

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.	Sonpal - 8882311150
2	Vehicle No. / वाहन संख्या	UP01DU1048
3	Policy No. / पालिसी संख्या	252400/31/2026/2797
4	Period of Insurance / बीमा अवधि	11-04-2025 - 10-04-2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16-01-2026, 08:07 AM
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	Anurag - 8882311150 UP2020230002193
8	Estimated Loss / अनुमानित हानि	7,721
9	Cause of Accident / दुर्घटना का कारण :- मेरी बहन का लडका मेरी बाईक माँग कर ले गया और रास्ते में बाजने पर उसका एक्सीडेंट हो गया सामने से एक बाईक वाला आ रहा था उसने सामने से मेरी बाईक में मार दी और बहन का लडका साइड में जा गिरा।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Durga Auto Newjheel 7078936431

**DURGA AUTO**  
Date / तिथि  
Near SBI Bajna Road, Teh. Mant  
Mathura / 281203  
(M) 8445215007 / 854181633

शौनपाल  
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. 252400/31/2026/2797

Tel. No.

Period of Insurance 11-04-2025 - 10-04-2030  
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 : Sampal  
(b) Address for correspondence : Daryapur Dabha Aligarh up - 202121  
(c) Telephone : 0002311150

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp ctel</u>	Engine No. Chassis No. <u>MA11E08HC73325</u> <u>MBLHAW2368HCC1227</u>	Registration No. <u>UP81DU</u> <u>1048</u>
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- (a) Was the vehicle in proper working condition? Na  
(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 : \_\_\_\_\_
- N/A



3. DRIVER AT THE TIME OF ACCIDENT.

- (a) Name : Anurag  
(b) Age : 23  
(c) Address : Dhasiyapure Dhaba Aligarh  
(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 : N/A  
(f) Was he under the influence of intoxication Liquor or drugs? :  
(g) Driving Licence Number : UP2020230002123  
(h) Issuing Authority : 11-04-2025  
(i) Date of Expiry : 10-04-2030  
(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 : 16-01-2026, 08:07 PM  
(b) Place : Bina  
(c) Speed of vehicle at the time of accident : 30  
(d) Give a short description of the accident : मेरी बहन का लड्डूका मेरी बाइक मांग कर ले गाय  
(e) If any third party was responsible for this accident give the name and address : या और सस्ते में बापने पर उसका एक्सीडेंट हो गया सामने से एक बाइक वाला आरहा था

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Right  
(b) Estimated cost of repairs : 7,721  
(c) When and where can the damaged vehicle be inspected : Purga auto 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 : N/A  
(e) Full details of property damaged :  
(f) Has notice of any claim been given to you? :



8. INJURY TO DRIVER/OCCUPANT

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

NIA

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. : \_\_\_\_\_

NIA

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 : \_\_\_\_\_

NIA

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 17-01-2026 200

Signature of the insured \_\_\_\_\_

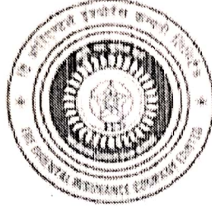
श्रीनपास

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.

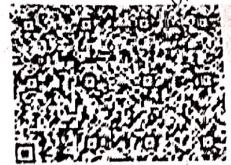
Rs. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000.-

Witness  
Name .....  
Signature .....  
Address .....

*श्रीनारायण*  
Signature .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



Registration No : UP81DU1048 Registration Date : 13-Apr-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 : SONPAL Son/wife/daughter of : GANGASAHAY  
 Full Address: (Permanent) : DARIYAPUR, DABHA, , ALIGARH, UTTAR PRADESH-202121  
 Full Address: (Temporary) : DARIYAPUR, DABHA, , ALIGARH-UTTAR PRADESH-202121  
 Fitness UpTo : 12-Apr-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 : AA1040473730 Rear HSRP No : AA104C208285  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
 No of Cylinders : 1 Chassis No : MBLHAW236SHCC1227  
 Engine No : HA11E8SHC73325 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 109  
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239  
 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 IDFC FIRST BANK LTD, AGRA, Agra, Uttar Pradesh-282001 w.e.f. 13-Apr-2025.

