

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.	ASHRISH KUMAR 9807954380
2	Vehicle No. / वाहन संख्या	UP53FL0389
3	Policy No. / पालिसी संख्या	252400/31/2026/34864
4	Period of Insurance / बीमा अवधि	28/08/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/02/2026 & 12:00pm.
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ASHRISH KUMAR UP5320190009600
8	Estimated Loss / अनुमानित हानि	2000/-
09.	Cause of Accident / दुर्घटना का कारण :	एपीएस कालेज से गोदरननाथ जाते समय अचानक एक पीछे से कारे कोटि व लव टस्कराए जाई जाई क्षतिग्रस्त हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Hero D.P. MOTOR SOMER SAENR GORAKHPUR

Date / दिनांक : 06/02/2026 .
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 _____

Certificate/Policy No. 252400/31/2026/34864

Tel. No. _____

Period of Insurance 28/08/2026

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 : ASHISH KUMAR
 (b) Address for correspondence : 902 GANESH GORAKHPUR
 (c) Telephone : 9207959380

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2026</u>	Engine No. <u>87910</u> Chassis No. <u>B 3180</u>	Registration No. <u>UPS3</u> <u>FL 0389</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?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 243
 (b) Unladen Weight : 113
 (c) Weight of goods carried/Load Challan No. : NO
 (d) Nature of permit : NO
 (e) Nature of goods carried : NO
 (f) Was the vehicle plying for hire : Yes
 (g) If Lorry/Jeep/Tractor, was trailer attached?
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ashish Kumar.
(b) Age : 32
(c) Address : GOLAHTAR GORAKHPUR
(d) Is the Driver
1. Owner ✓
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UPS3 20190009600
(h) Issuing Authority : RTO - G.P.
(i) Date of Expiry : 02/05/2029
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 03/02/2020 @ 12:00 AM
(b) Place : GORAKHPUR
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
~~वर्तमान में कोई भी तीसरा व्यक्ति जिम्मेदार नहीं है~~
~~अतः मैंने इस बात को दर्ज नहीं किया है~~

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front & Rear Side Damage
(b) Estimated cost of repairs : 2000/-
(c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NO
(b) Address : NO
(c) Full Details of personal injury sustained : NO
(d) Name and address of any person/hospital giving medical attention to injured person : NO
(e) Full details of property damaged : NO
(f) Has notice of any claim been given to you? : NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(b) If yes, give full details : NO

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : NO
(b) Did a Police Constable take particulars of
The accident? : NO
(c) Was accident reported to Police? If not, Why? : NO
(d) If yes, to which Police Station? : NO
(e) Date and Diary No. : NO

10. THEFT

- (a) Date and Time : NO
(b) Place : NO
(c) What was stolen? : NO
(d) Estimated cost of replacement? : NO
(e) By whom discovered and reported? : NO
(f) Has theft been reported to Police? : NO
(g) When? : NO
(h) Which Policy Station? : NO
(i) C.R. diary Number : NO

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 06/02/2026

Signature of the insured Achille James

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 Asluqulmas
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53FL0389	Registration Date	: 02-Sep-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, . . 188-273010	Son/wife/daughter of	: SHATRUDHAN CHAUDHARY
Owner Name	: ASHISH KUMAR	Full Address: (Permanent)	: 116 P, BILANDPUR KALEPUR, PO- GOLGHAR, PS- CANTT, GORAKHPUR, UTTAR PRADESH-273001
Full Address: (Temporary)	: 116 P, BILANDPUR KALEPUR, PO- GOLGHAR, PS- CANTT, GORAKHPUR-UTTAR PRADESH-273001	Owner Serial No	: 1
Fitness Up To	: 01-Sep-2040	Link Vehicle No	: 1
Detailed Description	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Class of Vehicle	: INDIVIDUAL	Rear HSRP No	: AA2133723004
Ownership	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 07/2025
Maker's Name	: AA2133089717	Chassis No	: MBLHAW475SHGB3180
Front HSRP No	: SOLO WITH PILLION	Fuel	: PETROL
Type of Body	: 1	Cubic Capacity	: 97.20
No of Cylinders	: HA11F6SHG87910	Wheel base	: 1235
Engine No	: 8.17	Standing Cap	: 0
Horse Power(BHP)	: SPLENDOR+ 01 EDITION (D RS)	Unladen Wt (kgs)	: 113
Maker's Classification	: 2	Laden/GV Wt (kgs)	: 243
Seating Cap(in all)	: 0	AC Fitted	: NO
Sleeper Cap	: MATT GREY		
Colour			
Other Criteria	: Fully Built		
Vehicle Purchase As			

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, GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 29-Aug-2025.

Purchase dt	: 29-Aug-2025	Sale Amt	: 80616/-
OTT Date	: 29-Aug-2025	Amount/Rcpt No	: 8062 / UP53D25090000428
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 16-Sep-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Sep-2025 to 01-Sep-2040

te : 18-Sep-2025 15:33:53

ation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 18-Sep-2025
कर/पंजायन अधिकारी
मोटर वाहन विभाग
गोरखपुर

5270925

9/18/2025

DL No: **UP53 20190009600**

UPDL000000143901



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	UP53	04-05-2019	NT			
	LMV	UP53	04-05-2019	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name
ASHISH KUMAR

