

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

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.	Suraj Kumar 6391252250
2	Vehicle No. / वाहन संख्या	UP51 BV2964
3	Policy No. / पालिसी संख्या	252400/31/2026/7697
4	Period of Insurance / बीमा अवधि	28/04/2025 To 27/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	दिनांक - 19/01/2026 3:30 AM
6	Place of Accident / दुर्घटना का स्थान	एसीनावाद चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Subhash Chandra 9554080167 UP43 20170001234
8	Estimated Loss / अनुमानित हानि	6000/-
9	Cause of Accident / दुर्घटना का कारण :	मैरी रिट्रोवार् मैरिच से टैम्पल जा रहे थे एसीनावाद चौराहे के पास खामने से 1000 इंच का रफ या लुब्री राइले में 1000 साइडविल वाला गाया मिलले कपने के प्रमाल में मैरी गाड़ी अनियन्टेड होकर रोड पर वाए साइड किरकल डूब-डूब गई और मैरी गाड़ी का वाइपर, मेसगाई, ब्रेकाई, हेडलाइट आदि डूब गया।
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

सुरज कुमार

Date / दिनांक : 21/01/2026
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 Meerut

Certificate/Policy No. 252400/31/2026/7697

Tel. No.

Period of Insurance 28/04/2025 To 27/04/2026
 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 : Sunaj Kumar
 (b) Address for correspondence : Vill & Post Gaura Pandey B Panchurampur, Haridwar
 (c) Telephone : Basti

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>03/2025</u>	Engine No. <u>HA11E8SHC 73384</u> Chassis No. <u>MBLHAW231SHCC 1233</u>	Registration No. <u>UPSI BV 2964</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 : Subhash Chandra
(b) Age : 41
(c) Address : Dhabhauva Metaniya Post Belhauibuzurg
(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 : UPU3 2017 0001234
(h) Issuing Authority : Ganda RTO
(i) Date of Expiry : 01/02/2034
(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 : 19/01/2026 9:30 AM
(b) Place : Ekhiyara - Chikri - Ganda
(c) Speed of vehicle at the time of accident : 30 kmph
(d) Give a short description of the accident : भीत पिछे बने भीत गुडि रोका रुकते ही 27
(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 Bahhran

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? :
MVA

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? : _____ 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 theft been reported to Police? : _____
(g) When? : _____ N/A
(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 21/01/2006

Signature of the insured

सुरज कुमार

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 सुरेश कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

UNION OF INDIA Driving Licence



UP43 20170001234

UP43 20170001234

UP05019781N



संज्ञा संज्ञा की तिथि
Date of Issue

15/02/2017

संज्ञा-वैधता
Validity

01/02/2034

Blood Group

Unknown

LMV
15/02/2017

MCWG
15/02/2017



Form 7 Rule 16.2

संज्ञा / Name

SUBHASH CHANDRA

संज्ञा संज्ञा
Date of Birth

02/02/1984

संज्ञा / Address

WILL-DHADHAUWA MEHANIYA
PO-BELHARI BUJURG PS -CHHAPIYA
GONDA -

संज्ञा/संज्ञा का संज्ञा / Son/Daughter/Wife of

CHUNAI

संज्ञा संज्ञा
Signature

संज्ञा / Issuing Authority Sign

GONDA



GOVERNMENT OF UTTAR PRADESH

Transport Department BASTI RTO
FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP51BV2964
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : M/S SUSHEEL AUTOMOBILES, NEAR STATION ROAD BASTI, BASTI, ... 185-272002
 Owner Name : SURAJ KUMAR
 Full Address: (Permanent) : VILL & POST GAURA PANDEY, PS PARSHURAMPUR, TEH HARRAIYA, BASTI, UTTAR PRADESH-271305
 Full Address: (Temporary) : VILL & POST GAURA PANDEY, PS PARSHURAMPUR, TEH HARRAIYA, BASTI-UTTAR PRADESH-271305
 Fitness UpTo : 28-Apr-2040
 Registration Date : 29-Apr-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : S/O LAL BAHADUR

Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Spouse
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1039728688
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8SHC73384
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : BLACK GREY STRIPE
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Owner Serial No : 1
 Link Vehicle No :
 Nominee Name : KIRAN DEVI
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2120692287
 Month/Year of Manuf. : 03/2025
 Chassis No : MBLHAW231SHCC1233
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 AC Fitted : NO

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 HERO FINCORP LTD, BASTI, ... New Delhi, Delhi-110057 w.e.f. 28-Apr-2025.

Purchase dt : 28-Apr-2025
 OTT Date : 28-Apr-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 02-Jun-2025
 Sale Amt : 77026/-
 Amount/Rcpt No : 7703 / UP51D25040004786
 Tax Exempted or Not : NOT EXEMPTED

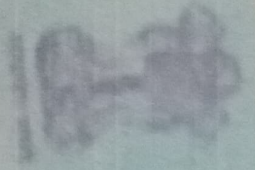
Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 29-Apr-2025 to 28-Apr-2040

Date : 20-Jun-2025 15:15:50
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 20-Jun-2025

