

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.	Ramveer - 9548981809
2	Vehicle No. / वाहन संख्या	UP85CZ1012
3	Policy No. / पालिसी संख्या	252400/31/2026/05500
4	Period of Insurance / बीमा अवधि	17-10-2025 - 16-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-02-2026, 09:00 AM
6	Place of Accident / दुर्घटना का स्थान	Shyganah
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Palendra Singh - 9548981809 UP8520250010377
8	Estimated Loss / अनुमानित हानि	39,802
09.	Cause of Accident / दुर्घटना का कारण :	→ मैं पैपर दिलाने गया था वहाँ से वापस आये कुछ खाने लग गाड़ ठाईक खडी थी एक गाडी अन बैलैन्स हो कर हमारी Bike में टक्कर मारी गाडी Breeze थी और इसकी हमारे पास Video or photo भी है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	Dwiga Auto Naayheel नं नं 8936431

Date / दिनांक
 हस्ताक्षर
DWIGA AUTO
 Near SBI Bank, Bahadur Singh, Mant
 Naayheel, Mahmurah, 281203
 (M) 8445215005, 9624181633


 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. 252400/31/2026/45500

Tel. No.

Period of Insurance 11-10-2025 - 16-10-2026

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 : Ramveer
 (b) Address for correspondence : Rankali Mathura
 (c) Telephone : 9548981809

2. THE INSURED VEHICLE

Make & Year: <u>Hero Motocorp Ctel</u>	Engine No. <u>MA11FUSMK08996</u> Chassis No. <u>MBLHAW437SHK11054</u>	Registration No. <u>UP05CZ 1012</u>
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- (a) Was the vehicle in proper working condition? No
 (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 No
 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 _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Palendra Singh
(b) Age : 25
(c) Address : Jatwari Chhata Mathura - UP
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Yes
(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 : UP0520250010377
(h) Issuing Authority : 17-10-2025
(i) Date of Expiry : 16-10-2026
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : No
(l) Has he been involved in any accident before?: No
(m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 23-01-2026, 09:00 AM
(b) Place : Shergaon
(c) Speed of vehicle at the time of accident : 00
(d) Give a short description of the accident : मैं पैपर दिवाने गया था वहा से वापस आये कुछ
(e) If any third party was responsible for this accident give the name and address : खाने लमा गाँव ठाडिक खाडी यी एक गाडी अनवैलन्स हा कर हमारा Bike में टक्कर मारी गाडी BJE22व थी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Back Full
(b) Estimated cost of repairs : 39802
(c) When and where can the damaged vehicle be inspected : Durga Auto, Manjhi

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? : _____
(g) When? : _____
N/A
(h) Which Police 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 24-02-2026 200

