

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

.....Message.....

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.	Kushan Kumar Singh 8052020720
2	Vehicle No. / वाहन संख्या	UP51BV0848
3	Policy No. / पालिसी संख्या	252400/31/2026/3083
4	Period of Insurance / बीमा अवधि	13/04/2025 To 12/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/01/2026 2:11 P.M. 00 AM
6	Place of Accident / दुर्घटना का स्थान	पिन्च वाजा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mullesh Barai 9555546403 MH47 20250040501
8	Estimated Loss / अनुमानित हानि	8000/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी पत्नी का कार्डिनल मेरी दाहिनी ओर लगी जा रहा था रात में पिन्च वाजा के पास अचानक ले 2000 रुका आ गया पिन्च वाजा के ड्राइवर ने ब्रेक लगाया और दाहिनी ओर घुमा के वाजा डिवाइस में जाकर वाइ टर्न से कार्डिनल घुमा दिया है 25/1
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	SAS Hero Bahnan 9839625219

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

(Handwritten Signature)



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. 252400/31/2026/3083
 Tel. No. Period of Insurance 13/04/2025 To 12/04/2026
 Claim No. _____

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

I. INSURED
 (a) Name : Krishna Kumar Singh
 (b) Address for correspondence : Ward No 5 Chandia Shekhar Azad Nagar Bardi
 (c) Telephone : 8052020720

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>03/2025</u>	Engine No. <u>HA11FJSHC16642</u> Chassis No. <u>MBLHAW4065HC16455</u>	Registration No. <u>UP51 BV0848</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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nilesh Barai
(b) Age : 21
(c) Address : Ahmedabad CHD LTD Sec 208
(d) Is the Driver :
1. Owner : NA
2. paid driver? : NA
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : MH 47 2025 0040501
(h) Issuing Authority : Maharashtra RTO
(i) Date of Expiry : 06/07/2024
(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 : 14/01/2026 2:11 PM 4:00 AM
(b) Place : Roadside Ahmedabad
(c) Speed of vehicle at the time of accident : 30 kmph
(d) Give a short description of the accident : DRUGS INFLUENCED DRIVER CAUSED ACCIDENT
(e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : SAS Hero Bakhnan

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? : NA

8. INJURY TO DRIVER/OCCUPANT

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

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? : N/A
- (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 the theft been reported to Police? : N/A
- (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 16/01 2006

[Signature]
Signature of the insured

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.

[Handwritten Signature]

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs 5000/-

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PDR0025

Page No: 1

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

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	13-APR-25
Policy No	2524003120263083	Proposal No. & Date	R/51400312026168 & 13-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13-04-2025 ON 13-04-2025 TO MIDNIGHT OF 12-04-2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13-04-2025 ON 13-04-2025 TO MIDNIGHT OF 12-04-2026
Insured Name	KRISHN KUMAR SINGH (GSTIN: 0)	Lead Breakin No	7
Insured Address	C/O. SHERI RAM MURAT SINGH, WARD NO. 5 CHANDRASHIKHAR AZAD NAGAR, POST BABHNA P.S. GAUR TEH HARRAIYA, DISTT., NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOR CORP	Vehicle	50133
Model & Variant	HERO SPLENDOR PLUS XTECH F20	Electrical Accessories	0
Registration No	NLM	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	50133
Engine - Chassis No	HA1111SHC1662 NBLHAW406SHC16455	IME CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1343.03	Basic Third Party Liability	3831
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1263.03	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Addition	0	Driving Tuition Loading On TP Premium (60%)	NA
		PA Paid Driver, Conductor, Cleaner (GR36B)	0
		Net Liability Premium (B)	3831
		Total Premium (A+B)	4172
Voluntary Deductibles (IMT 22A)	0	GST	7.00
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess @ 50%	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess @ 50%	0
STP Discount	1.14		



भारत सरकार
Government of India



कृष्ण कुमार सिंह उर्फ गुड्डू सिंह
Krishn Kumar Singh Urf Guddu Singh
जन्म तिथि/DOB: 02/04/1978
पुरुष/ MALE

6515 7242 0458

VID : 9192 7867 6617 3446

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

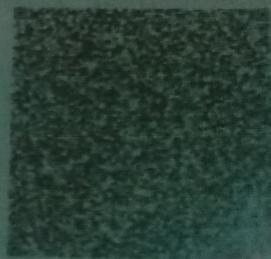


पता:

आत्मज: श्री राम मुरल सिंह, वॉर्ड न-5, चंद्रशेखर आज़ाद
नगर, नगर पंचायत बभनान, भट्टा जंगल, बस्ती,
उत्तर प्रदेश - 272161

Address:

S/O: Shri Ram Murat Singh, ward no-5,
chandrashekhar azad nagar, nagar panchayat
babhnan, Bhataha Jungal, Basti,
Uttar Pradesh - 272161



6515 7242 0458

VID : 9192 7867 6617 3446



18-17



Feedback@uidai.gov.in



www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH

Transport Department BASTI RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No: UP51BV0648 Registration Date: 16-Apr-2025
 Description of Vehicle: M-CYCLE/SCOOTER Purpose For Printing RC
 Dealer's Name & Address: M/S SUSHHEEL AUTOMOBILES, NEAR STATION ROAD EAST, BASTI - 185-272032
 Owner Name: KRISHN KUMAR SINGH Son/wife/daughter of SINGH

Full Address: (Permanent) WARD NO 5 CHANDRASHEKHAR AZAD NAGAR, POST BASHNAN, P/S GAUR TEH
 HARRANA, BASTI, UTTAR PRADESH-272161

Full Address: (Temporary) WARD NO 5 CHANDRASHEKHAR AZAD NAGAR, POST BASHNAN, P/S GAUR TEH
 HARRANA, BASTI, UTTAR PRADESH-272161

Owner Serial No: 15-Apr-2040

Details of Vehicle: M-CYCLE/SCOOTER Link Vehicle No: ADITYA PRATAP SINGH
 Class of Vehicle: INDIVIDUAL Nominee Name: BHARAT STAGE VI
 Ownership: Son
 Relationship: Son

Manufacturer: HERO MOTORCORP LTD
 Front HSRP No: AA1039729322 Rear HSRP No: AA2120591921
 Type of Body: SOLO WITH PILLION Month/Year of Manuf.: 03-2025

Cylinders: 1 Chassis No: MBLHAW40SSHC16455

Engine No: HA11F1SHC16642 Fuel: PETROL

Horse Power(BHP): 7.91 Cubic Capacity: 1235

Maker's Classification: SPLENDOR+ XTEC 2.0 Wheel base: 112

Seating Cap(in all): 2 Standing Cap: 0

Sleeper Cap: 0 Laden/GV Wt (kgs): 242

Colour: Black Heavy Grey AC Fitted: NO

Other Criteria: Fully Built

Vehicle Purchase As: Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf: 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 HERO FINCORP LTD, BASTI

New Delhi: Delhi-110057 w.e.f. 14-Apr-2025

Purchase dt: 13-Apr-2025

OTT Date: PRIVATE

Vehicle is Govt./Pvt.: 26-Apr-2025

Date of Approval:

Other State/Transfer/Conversion/Reassign Details:

Previous Owner:

Old State:

Transfer Date:

This certificate is valid from 16-Apr-2025 to 15-Apr-2040

Amount/Rept No: 843541

Tax Exempted or Not: NOT EXEMPTED

Previous RegNo:

Entry Date:

Conversion Date:

Date: 19-May-2025 15:54:92
 Location: Application, Agency Registration Mark Fee Details
 03241295

Signature of Registrar

Government of Uttar Pradesh
 Government of Uttar Pradesh



Indian Union Driving Licence
Issued by Government of Maharashtra



MH47 20250040501

Issue Date	Validity(NT)	Validity(TR)
14-08-2025	06-07-2044	



Date of First Issue 14-08-2025

Name: NILESH BARAI

Nilesh Barai
Holder's Signature

Date of Birth: 07-07-2004 Blood Group: O+ Organ Donor: N

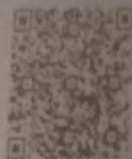
Son / Daughter / Wife of: RAM KUMAR BARAI

Address:

FLAT 401 B - 384/385 AASHIRWAD CHD LTD SEC 20B CBD KONKAN BHAVAN NAVI
MUMBAI THANE THANE MAHARASHTRA 400614

DL No : MH47 20250040501

MD053507215



Invalid Carriages (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	MH47	14-08-2025	NT			
	LMV	MH47	14-08-2025	NT			

MHVCG00170426

Emergency Contact Number

[MH47] Licensing Authority

Form 7 Rule 16 (2)