

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.	पूजन सिंह 9022010777
2	Vehicle No. / वाहन संख्या	UP-85-DH-4520
3	Policy No. / पालिसी संख्या	252400/31/2026/59844
4	Period of Insurance / बीमा अवधि	18/11/2025 To 16/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/11/2026 Time: 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	दुपल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शिवराम कुमार - पी 85 20240031189 9820421465
8	Estimated Loss / अनुमानित हानि	19081
09.	Cause of Accident / दुर्घटना का कारण : बाइक 50-60 की स्पीड पर थी तभी अचानक एक बाइक वाले ने मोड़ दी। मेरी बाइक उसके पीछे थी। उससे बाइक टकरा गई। Accident दुपल के पास दामिदपुर पर हुआ था।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	न/रि
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	न/रि
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	S.P. Chawla & Co. Patna S.P. Chawla, Patna, Bihar 9819808889

Date / दिनांक
हस्ताक्षर

25/11/2026

Signature of Insured / बीमाधारक के

पूजन सिंह





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 _____

Tel. No. _____

25240/31/2026/59844
 Certificate/Policy No. _____
 12/11/2025 To 16/11/2026
 Period of Insurance _____
 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 *Person*

- (a) Name : *Person*
 (b) Address for correspondence : *Dhawan Banger, Survi, Mathura*
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <i>Jeep</i>	Engine No. <i>18A11F7SG1-06935</i> Chassis No. <i>MBL180W4881F-06620</i>	Registration No. <i>UP-85-08</i> <i>4520</i>
----------------------------	---	--

- (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? *No*
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? *No*
 2. Was a pillion rider carried? *No*

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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Dinesh Kumar
 (b) Age : 02/12/2003
 (c) Address : Sury, Bahawal Banger, 199, Maghuf
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : Yes
 (e) If paid driver, how long has he been in your employment : No
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP85 20240013189
 (h) Issuing Authority : MP
 (i) Date of Expiry : 01-12-2025
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : MP
 (l) Has he been involved in any accident before? : MP
 (m) Has he been charged by the policy? If so, Why? : MP

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT 19/1/2026 Time - 11:30 AM

(a) Date and Time : Talked
 (b) Place : 40
 (c) Speed of vehicle at the time of accident : 50-60 km/hr
 (d) Give a short description of the accident : MP
 (e) If any third party was responsible for this accident give the name and address : MP

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : MP
 (b) Estimated cost of repairs : 19000
 (c) When and where can the damaged vehicle be inspected : Sub. Khandelwal MP

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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(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 25/11/2026 200

Signature of the insured पूरन सिंह

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 पूरन सिंह
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928

Page No: 1

Insurance
Company Limited
Date: 17/11/2025
Policy No: 2524003112026/19642 & 17-NOV-2025
Premium: 4751

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 36 KHAIR NAGAR, OPP. FILAISTAN CINEMA MEERUT, 01214063510, (GSTIN: 09AAAC10627BAZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS 45 Years)	Policy Issued On	17-NOV-25
Policy No	2524003112026/19642	Proposal No. & Date	10/2524003112026/19642 & 17-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 11:44 ON 17/11/2025 TO MIDNIGHT OF 16/11/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:44 ON 17/11/2025 TO MIDNIGHT OF 16/11/2030
Insured Name	POORAN SINGH (GSTIN:)	Lead/Breakin No	
Insured Address	C/O ROSHAN LAL, AUIHAWA BANGAR, POST SURIR, MATHURA, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS F20	Electrical Accessories	
Registration No	NIW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70077
Engine/Chassis No	HA11F7SGF0935 - MBLHAW488SGF06630	IMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	3+1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
KTO Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	Basic Third Party Liability	3851
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	1174.49	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Estm (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaners CR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4027
AAI Membership (IMT-8)	0	GST	724
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	998	Swachh Bharat Cess@0.50%	0
SIP Total Deductible	998	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4751
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Insurance is subject to the realisation of cheque	
Key Replacement	0	2. Compulsory 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	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	176	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
				4751
Financer Type		Financer Name	SHIRAM FINANCE LIMITED	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.com or on demand from the policy issuing office.

Warranty that no case of discontinuation 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 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 17-NOV-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, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: for 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) Race Meeting (5) Speed testing (6) Liability trials

Policy Particulars at www.orientalinsurance.com with master trade.