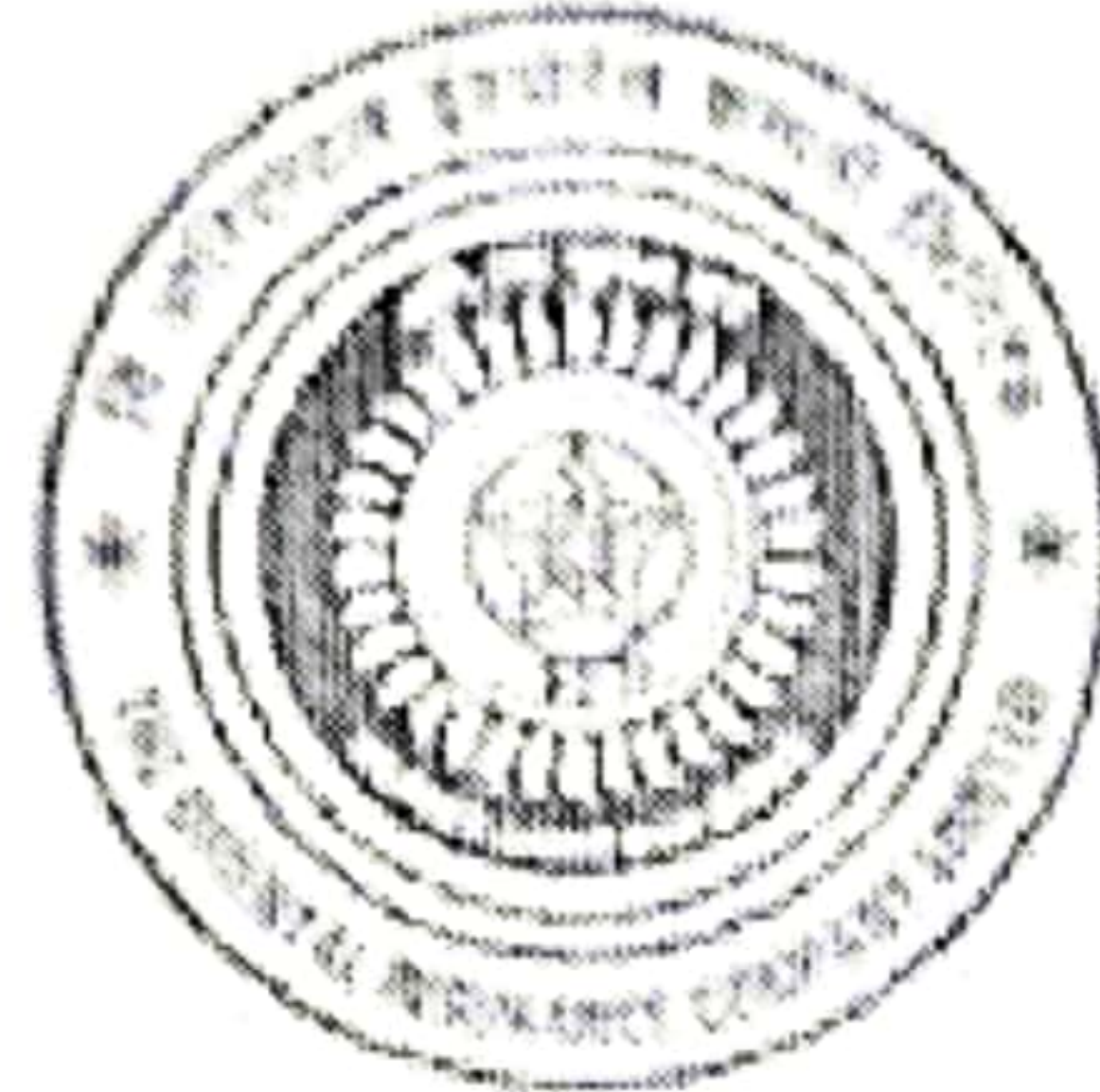
Signature of the insured रामवीर

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 रामवीर
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CZ1012 Registration Date : 18-Oct-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 : RAMVEER Son/wife/daughter of : SIBBO
 Full Address: (Permanent) : RANKOLI, RANKOLI, MATHURA, UTTAR PRADESH-281405
 Full Address: (Temporary) : RANKOLI, RANKOLI, MATHURA-UTTAR PRADESH-281405
 Fitness UpTo : 17-Oct-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 : AA1045385977 Rear HSRP No : AA1045480100
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW437SHK11854
 Engine No : HA11F4SHK08996 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE 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 w.e.f. .

Purchase dt : 17-Oct-2025 Sale Amt : 61203/-
 OTT Date : 17-Oct-2025 Amount/Rcpt No : 6121 / UP85D25100006174
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Oct-2025 to 17-Oct-2040

