

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.	Naresh Chaudhary 6398741300
2	Vehicle No. / वाहन संख्या	UP05CW9133
3	Policy No. / पालिसी संख्या	252400/31/2026/10037
4	Period of Insurance / बीमा अवधि	29/05/2025 - 28/05/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-01-2026, 06:00 AM
6	Place of Accident / दुर्घटना का स्थान	Naujheel
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Naresh Chaudhary UP0520180002855 } 6398741300
8	Estimated Loss / अनुमानित हानि	10216
9.	Cause of Accident / दुर्घटना का कारण : → मैं अपने खेत से सल्फी बैके जा रहा था नौहसील मन्डी करने सामने से एक दम गाय आ गयी और बाईक गाय में जा लगी और बाईक राइट साइड से ईरो के डाले पर जा गिरी और मैं दूसरी साइड कूद गया !	
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 Naujheel 7078936431

Date / तिनांक  
DURGA AUTO  
Near SBI Baina Road, Teh. Mant  
Naujheel, Matara, 281208  
(M) 8445277500, 9634181633

Naresh Chaudhary  
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. 252400/31/2026/10037

Tel. No.

Period of Insurance 29/05/2025 - 28/05/2030  
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 : Naresh Chaudhary  
(b) Address for correspondence : 1502 pur Bangera Mant Mathura  
(c) Telephone : 6398741300

2. THE INSURED VEHICLE

Make & Year	Engine No. Chassis No.	Registration No.
<u>Hero Motocorp ctel</u>	<u>MA11F6SHE49260 MBLHAW4748HE57542</u>	<u>UP05CW 9133</u>

- (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 : NTA  
(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 : Nayesh Chaudhary  
 (b) Age : 30  
 (c) Address : Priyanshu Banger mant Mathura  
 (d) Is the Driver  
 1. Owner : Yes  
 2. paid driver? :  
 3. Owner's relative or friend? :  
 (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 : UP0520180002055  
 (h) Issuing Authority : 29/05/2025  
 (i) Date of Expiry : 28/05/2030  
 (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 : 19-01-2026, 06:00 AM  
 (b) Place : Naughel  
 (c) Speed of vehicle at the time of accident : 30  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
मैं अपने खेत से खेती लेके जा रहा था नौहसील मन्दी करने सामने से एक ट्रक दम गाय आ गयी और बाइक गाय में जा लगी और बाइक राइट साइड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end Right  
 (b) Estimated cost of repairs : 10,216  
 (c) When and where can the damaged vehicle be inspected : Dwiga Auto Naughel

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? : N/A  
(b) If yes, give full details : \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : N/A  
(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? : N/A  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(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 19-01-2026 200

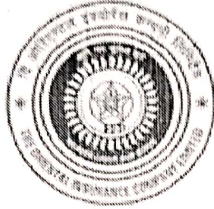
Signature of the insured Nagesh Chaudhary

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/-

*Naveesh Choudhary*

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

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

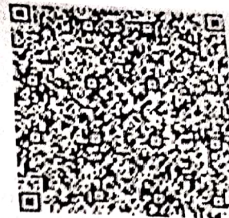
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CW9133 Registration Date : 31-May-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 : NARESH CHAUDHARY Son/wife/daughter of : JAGVIR CHAUDHARY  
 Full Address: (Permanent) : R/O-FIROJPUR BANGAR MANGAL KHOH, TEH-MANT, , MATHURA, UTTAR PRADESH-281203  
 Full Address: (Temporary) : R/O-FIROJPUR BANGAR MANGAL KHOH, TEH-MANT, , MATHURA-UTTAR PRADESH-281203  
 Fitness UpTo : 30-May-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Make's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1041195511 Rear HSRP No : AA2127165361  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025  
 No of Cylinders : 1 Chassis No : MBLHAW474SHE57542  
 Engine No : HA11F6SHE49260 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+BLACK&ACCE Wheel base : 1235  
 NT I3S(DRS)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 243  
 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, MATHURA, , Mathura, Uttar Pradesh-281201 w.e.f. 29-May-2025.

