





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. \_\_\_\_\_  
 Certificate/Policy No. 252400/31/2026/12909  
 Period of Insurance 12/5/2025 To 11/5/2026  
 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 Hari Singh  
 (a) Name  
 (b) Address for correspondence C/O M. Bhanu Singh, Srinagar, Madhya Pradesh  
 (c) Telephone

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HAT1F6SHD16547</u> Chassis No. <u>NBLHAW4685H002120</u>	Registration No. <u>UP-85-CU</u> <u>6797</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? 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 : Alenly

(b) Age : 01-01-2003

(c) Address : Bhaged nagriya, Sunvkaloni Bagan

(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 : UP0520250009133

(h) Issuing Authority : MTR

(i) Date of Expiry : 31-12-2042

(j) Was the licence temporary/permanent : Permanent

(k) Details of endorsement/suspension, if any : no

(l) Has he been involved in any accident before? : NR

(m) Has he been charged by the policy? If so, Why?: NR

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 15/11/2026 TIME 5:30PM

(b) Place : MOOR

(c) Speed of vehicle at the time of accident : 40

(d) Give a short description of the accident : 2nd dir car accident 2nd dir of road

(e) If any third party was responsible for this accident give the name and address : gale of 224 21st 21 21st 21st

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : DA Per Garage

(b) Estimated cost of repairs : 22672

(c) When and where can the damaged vehicle be inspected : S.B. Chandelwal Nagar

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 20/2/2026 200

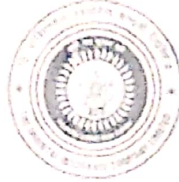
Signature of the insured [Signature]

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/-

2221

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 : UP85CW6497 Registration Date : 14-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 : HARISH Son/wife/daughter of : HAKIM SINGH
Full Address: (Permanent) : GRAM BHAGAT NAGARIYA, SURIR, , MATHURA, UTTAR PRADESH-281205
Full Address: (Temporary) : GRAM BHAGAT NAGARIYA, SURIR, , MATHURA-UTTAR PRADESH-281205
Fitness UpTo : 13-May-2040 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 : AA1041194985 Rear HSRP No : AA1041023957
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
No of Cylinders : 1 Chassis No : MBLHAW468SHD07120
Engine No : HA11F6SHD16547 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(In all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK TORNADO GREY 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)

Table with 3 columns: By Manuf., Description, As Regd., Weight(In kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HDB FINANCIAL SERVICES LIMITED, MATHURA, , Mathura, Uttar Pradesh-281001 w.e.f. 12-May-2025.

Purchase dt : 12-May-2025 Sale Amt : 83351/-
OTT Date : 12-May-2025 Amount/Rcpt No : 8336 / UP85D25050002660
Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 21-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 14-May-2025 to 13-May-2040

Date : 10-Jun-2025 17:59:35

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
Motor Vehicle Dept.
MATHURA
Date: 10 Jun 2025

3891182

Government of Uttar Pradesh Government of Uttar Pradesh
Government of Uttar Pradesh Government of Uttar Pradesh



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POL0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, MAKHAIR NAGAR, OPP. FIDHILAN CINEMA THEATRE, BILHAR, PIN-221106 (U.P.) (GSTIN: 09AAAC0627B4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	12-MAY-25
Policy No	25220031-202512089	Proposal No & Date	R/25220031/2025-2817 & 12-MAY-2025
Agent/Broker Code	BA00015514	Policy Type (OWN DAMAGE)	FROM 16.05.2025 TO 15.05.2026 (15.05.2025 TO 15.05.2026)
Agent/Broker Name	ASHISNA BHAJI	Policy Period (LIABILITY)	FROM 16.05.2025 TO MIDNIGHT OF 15.05.2026
Insured Name	HARISHI RASTIN (I)	Lead/Break In No	1
Insured Address	C/O MAKIM SINGH, GRAM BHAGAT NAGARIYA, SURIR VIDAUMATHURA, NA.	Insured State	UTTAR PRADESH

ISSUED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTORCYCLE	Vehicle	79183
Model & Variant	HERO SPLENDOR PLUS XTUNE 20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year of Manufacture	2025		
Engine & Chassis No	HA116SHD36547 - MBLHAW468SHD07120	Total IDV	79183
Cubic Capacity	100	IME CONTRACT NO	
Seating Capacity	1+1	Policy Type	Zone B - Rest of India
Type of Body	SOLO	Geographical Area	INDIA
RTO Location			