Date : 11-Dec-2025 18:12:50

Taxation Particulars / Advance Registration Mark Fee Details

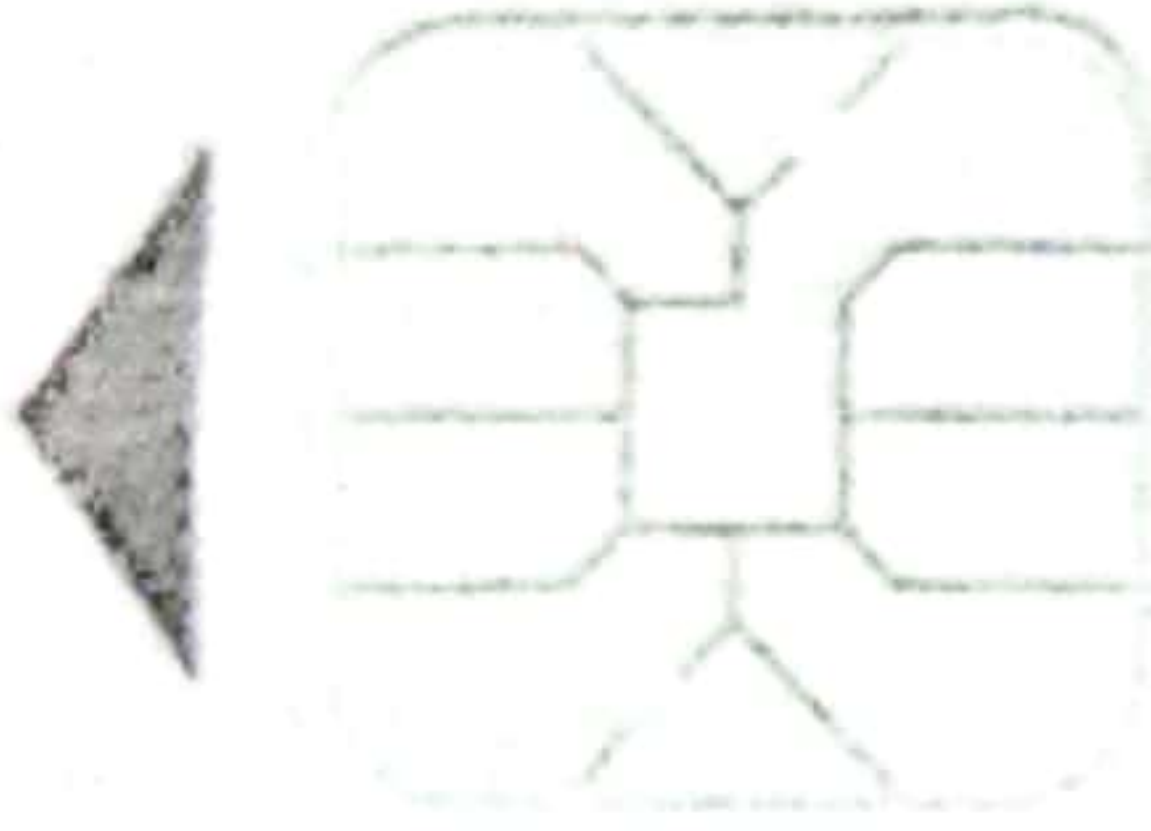
Signature of Registering Authority
 Registrar
 Motor Vehicle Dept.
 Mathura
 Date : 11-Dec-2025



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP85 20250018377



Issue Date Validity (NT) Validity (TR)*
21-08-2025 30-04-2041



Holder's Signature

Name:

PALENDRA SINGH

Date of Birth:

01-05-2001

Blood Group:

Organ Donor:

N

Son/Daughter/Wife of:

AKHAY RAM

Address:

.. JATWARI JATWARI CHHATA MATHURA UTTAR
PRADESH 281404

Date of First Issue 21-08-2025

DL No: UP85 20250018377

UPDL851000027909



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	21-08-2025	NT			
	LMV	UP85	21-08-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP85 MATHURA



