAND ONE HUNDRED AND SEVENTY SEVEN ONLY)**

**Note--** This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

( Note:- This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority. In case of disapproval, vehicle registration number shall not be valid. )

SARMAN  
JAIN MOTORCYCLE COMPANY

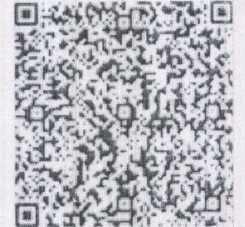
Customer Copy

Printed On: 16-Dec-2025 16:08:49



## GOVERNMENT OF UTTAR PRADESH

**Transport Department  
MATHURA, Uttar Pradesh**



RECEIPT/APPL No:	UP85D25100012776/UP25102288257432		
Vehicle Class:	M-Cycle/Scooter		
Received From:	GOVINDA		
Receipt date:	27-Oct-2025	Vehicle No:	UP85CZ7609
Chassis No:	MBLHAW485S9F52954	Regn Date:	27-Oct-2025
Sale Amount :	73764/-	Transaction Id:	UPY2510273049897
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SARMAN  
JAIN MOTORCYCLE COMPANY



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGIR0928

Signature of the Insured: INSURANCE COMPANY LIMITED Date: Wed, Oct 22, 2025 16:43:32 IST Reason: Signing Policy for OICL

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570 (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY)

INSURED MOTOR VEHICLE DETAILS

Table with 2 columns: Field Name, Value. Fields include Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Seating Capacity, Type Of Body, Type Of Fuel, etc.

Lead / Breakin No Insured State UTTAR PRADESH

INSURED DECLARED VALUE (IDV) (in Rs.)

Table with 2 columns: Category, Value. Categories include Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

Table with 2 columns: Section, Amount. Sections include OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Items include Basic Third Party Liability, Compulsory PA Cover Premium, etc.

Table with 2 columns: Section, Amount. Sections include OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Items include Basic Third Party Liability, Compulsory PA Cover Premium, etc.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,28.

Table with 4 columns: Field Name, Value, Age, Relation. Fields include Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, Amount, etc.

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 AML policy of the Company. The AML policy is available in all our Offices as well as company's website. The insured is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

gourind 8920398



Approved By : UNIV@252400 Approved On : 22-OCT-25 Place : MRT Printed On : 22-OCT-25

For and on behalf of The Oriental Insurance Company Limited

गाड़ी के बीमा की कवरेज के लिए थर्ड पार्टी बीमा वैध होना अनिवार्य है

भारत सरकार  
Government of India

आधार

Download Date: 16/05/2022

Issue Date: 16/05/2022

गोविंदा  
Govinda  
जन्म तिथि / DOB : 01/01/2002  
पुरुष / MALE

2619 2419 3639

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

आधार

पता:  
S/O; राजवीर, तुलागढी, पोस्ट-  
राजागढी, मथुरा, उत्तर प्रदेश - 281205

Address:  
S/O: Rajveer, Tulagarhi, post-  
Rajagarhi, Mathura, Uttar Pradesh -  
281205

2619 2419 3639

1847 | Help@uidai.gov.in | www.uidai.gov.in


govinda

8920 398716

**Indian Union Driving Licence**  
Issued by **Uttar Pradesh**

**UP85 20250023456**

Issue Date **31-10-2025**    Validity (NT) **31-12-2043**    Validity (TR)\*

Name: **SONU**    Holder's Signature: 


Date of Birth: **01-01-2004**    Blood Group:    Organ Donor: **N**




Son/Daughter/Wife of: **SANTOSH**

Address:  
**TULA GHARI POST-RAJA GHARI SURIR  
KARAHARI MAT MATHURA UTTAR PRADESH  
281205**


UP  
Date of First Issue: 31.10.2025

DL No: **UP85 20250023456**    **UPDL851000036083**

 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	UP85	31-10-2025	NT			
	LMV	UP85	31-10-2025	NT			
	MVSD						

Emergency Contact Number

  
Licensing Authority  
**UP85 MATHURA**

Form 7 Rule 16(2)

gouino  
8929398716

**DURGA AUTO**

NEAR SBI BRANCH, BAJNA ROAD, NAUJHEEL, MATHURA, MATHURA, 281210, UP, India  
 State Code: 9 Contact: 9634181633, , ,  
 GSTIN No: 09AJSPN4601K2ZQ  
 Associate Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	23791-02-REST-0126-53	Date	07-01-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	8920398716
VIN	MBLHAW485S9F52954	Model	SPLENDOR +
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CZ7609
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	50803KST940S -GUARD	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
2	LEG 53100AAE110S -PIPE STRG	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	HANDLE 33100AAEC1099S -LIGHT	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
4	ASSEMBLY HEAD 83410AAEC00XS -FRONT	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
5	VISOR NH-1(T6) 18355AAE940S -COVER	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
6	MUFFLER ASSEMBLY 61000AAE200RS -FRONT	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
7	FENDER NH-1 33400KCC710S -WINKER	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	ASSY R FR 33450KCC710S -WINKER	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
9	ASSY L FR 83402AAE710S -PANEL	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
10	INNER 61313KCC900S -STAY	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
11	RIGHT HEADLIGHT 61314AAE710S -STAY LEFT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
12	HEADLIGHT 88110AAEH31S -MIRROR	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
13	ASSEMBLY RIGHT BACK 53175AAFH00S -LEVER	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
14	COMP.R STRG.HNDL. 53140KTC900S -GRIP	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
15	COMP.R K50506KCCA900RS -KIT	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
	STEP											
Parts Total											0.00	5,523.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	700.00	9.00	9.00	0.00	0.00	0.00	0.00	826.00	
Jobs Total											0.00	1,534.00

Parts Total	5,523.00
Labour Total	1,534.00
SGST (Parts) 9%	421.25
CGST (Parts) 9%	421.25
SGST (Labour) 9%	117.00
CGST (Labour) 9%	117.00

7,057.00

Total

Rupees in Words: Seven Thousand Fifty Six Only

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of NAUJHEEL Jurisdiction Only

Authorised Signatory

**DURGA AUJHEEL**  
Near SBI Bama Road, Naunjheel, Mathura - 281005  
(M) 8445205000