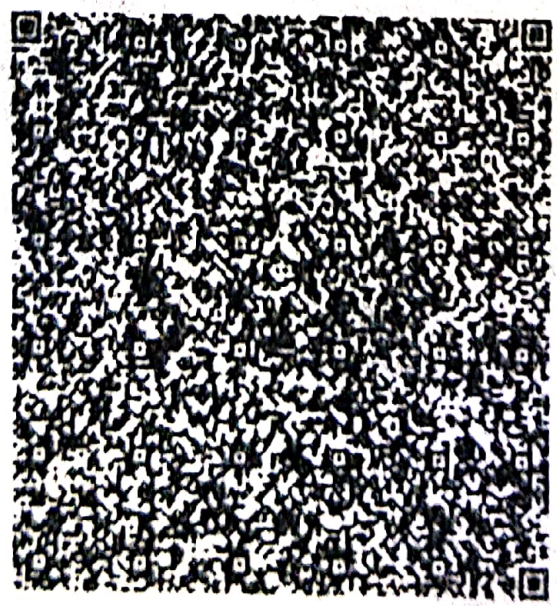
पिता का नाम / Father's Name
SHATRUDDHAN CHAUDHARY

जन्म की तारीख /
Date of Birth
12/07/1992

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FAZPK4938P

Ashish Kumar
हस्ताक्षर / Signature



27072018

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

REGIONAL OFFICE, 208 KHAIR NAGAR, OPP. FILMISTAS CHENNA STREET, CHENNAI - 600 017, INDIA

Policy No.	29-AUG-25
Proposal No. & Date	29-AUG-25
Policy Period (from to)	29-AUG-25 TO 29-AUG-25
Policy Period (start to end)	29-AUG-25 TO 29-AUG-25
Policy Period (start to end)	29-AUG-25 TO 29-AUG-25
Insured Name	UTTAR TRADERS
Insured Address	C/O BHATNAGAR CHAIWARI, 176 P. N. ROAD, RAIPUR, COCHIN P.

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTORCORP
Model & Version	HERO SPLENDOR PLUS 135 RLA F20
Registration No	NEW
Year of Manufacture	2025
Engine/Chassis No	HA11F8SHGR7910 - MBLHAW47SSHG83180
Cubic Capacity	100
Seating Capacity	1 + 1
Type Of Body	SOLA
RTU Location	

Vehicle	75583
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	75583
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	INDIA

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)
Vehicle	1283.57	3851
Elect Accessories	0	0
Non-Elect Accessories	0	0
Basic Premium	1283.57	0
Geographical Area Extn (IMT -1)	0	0
Driving Tuition Loading On OD Premium (60%)	0	0
Sub-Total Additions	0	0
Deductibles	0	0
Voluntary Deductibles (IMT 22A)	0	0
Anti-Theft Device (IMT-10)	0	0
AAI Membership (IMT-8)	0	0
No Claim Bonus	0	0
Discount for vehicle designed for hand-lapped	1091	0
SIP Discount	1091	0
Sub-Total Deductibles	0	0
Nil Depreciation	0	0
Return to Invoice	0	0
Key Replacement	0	0
Consumables	0	0
Sub Total Add-on Coverages	193	0
Net own Damage Premium(A)		

LIABILITY SECTION (B)	
Basic Third Party Liability	3851
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-14)	0
Legal Liability (WC) to driver (IMT-20)	0
Legal Liability to Employees (IMT-29)	NA
Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On TP Premium (60%)	0
PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Net Liability Premium (B)	4044
Total Premium (A+B)	728
GST	0
SERVICE TAX	0.00
STAMP DUTY	0
3-wheeler Bharat Cess @ 0.50%	0
Krishi Kalyan Cess @ 0.50%	4772
Gross Premium Paid	4772

- 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 7.10.24.

Nominee Name	Payment Method	Cheque No./Transaction No.	Bank Name	Relation	Amount
			IDFC FIRST BANK LTD		4772
Financer Name	Financer Branch	POS ID	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 OR endorsement mentioned herein above which are available on company's website www.orientalinsurance.org 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-AUG-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 trials

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 11-1 (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 11-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section 111 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 3 years, 25% 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.

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



Approved By : 659525SMD
 Approved On : 29-AUG-25
 Place : MRT
 Printed On : 29-AUG-25

For and on behalf of
The Oriental Insurance Company Limited
D.P. MOTORS
 Saraf Complex, Sumer Sagar
 Gorakhpur (U.P.)
 Mob. - 9151025501, 9151025502



भारत सरकार

Government of India



आशीष कुमार
Ashish Kumar
जन्म तिथि/DOB: 12/07/1992
पुल्ल/ MALE

Download Date: 13/05/2021



Issue Date: 19/05/2014

9193 7178 0020

VID : 9189 6970 5403 6104

भारत आवास, भोरी पहाड



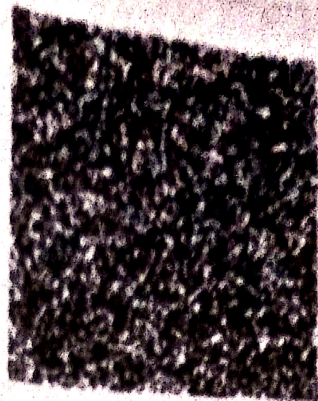
भारतीय विभिन्न पहचान पहिचान

Unique Identification Authority of India

पता: शत्रुघ्न चौधरी, 116 पी, बिलन्दपुर कालेपुर, मो-
बिलन्दपुर गोरखपुर, गोरखपुर, गोरखपुर,
उत्तर प्रदेश - 273001

Address:

S/O: Shatrudhan Chaudhary, 116 P,
BILANDPUR KALEPUR, MO-BILANDPUR
GORAKHPUR, Gorakhpur, Gorakhpur,
Uttar Pradesh - 273001



9193 7178 0020

VID : 9189 6970 5403 6104

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