Driver's License: 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 license may also drive vehicle & that each person satisfies the requirements of Rule 2 of the Central Motor Vehicle Rules, 1987.

Limit of Liability Clause: Under section II-1 (a) of the policy - Details of any injury. Such amount is necessary to meet the requirement of the motor vehicle act, 1988. Under Section II-1 (a) of the policy - Damage to third party property - 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 years (as per 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 on the basis of the previous policy.

Other terms: For 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.

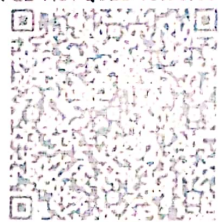
Insurance covers all pre-existing damages.

Approved By:	659258MD	For and on behalf of The Oriental Insurance Company Limited
Approved On:	17-NOV-25	
Place:	MRT	
Printed On:	17-NOV-25	
		General Manager Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department
MATHURA, Uttar Pradesh



RECEIPT/APPL No: UP85D25110005441/UP25111883809677
 Vehicle Class: M-Cycle/Scooter
 Received From: POORAN SINGH
 Receipt date: 18-Nov-2025 Vehicle No: UP85DA4520
 Chassis No: MBLHAW488SGF06630 Sale Amount: 73764/-
 FinancerName: SHRIRAM FINANCE LIMITED Transaction Id: UPY2511188401549
 Bank Ref No: CPAFXFMXS2
 Remarks: ONLINE-PAYMENT

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(17-Nov-2025 to One Time)	7377	0	7377

GRAND TOTAL (in Rs): 8177/- (EIGHT THOUSAND ONE HUNDRED AND SEVENTY SEVEN ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

RAJESH
JAIN MOTORCYCLE COMPANY

Customer Copy

Printed On: 22-Nov-2025 15:35:05



GOVERNMENT OF UTTAR PRADESH

Transport Department
MATHURA, Uttar Pradesh



RECEIPT/APPL No: UP85D25110005441/UP25111883809677
 Vehicle Class: M-Cycle/Scooter
 Received From: POORAN SINGH
 Receipt date: 18-Nov-2025 Vehicle No: UP85DA4520
 Chassis No: MBLHAW488SGF06630 Sale Amount: 73764/-
 FinancerName: SHRIRAM FINANCE LIMITED Transaction Id: UPY2511188401549
 Bank Ref No: CPAFXFMXS2
 Remarks: ONLINE-PAYMENT

Particular	Amount	Fine/Penalty/ Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(17-Nov-2025 to One Time)	7377	0	7377

GRAND TOTAL (in Rs): 8177/- (EIGHT THOUSAND ONE HUNDRED AND SEVENTY SEVEN ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

RAJESH
JAIN MOTORCYCLE COMPANY

22-11-2025 15:35



DL No: UP85 20240013189

UPDL 0000 13509464



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	UP85	UP85	30-05-2024	NT			
LMV	UP85	UP85	30-05-2024	NT			
MVSD							

Form 7 (Rule 161)

Emergency Contact Number

Rohit
Issuing Authority
UP85 MATHURA



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP85 20240013189



Issue Date 30-05-2024 Validity (NT) 01-12-2045 Validity (TR)*



(30-05-2024)

Holder's Signature

Name: DINESH KUMAR

Date of Birth: 02-12-2005 Blood Group:

Organ Donor: Y

Son/Daughter/Wife of: BANNI RAM

Address:
Surir Auhawa Bangar Mat Mathura Uttar Pradesh 281205

Date of First Issue





भारत सरकार

Government of India



पूरन सिंह
Pooran Singh
जन्म तिथि / DOB 05/07/1984
पुरुष / Male



7923 9409 3396

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता
S/O रोशन लाल, ओहावा पोस्ट
मुरी, ओहावा बंगर, मथुरा जिला
उत्तर प्रदेश, 281205

Address
S/O Roshan Lal Auhawa POST
sutr Auhawa Bangar Mathura
Sunr, Uttar Pradesh 281205

7923 9409 3396

1800 300 1547

mailto:uaid@uaid.gov.in

www.uaid.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HXDPS0369R

नाम / Name
POORAN SINGH

पिता का नाम / Father's Name
ROSHAN LAL

जन्म की तारीख / Date of Birth
05/07/1964



हस्ताक्षर / Signature