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

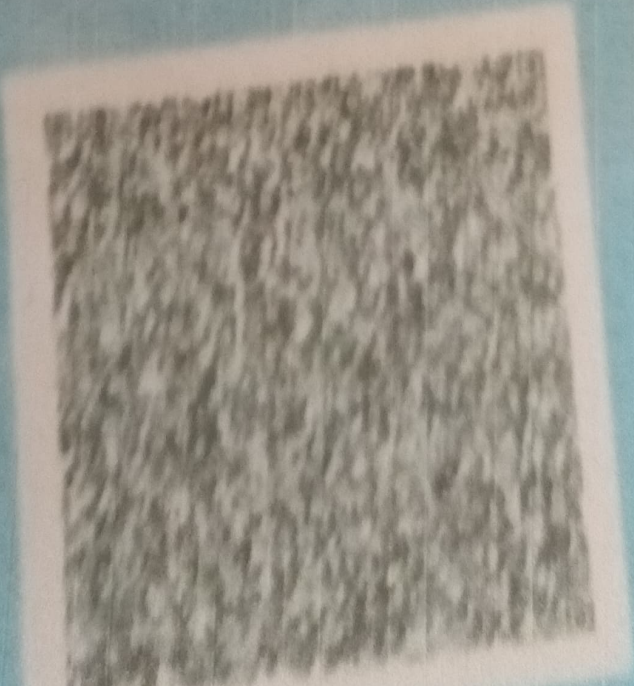


नाम
SURAJ KUMAR

पिता का नाम / FATHER'S NAME
LAL BAHADUR

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

KFSPK4A32K



कार्ड की श्रृंखला
Date of Birth
20/07/1998

एनएच
एनएच / Signature



The Oriental Insurance Company Ltd.
Policy Schedule

Form ID: POLSCHED
Page No: 1

TAX INVOICE CERTIFICATE FOR POLICY SCHEDULE
(FORM 81 OF THE CENTRAL MOTOR VEHICLE RULES, 1989)
RISHIKESH OFFICE, 84, MAHARAJGATE, OFF. BUILDING, GUNDA MARG, 1, -2011060106, (C-815) 044627942780010

Policy No: 22599011208-502
Policy Issued On: 25-Apr-24
Proposal No. Date: R12129011208-1152 & 26-Apr-2013
Total Premium (INR): 190912.00 (INR) 2598.2025 (USD) (Equivalent to 2796.2025)
Policy Period (1.001111): From Period (01.04.2011) To Period (31.03.2012) (INR) 12.00 (INR) 2598.2025 (USD) (Equivalent to 2796.2025)

Insured Address: C/O TATA MOTORS, VILLA PORTUGAL, PAVANA, PS. PANDURANGA, HIRI HANMANI, VASATI, N.A.
Insured Name: ANIRVY BHAI
SICR (X) NUMBER(S): 0
Insured Vehicle No: (TATA) 19-ADP58
Make: (NSI) BHP MOTOR VEHICLE, BHARAT
Model & Variant: (BHP) 501, (NSI) BHP 501A, (B)
Registration No: (NSI) BHP 0101, (BHP) V 5117 (DP) (INR) (INR) 84
Year Of Manufacture: 2008
Engine & Chassis No: (HAT) 129387354, (NSI) BHP 21180C1212
Cubic Capacity: 190
Seating Capacity: 1-1-1
Type Of Body: (NSI) G
Type Of Fuel: (P) Petrol
RTO Location: Geographical Area
Zone B - Zone of India
RISKZ

VEHICLE		Model / Of Premium (Amount in Rs.)	LIABILITY SECTION (B)	
Year	1254.41	Basic Third Party Liability	1645	
Year	0	Compulsory P.A. Cover Premium	0	
Year	0	P.A. Cover for 9 Persons (Of Rs. 60 each) (DNT-146)	0	
Year	0	Legal Liability (DNT-Chairman) (DNT-230)	0	
Year	128.46	Legal Liability to Employees (DNT-291)	0	
Year	0	Legal Liability to Passengers (DNT-46)	N.A.	
Year	0	Devolving Traction Liability On TP Premium (087%)	N.A.	
Year	0	PA Paid Driver, Conductor, Cleaner-CLEANER	3615	
Year	0	PA Paid Premium (A+B)	4652	
Year	0	CSF	726	
Year	0	SEPARATE TAX	0	
Year	0	STANDARD TAX	0	
Year	0	Search Bureau Fee (S&S)	0	
Year	1645	Kolam Motor Cover (S&S)	1645	
Year	1645	Green Premium Paid	1645	
Year	0	Net	0	

Net Depreciation: 0
Accidents to Insured: 0
Key Replacement: 0
Consumables: 0
Subs. Insured (Excess): 0
Set over Damages Premium (A): 114

Payment Details: Payment Number: 0, Payment Method: 0
Charger No./Transaction No.: 0, Bank Name: 0, Risk: 0, Amount: 0
Finance Type: NA, Finance No: 0, Finance ID: 0, Finance Branch: 0
PDR Name: NA, PDR ID: 0, PDR No: 0, PDR Value: NA

Approved By: 0, Approved On: 0
Print: 0, Print: 0
Printed On: 0
General Manager: 0
Authorized Signatory: 0
The Oriental Insurance Company Limited
For and on behalf of



भारत सरकार
GOVERNMENT OF INDIA

सूरज कुमार
Suraj Kumar
जन्म तिथि/ DOB: 20/07/1998
पुरुष / MALE



9525 0703 4170

मेरा आधार, मेरी पहचान



भारतीय विनिम्न पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता:
संकोचित: लाल बहादुर,
पोस्ट- गौरा पाण्डेय, गौरा
पांडे, बल्ली,
उत्तर प्रदेश - 271305

Address:
S/O: Lal Bahadur, post- gaura
pandey, Gaura Pandey, Balli,
Uttar Pradesh - 271305

9525 0703 4170

MERA AADHAAR, MERI PEHACHAN