

To / 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.	Yogendra Singh - 8979647116
2	Vehicle No. / वाहन संख्या	UP05CZ 7687
3	Policy No. / पालिसी संख्या	252400/31/2026/49920
4	Period of Insurance / बीमा अवधि	22/10/2025 - 21/10/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-01-2026, 01:00 PM
6	Place of Accident / दुर्घटना का स्थान	Munpan
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Praveen Kumar - UP0520170009862 - 8979647116
8	Estimated Loss / अनुमानित हानि	19,931
09.	Cause of Accident / दुर्घटना का कारण :	→ मेरा बैरा द्वार से बाजार जा रहा था तभी सामने से एक ट्रक कुत्ता आ गया कुत्ते को बचाने के चक्कर में बाईक पैड में जा लगी और बाईक बैफ्ट साइड ईट के डेबल पर जा गिरी और बैरा 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 Iduto Naujheel 7078936431

**DURGA AUTO**  
Date: 17/01/2026  
Near 888 Bank Road, Teh. Mant  
Naujheel, Mathura - 281203  
(M) 8445274500 / 81533

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. 252400/31/2026/49920

Tel. No.

Period of Insurance 22/10/2025-21/10/2030

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 : Yogendra Singh  
(b) Address for correspondence : Meerut  
(c) Telephone : 8979647116

2. THE INSURED VEHICLE

Make & Year <u>Hero motorcycle</u> <u>ctel</u>	Engine No. <u>JA07AZ59610229</u> Chassis No. <u>MBLTAW5138960247</u>	Registration No. <u>UP05CZ</u> <u>7607</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 : N/A  
(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 : Rhaseen kumar  
(b) Age : 26  
(c) Address : Meharwar  
(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 : UP0520170009862  
(h) Issuing Authority : 29/10/2025  
(i) Date of Expiry : 21/10/2030  
(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 : 17-01-2026, 01:00 PM  
(b) Place : Meharwar  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address : मेरा बिरा बिर से ठाकरा जा रहा था तभी सामने एक दम कुत्ता आ गया कुत्ते को बसने के चक्कर में गाड़ी पड़ में जा भरी और बिरा बिर से ठाकरा गया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and left  
(b) Estimated cost of repairs : 14,931  
(c) When and where can the damaged vehicle be inspected : Durga auto Nagarheel

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? : \_\_\_\_\_ NIA  
(c) Was accident reported to Police? If not, Why? : \_\_\_\_\_  
(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 theft been reported to Police? : \_\_\_\_\_ NIA  
(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 17-01-2026 200

Signature of the insured

योगेन्द्र

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/-

योगेश

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

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

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



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

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

Table with policy details including Policy Type (BUNDLED POLICY), Policy No (252400/31/2026/49920), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BIHATI), Insured Name (YOGENDRA SINGH), and Insured Address (C/O DALCHAND, R/O MEERPUR BANGAR, NA, MATHURA, NA, 0).

Table with insured motor vehicle details including Make (HERO MOTOCORP), Model & Variant (HERO SUPER SPLENDOR DSS XTECII), Registration No (NEW), Year of Manufacture (2025), Engine-Chassis No (JA07AZS9G10229 - MBLJAWS13S9G02477), Cubic Capacity (125), Seating Capacity (1 + 1), Type of Body (SOLO), Type of Fuel (PETROL), and RTO Location.

Schedule Of Premium (Amount in Rs.)

Table showing premium schedule with sections for OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes items like Vehicle, Elec Accessories, Basic Premium, Driving Tuition Loading, and various liability coverages.

- 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 nominee details, payment details, and financier information including Nominee Name, Payment Method, Cheque No./Transaction No., Bank Name, Financier Name (SHRIRAM FINANCE LIMITED), and Financier Branch (MATHURA).

