

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.	Dipanshu Modhechiya 0700121918
2	Vehicle No. / वाहन संख्या	UP52BX2251
3	Policy No. / पालिसी संख्या	ms/2026/7001/0/46575/0329
4	Period of Insurance / बीमा अवधि	2/02/2026 to 7/02/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/02/2026, 7:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Kasid
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vikash Singh, UP5220240023 9030480414 908
8	Estimated Loss / अनुमानित हानि	17045/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी बाईक मेरा दोस्त विनाश सिंह लेकर मारने जा रहे थे। तभी अचानक सामने से एक बाईक वाला टकरा मार दिया तो बाईक मेरी टायर सहित गिरने से डमिज हो गई।
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.	9125197148 Gupta automobiles Pachaura

Date / दिनांक : 18/02/26
हस्ताक्षर

दिपान्तु
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vikash Singh
(b) Age : _____
(c) Address : Luahinagar
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment : _____
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UP52 2024 0023908
(h) Issuing Authority : _____
(i) Date of Expiry : 9/07/2043
(j) Was the licence temporary/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 : 16/02/2026, 7:30 PM
(b) Place : Kashid
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मेरी वाहन में एक दोस्त ले कर मारने ट घटा रहा था
(e) If any third party was responsible for this accident give the name and address : दूसरी सामने से एक वाहन चालू ट कर मार दिया तो वाहन मेरी दाहिने साइड बिस्ने से जमल हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side
(b) Estimated cost of repairs : 17845/-
(c) When and where can the damaged vehicle be inspected : Cruxta automobiles Pochawana

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 : _____ 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? : _____ N/A
(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 18/02/26 2000

Signature of the insured [Signature]

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
Occupation
Address
.....
.....

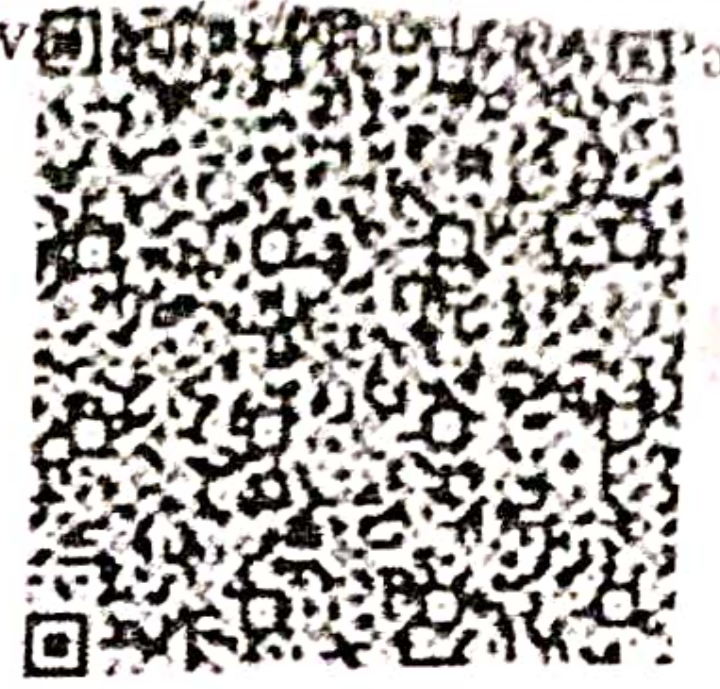
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52BX2251 Registration Date : 31-Aug-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,
 . . 189-274403
 Owner Name : DIPANSHU MADDHESHIYA Son/wife/daughter of : S/O- OM PRAKASH
 MADHESHIYA

Full Address: (Permanent) : VILL- NAUTAN HATHIYAGARH, PO- NAUTAN HATHIYAGARH, PS- RAMPUR KARKHANA,
 DEORIA, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL- NAUTAN HATHIYAGARH, PO- NAUTAN HATHIYAGARH, PS- RAMPUR KARKHANA,
 DEORIA-UTTAR PRADESH-274206

Fitness UpTo : 30-Aug-2038 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 : AA2078597735 Rear HSRP No : AA2083196093
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2023
 No of Cylinders : 1 Chassis No : MBLHAW219P9H01878
 Engine No : HA11E7P9H04036 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
 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 HERO FINCORP LTD., DELHI,
 NEW DELHI, , New Delhi, Delhi-110057 w.e.f. 31-Aug-2023.