Purchase dt	: 11-Apr-2025	Sale Amt	: 77026/-
OTT Date	: 11-Apr-2025	Amount/Rcpt No	: 7703 / UP81D25C40003251
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 23-Apr-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 13-Apr-2025 to 12-Apr-2040

Date : 24-Apr-2025 15:15:04

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 24-Apr-2025

2761177

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 345 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

BUNDLED POLICY (MOTORIZED TWO WHEELERS-5 Years)

Policy Issued On

11-APR-25

252400/31/2026/2797

Proposal No. & Date

R/252400/31/2026/9K4K2178/22 & 11-APR-2025

15X0000155144

Policy Period (OWN DAMAGE)

FROM 18:29 ON 11/04/2025 TO MIDNIGHT OF 10/04/2026

Policy Period (LIABILITY)

FROM 18:29 ON 11/04/2025 TO MIDNIGHT OF 10/04/2026

Agent/Booker Name

ABHINAV BHATI

Insured Name

SONPAL (GSTIN: )

Insured Address

C/O GANGASAHAY R/O DARIYAPUR DABHANALIGARH, NA.0

Lead /Breakin No

Insured State

UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (In Rs.)

Table with columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Seating Capacity, No. Of Seater, No. Of Body, No. Of Location. Values include HERO MOTOCORP, HERO SPLENDOR PLUS E20, NEW, 2025, UA1HESSHC73325-MB1HAW236SHCC1227, 100, 1+1, SOLO, PETROL.

Table with columns: Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area. Values include 73175, 0, 0, 73175, TMF CONTRACT NO, Zone B - Rest of India, Geographical Area.

Schedule Of Premium (Amount In Rs.)

Table with columns: OWN DAMAGE SECTION(A), LIABILITY SECTION (B). Rows include Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid.

Table with columns: Nominee Details, Payment Details, Financer Name, IDFC FIRST BANK LTD, Financer Branch, AGRA, POS ID, NA, POS PAN NO/Aadhar No, NA.

On 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 AML policy of the Company. The AML policy is available in all our offices... Important Notice: The insured shall indemnify if the vehicle is used or driver otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with...

Intention as to use is 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) ...

Approved By: VSB/99/252400, Approved On: 11-APR-25, Place: MRT, Printed On: 11-APR-25

For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature



भारत सरकार  
Government of India

सोनपाल  
Sonpal  
जन्म तिथि / DOB : 01/01/1971  
पुरुष / Male



9927 0436 7109

मेरा आधार, मेरी पहचान

174  
3724

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भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: Address:  
आदमज गंगासहाय, दरियापुर, S/O: Gangasahay, Dariyapur,  
अलीगढ़, दार्भा, उत्तर प्रदेश, 202121 Aligarh, Dabha, Uttar Pradesh,  
202121

9927 0436 7109

1847 help@uidai.gov.in www.uidai.gov.in

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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ITJPS1914R

नाम / Name  
SONPAL

पिता का नाम / Father's Name  
GANGASAHAY

जन्म की तिथि / Date of Birth  
01/01/1971



  
हस्ताक्षर / Signature




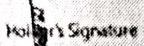
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**Indian Union Driving Licence**  
 Issued by **Uttar Pradesh**


**UP20 20230002193**


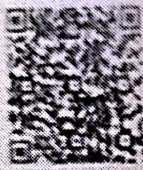


**Name:** ANURAG  
**Date of Birth:** 18-04-2004 **Blood Group:** \_\_\_\_\_ **Organ Donor:** M  
**Son/Daughter/Wife of:** PADAM SINGH  
**Address:**  
 Gram mukarpur khema, bulhara Bijnor  
 Bijnor Uttar Pradesh 246701

Issue Date: 28-01-2023    Validity (NT): 17-04-2044    Validity (TR): \_\_\_\_\_

Date of First Issue: 28-01-2023


DL No: **UP20 20230002193**    UPDL000010345731



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	MCWG	UP20	28-01-2023	NT			
LMV	LMV	UP20	28-01-2023	NT			
MVSO							

Emergency Contact Number \_\_\_\_\_

  
 Authority  
 UP20 BUNOR

Form 7 Rule 16(2)