भारत सरकार
Government of India



Issue Date: 05-09-2014



रामवीर
Ramveer
जन्म तिथि/DOB: 01/01/2005
पुलक MALE

2566 7068 2555

VID : 9109 5299 4947 6833

मेरा आधार, मेरी पहचान



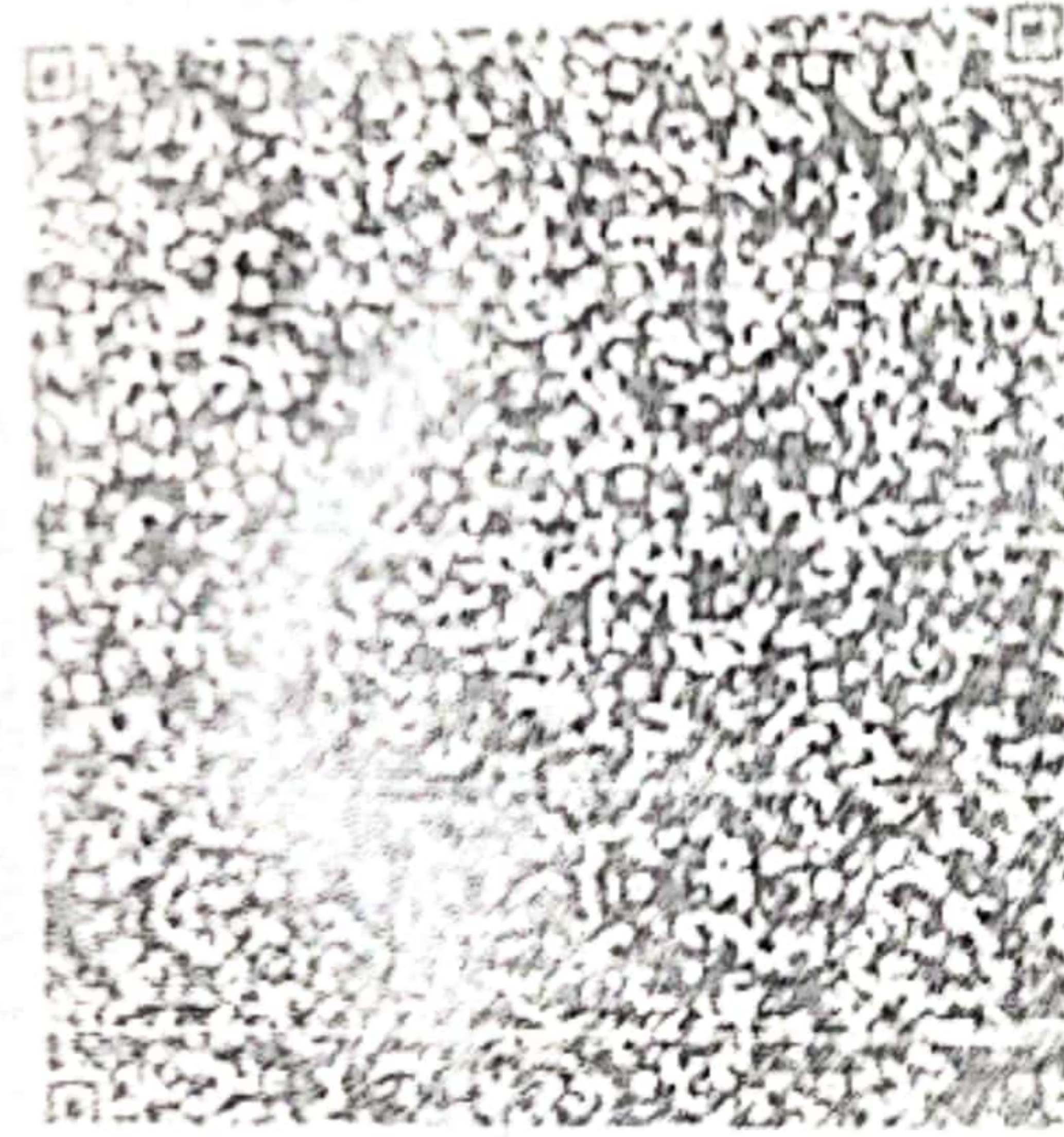
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
घरा: सिबो, रांकीली, मथुरा,
उत्तर प्रदेश - 281405

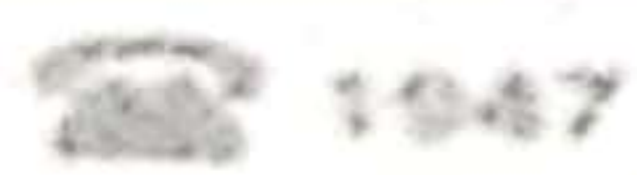
Address:
C/O: Sibbo, Rankoli, Mathura,
Uttar Pradesh - 281405