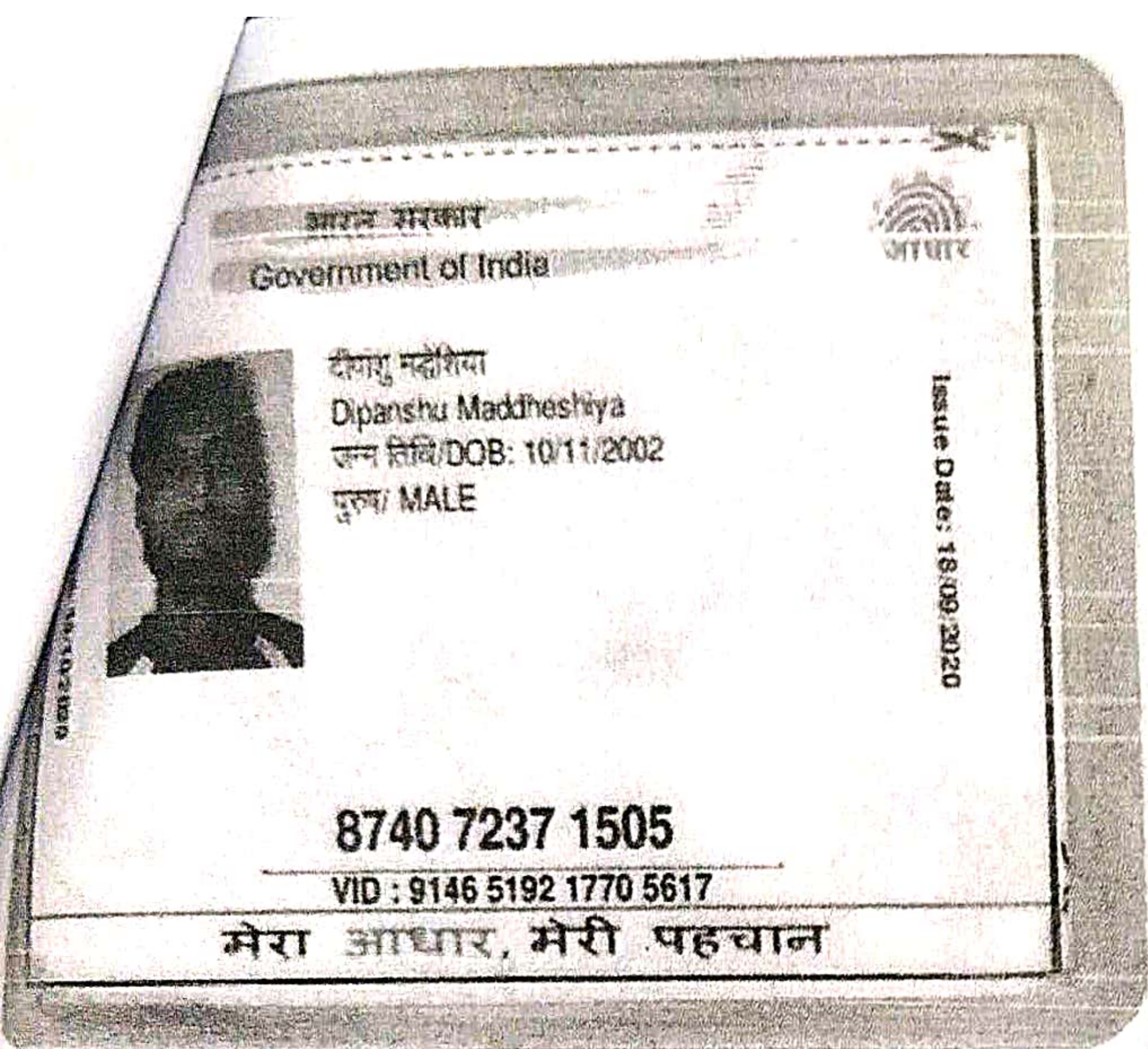
Purchase dt : 29-Aug-2023 Sale Amt : 79861/-
 OTT Date : 29-Aug-2023 Amount/Rcpt No : 7987 / UP52D23080002691
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 04-Nov-2023