Schedule of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1327.11	Basic Third Party Liability	3851
Acc. Accessories	0	Compulsory PA Cover Premium	0
Non Acc. Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1248.11	Legal Liability (WC) to driver (IMT-29)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
Leaving 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)	4169
Anti Theft Device (IMT-10)	0	Total Premium (A+B)	750
Anti Membership (IMT-8)	0	GST	0
New Loan Bonus	0	SERVICE TAX	0.60
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
Self Discount	1128	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1128	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4919
Nil Depreciation	198		
Return to Invoice	0		
Zero Replacement	0		
Commisuries	0		
Final Add-on Coverages	198		
Final Damage Premium(A)	318		

- 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, 7.10.28,

Insured Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
Amount Type	Financier Name	HDB FINANCIAL SERVICES LIMITED	Financier 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 company offices as well as company's website.

The insured under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

The insured certifies that the policy to which this 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.

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 Motor Vehicle Act 1988 is recoverable from the insured by the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

The policy is issued for the purpose of 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) racing (4) Race driving (5) Speed testing (6) Liability trials

The insured is committed to maintain valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the insured is committed to maintain valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the insured is committed to maintain valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the insured is committed to maintain valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license.

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Approved By: 922127884D  
Approved On: 12-MAY-25  
Place: BILHAR  
Printed On: 12-MAY-25

For and on behalf of  
The Oriental Insurance Company Limited  
  
General Manager  
Authorized Signature

**D/L No:** UP85 2025009133 UPDL051000013094



Insurance Carriage (Regn Numbers)  
 Harbours 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	08-05-2025	NT			
LMV	UP85	UP85	09-05-2025	NT			
MVSD							

Emergency Contact Number


*Singh*  
Licensing Authority  
UP85 MATHURA

Form 7 Rule 16(2)

**Indian Union Driving Licence**  
 Issued by **Uttar Pradesh**

**UP85 2025009133**

Issue Date: 08-05-2025    Validity (NT): 31-12-2042    Validity (TR):



Holder's Signature

Name: **AKASH**

Date of Birth: 01-01-2003    Blood Group: **RAJENDRA**    Organ Donor: **Y**

Son/Daughter/Wife of:

Address:  
 BHAGAT MANGRA SUPUR SURIRKALAN BAGGA,  
 MATHURA, UTTAR PRADESH 201201

Date of First Issue: 08-05-2025

भारत सरकार  
Government of India

हरीश  
Harish  
जन्म तिथि / DOB : 01/01/1996  
पुरुष / Male



3823 2811 1428

आधार - आम आदमी का अधिकार

आधार  
Unique Identification Authority of India

पता:  
आत्मज: हकिम सिंह, ग्राम-भगत  
नगरीया: सुरीर विजय पोस्ट-सुरीर,  
सुरीरकला बाग, मथुरा, सुरीर, उत्तर  
प्रदेश, 281205

Address:  
S/O: Hakim Singh, gram-bhagat  
nagariya surir vijau post-surir,  
Surirkalan Bagar, Mathura, Surir,  
Uttar Pradesh, 281205

3823 2811 1428

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार

Government of India



हरीश

Harish

जन्म तिथि / DOB : 01/01/1996

पुरुष / Male



3823 2811 1428

आधार - आम आदमी का अधिकार



आधार

भारत सरकार

Unique Identification Authority of India

पता:

आत्मज: हकिम सिंह ग्राम-भगत  
नगरिया सुरीर विजय पोस्ट-सुरीर,  
सुरीरकला बाग, मथुरा, सुरीर, उत्तर  
प्रदेश, 281205

Address:

S/O: Hakim Singh, gram-bhagat  
nagarlya surir vijau post-surir,  
Surirkalan Bagar, Mathura, Surir,  
Uttar Pradesh, 281205

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आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा मंख्या कार्ड  
Permanent Account Number Card  
AUKPH8730L



नाम / Name  
HARISH

पिता का नाम / Father's Name  
HAKIM SINGH

जन्म की तारीख / Date of Birth  
01/01/1996

हस्ताक्षर / Signature



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