In 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 operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OJC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988 in witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 22-OCT-25

IMPORTANT NOTICE

The insured is not indemnified if the vehicle is used or driven 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 the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

Limitations as to use: Use 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) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0

No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy. If no claim is made or pending during the preceding years(s), as per the The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

\* This insurance excludes all pre existing damages

Approved By : UNIV@252400

Approved On : 22-OCT-25

Place : MRT

Printed On : 05-NOV-25

For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP85CZ7687 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 : YOGENDRA SINGH Son/wife/daughter of : DALCHAND  
Full Address: (Permanent) : MEERPUR, BANGAR, , MATHURA, UTTAR PRADESH-281205  
Full Address: (Temporary) : MEERPUR, BANGAR, , 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 :  
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA1046700409 Rear HSRP No : AA1046600679  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 7/2025  
No of Cylinders : 1 Chassis No : MBLJAW513S9G0247  
Engine No : JA07AZS9G10229 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.7  
Maker's Classification : SUPER SPLENDOR XTEC DS Wheel base : 1263  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 123  
Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 253  
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 w.e.f...: SHRIRAM FINANCE LTD, MATHURA, , Mathura, Uttar HT

Purchase Date : 22-Oct-2025 Sale Amt : 82305  
OTT Date : 22-Oct-2025 Amount/Rcpt No : 8231/ UP85D2510001  
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 : 07-Jan-2026 12:23:22

Taxation Particulars / Advance Registration Mark Fee Details

DISCLAIMER - This print-out is only the Registration Certificate related information from parivahan.gov.in portal. original Registration Certificate. The applicant must collect the original Registration Certificate from issuin



भारत सरकार  
Government of India

Issue Date: 28/05/2018

योगेन्द्र सिंह  
Yogendra Singh  
जन्म तिथि / DOB : 01/07/1972  
पुरुष / Male

6545 6282 0265

मेरा आधार, मेरी पहचान

कार्मिक विहित प्रणाली प्राधिकरण  
Unique Identification Authority of India

Print Date: 13/05/2021

पता: आत्मज डाचंद, मीरपुर बांगर, मथुरा,  
उत्तर प्रदेश, 281205  
Address: S/O: Dalchand, Meerpur Bangar,  
Mathura, Uttar Pradesh, 281205

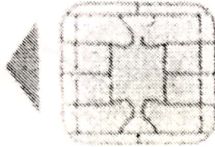
6545 6282 0265

1947 help@uidai.gov.in www.uidai.gov.in



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP85 20170009862



Issue Date 25-06-2022    Validity (NT) 02-07-2037    Validity (TR)\* 24-06-2027



Holder's Signature

Date of First Issue (03-07-2017)

Name: PRAVEEN KUMAR  
Date of Birth: 13-03-1999    Blood Group: O+ VE    Organ Donor: Y  
Son/Daughter/Wife of: YOGENDRA SINGH  
Address:  
MEERPUR SUNAR, MEERPUR BANGAR  
MAT, MATHURA, UP 281205

DL No: UP85 20170009862

UPDL000008566848



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle  
MCBFG  
LNV  
TRANS  
MVSD

Code  
MCBFG  
LNV  
TRANS

Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
UP85	03-07-2017	NT			
UP85	03-07-2017	NT			
UP85	29-04-2019	TR			

Form 7 Rule 16(2)

Emergency Contact Number  
9536103027

Licensing Authority  
UP85 MATHURA

सूचनायुक्त विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

YOGENDRA

DALACHAND SINGH

01/07/1972

Permanent Account Number

AEVPY1544E

4/2/2015

Signature



010750010



**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-0126-61	Date	17-01-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	8979647116
VIN	MBLJAW513S9G02477	Model	SUPER SPLENDOR XTEC
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CZ7687
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	33100ADG001S -LIGHT ASSY MBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
4	77250ADG000RS -COWL REAR LEFT NH-1	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
5	17520ADG000RS -FUEL TANK NH-1	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
6	3345BAAF40099S - WINKERS FR L(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	3365BAAF40099S - WINKERS RR L(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
8	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
9	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
10	K50508AANNB00S -KIT ENGINE GUARD	87149100	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
<b>Parts Total</b>											0.00	13,515.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	550.00	9.00	9.00	0.00	0.00	0.00	0.00	649.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SUPER SPLENDOR XTEC	998729	Paid	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00	
<b>Jobs Total</b>											0.00	1,416.00

Parts Total	13,515.00
Labour Total	1,416.00
SGST (Parts) 9%	1,030.81
CGST (Parts) 9%	1,030.81
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
<b>Total</b>	<b>14,931.00</b>

Rupees in Words: Fourteen Thousand Nine Hundred Thirty One Only

- Terms Cash
- Prices & statutory levies prevailing at the time of delivery shall be charged

Authorised Signatory  
**DURGA AUTO**  
 Near SBI Bajna Road, Jeta Mans  
 Naujheel, Mathura - 281210, UP  
 (1) 8445277500, 9634181633