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

This certificate is valid from 31-Aug-2023 to 30-Aug-2038



Signature of Registering Authority
Date : 04-Nov-2023



आयकर विभाग
INCOME TAX DEPARTMENT

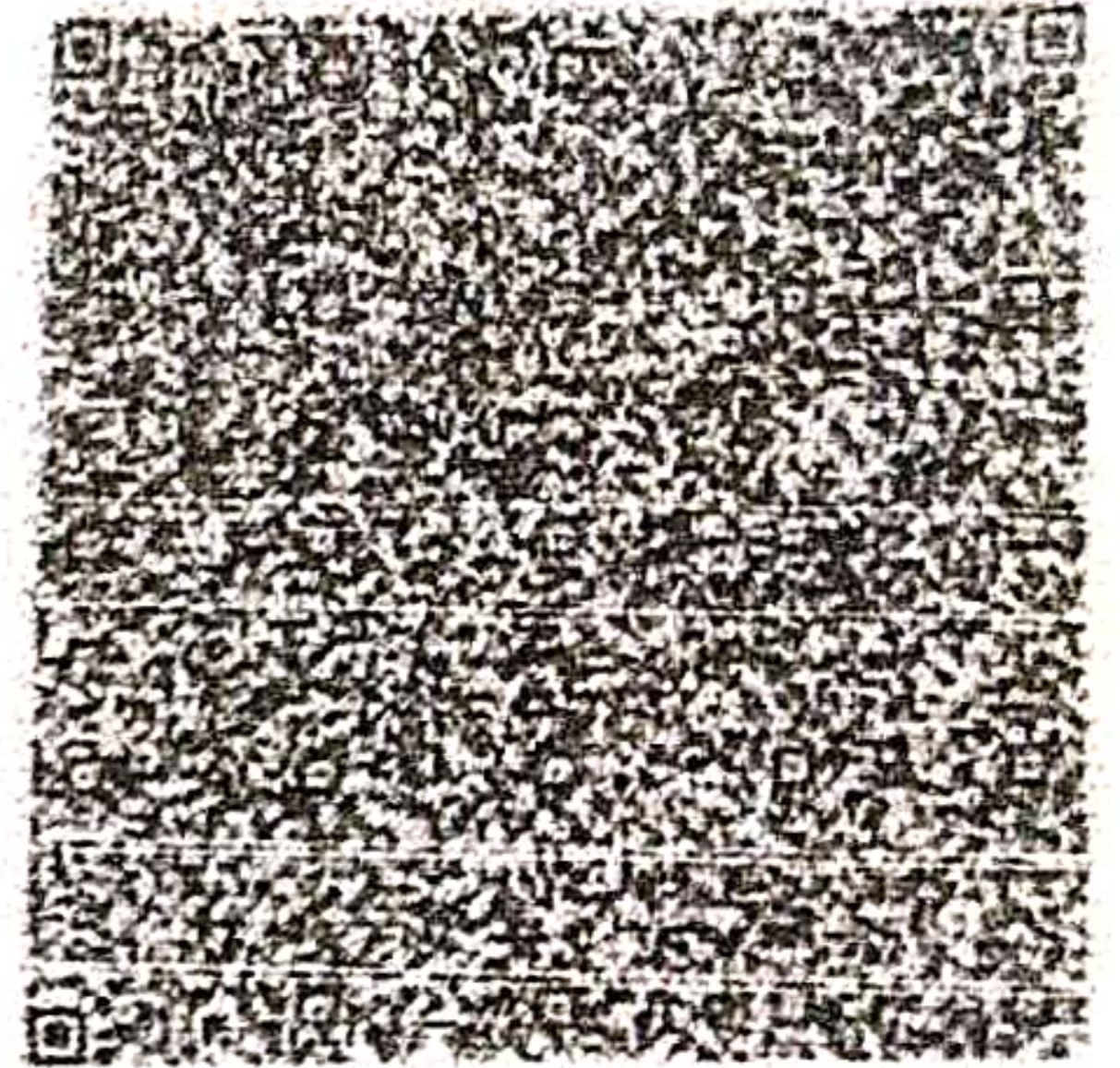


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GGZPM9400B



नाम / Name

DIPANSHU MADDHESHIYA

पिता का नाम / Father's Name

OMPRAKASH MADDHESHIYA

06102021

जन्म की तारीख /

Date of Birth

10/11/2002

दिपान्शु

हस्ताक्षर / Signature

Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20240023908

Issue Date: 29-11-2024 Validity (NT): 09-07-2043 Validity (TR)*: [Blank]

VIKASH SINGH

Name: [Blank] Date of Birth: 10-07-2003 Blood Group: [Blank] Organ Donor: **N**

Son/Daughter/Wife of: **PARAS SINGH**

Address:
**NAUTAN HATHIYAGADH HETIMPUR NAUTAN
 HATHIAGARH BHATPAR RANI DEORIA UTTAR
 PRADE 274206**

Holder's Signature: [Signature]

Date of First Issue: 29-11-2024

DL No: UP52 20240023908 UPDL000014703690

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	UP52	29-11-2024	NT				
LMV	UP52	29-11-2024	NT				
MVSD							

Emergency Contact Number: [Blank]

Licensing Authority
UP52 DEORIA

Form 7 Rule 16(2)