Purchase dt : 29-May-2025 Sale Amt : 80116/-  
 OTT Date : 29-May-2025 Amount/Rcpt No : 8012 / UP85D25050005800  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 13-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-May-2025 to 30-May-2040

Date : 23-Jul-2025 15:23:01  
 Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority  
 Motor Vehicle Dept.  
 MATHURA  
 Date: 23-Jul-2025

Q 4549258



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)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	29-MAY-25
Policy No	252400/31/2026/18837	Proposal No. & Date	R/252400/31/2026/12806 & 29-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:18 ON 29/05/2025 TO MIDNIGHT OF 28/05/2026
Agent/Broker Name	ABHINAV BIHATI	Policy Period (LIABILITY)	FROM 16:18 ON 29/05/2025 TO MIDNIGHT OF 28/05/2030
Insured Name	NAKESH CHAUDHARY (GSTIN: 0)	Lead/Broker No	/
Insured Address	C/O JAGVIR CHAUDHARY, R/O- FIROJPUR BANGAR MANGAL KHOH, TEH-MANT, MATHURA, , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP		Vehicle	75398
Model & Variant	HERO SPLENDOR PLUS FI		Electrical Accessories	0
Registration No	NEW		Non-Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	75398
Engine -Chassis No	HA11F6SHE49260 - MBLHAW474SHE57542		TMF 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	1263.67	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1187.67	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (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 Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4154
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	748
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1074	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1074	Krishi Kalyan Cess@0.50%	4902
Add-On Coverages		Gross Premium Paid	
NIL Depreciation	189	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	189	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	303	5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
				Amount
				4902
Financer Type		Financer Name	IDFC FIRST BANK LTD	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				NA

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 OIC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) 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.

I/We hereby certify that the policy to which the 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 29-MAY-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 MVA 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 trails (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 Clauses: 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 (i)(a) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is Rs

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 year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/30%, preceding four consecutive years/35%, preceding five consecutive years/40% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

I/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

For and on behalf of  
The Oriental Insurance Company Limited



Approved By : 6595258MD  
Approved On : 29-MAY-25  
Place : MRT  
Printed On : 29-MAY-25

General Manager  
Authorized Signature

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

NARESH CHAUDHARY

JAGVIR CAHUDHARY

04/05/1996

Permanent Account Number

**BIGPC1883C**

*Naresh Chaudhary*

Signature



UNION OF INDIA **Driving Licence** (UP) (NT)

UP85 20180002855

जारी करने की तिथि / Date of Issue: 21/02/2018


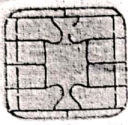
वैधता / Validity: 20/02/2038

जन्म तिथि / Date of Birth: 04/05/1996

Blood Group: UNKNOWN

नाम / Name: **NARESH CHAUDHARY**

पिता/पति का नाम / Son/Daughter/Wife of: **JAGVIR CHAUDHARY**

UP85 20180002855

UP050Q1112RS

LMV 21/02/2018

MCWG 21/02/2018

पता / Address: **FIROJPUR BANGAR  
NAUJHEEL  
MATHURA**

Holder's Signature: *Naresh Chaudhary*

जारीकर्ता / Issuing Authority Sign: *[Signature]*

MATHURA

UP

Form 7 Rule 16(2)

**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-0126-62	Date	23-01-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	6398741300
VIN	MBLHAW474SHE57542	Model	SPLENDOR +
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CW9133
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	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	83401KCC900SS -VISOR FRONT (BLACK)	87141090	Paid	468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	553.00
3	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	5,116.00
6	K50506KCCA900RS -KIT STLP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
7	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
8	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
9	AAEZB4P003000GS -COVER BOX	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
<b>Parts Total</b>											0.00	8,977.00

**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	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
<b>Jobs Total</b>											0.00	1,239.00

Parts Total	8,977.00
Labour Total	1,239.00
SGST (Parts) 9%	684.69
CGST (Parts) 9%	684.69
SGST (Labour) 9%	94.50
CGST (Labour) 9%	94.50
<b>Total</b>	<b>10,210.80</b>

Rupees in Words: Ten Thousand Two Hundred Sixteen 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

**DURGA AUTO**  
 Authorised Signatory  
 Near SBI Bajna Road, Mathura - 281203  
 Naunjheel, Mathura - 281210  
 (M) 8445322550 / 9802581455