Expiry Date: 05-09-2022



2566 7068 2555

VID : 9109 5299 4947 6833



1947



help@uidai.gov.in



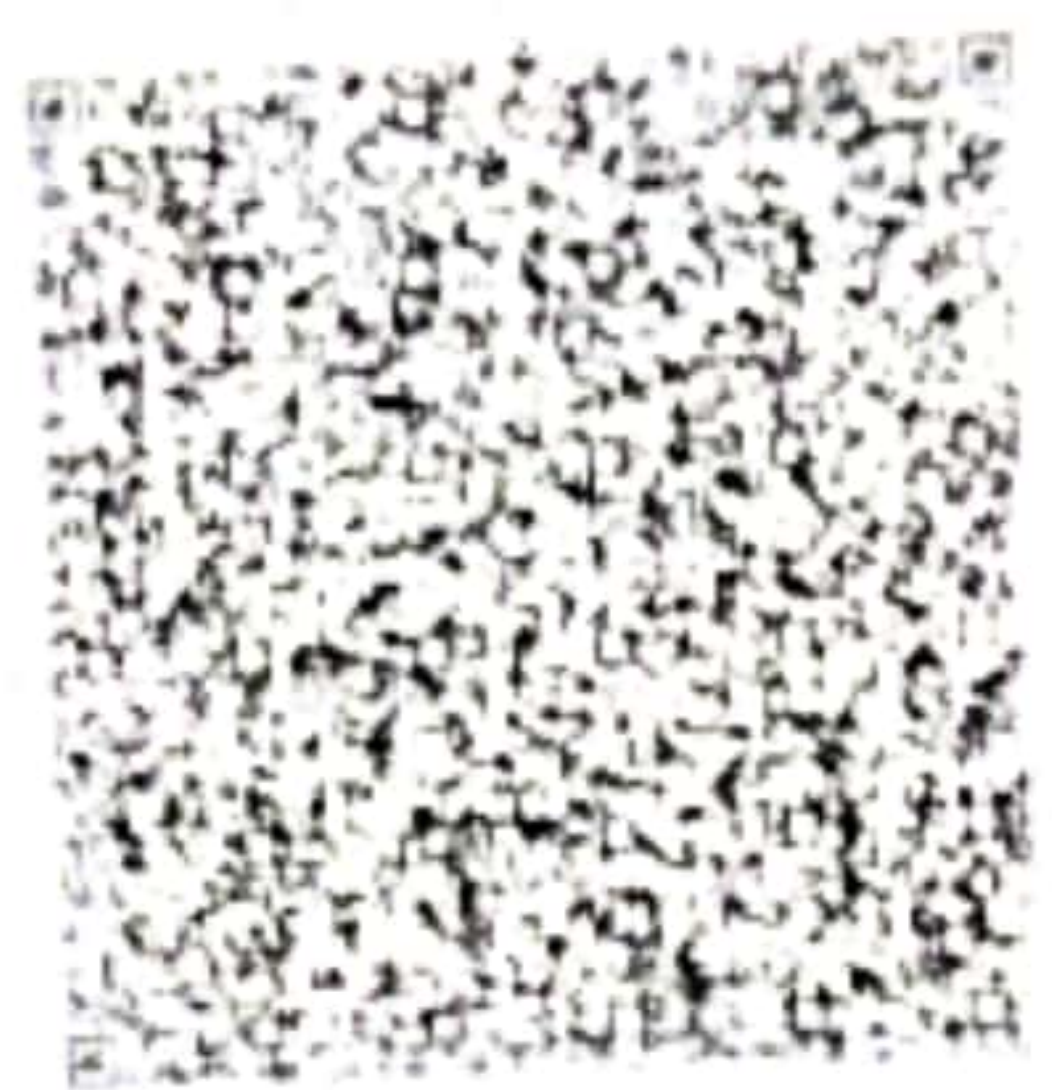
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
HRCPR0348G



नाम / Name
RAMVEER

पिता का नाम / Father's Name
SIBBO

जन्म का तिथि / Date of Birth
01/01/2005

रामवीर
हस्ताक्षर / Signature

09691

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-0226-76	Date	24-02-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	9548981809
VIN	MBLHAW437SHK11854	Model	HF DELUXE
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CZ1012
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	51103AAH110S -GUARD SARI	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
2	K42426AAED230S -KIT WHEEL COMP REAR	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
3	51104AAH030S -STEP WOMEN	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
4	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
5	83400ACK410SS -FRONT VISOR(BLACK (TYPE-2)NH-1 (T2)(S)	87141090	Paid	597.46	1	9.00	9.00	0.00	0.00	0.00	0.00	705.00
6	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
7	88110AAHH00S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
8	88120AAHH00S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
9	35010ACK40099S -KEY SET	83012000	Paid	872.88	1	9.00	9.00	0.00	0.00	0.00	0.00	1,030.00
10	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
11	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
12	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
13	50100AEC230S -FRAME BODY COMP	87141090	Paid	6,449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	7,610.00
14	3370BAAHA010099S -UNIT TAIL LIGHT	85122010	Paid	315.25	1	9.00	9.00	0.00	0.00	0.00	0.00	372.00
15	3360BAAJ101S -WINKER ASSY R RR(W/O BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
16	3365BAAJ101S -WINKER ASSY L RR(W/O BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
17	3340BAAH001S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
18	3345BAAH001S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
19	80100KST940S -FENDER COMPLETE REAR	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
20	52400AAH0099RS -CUSHION ASSEMBLY REAR BLACK NH-1	87141090	Paid	808.47	2	9.00	9.00	0.00	0.00	0.00	0.00	1,908.00
21	52110ACK200S -SWING ARM COMP. REAR	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
22	43431AAHF00S -ARM SUB ASSY BRAKE STOPPER	87141090	Paid	55.93	1	9.00	9.00	0.00	0.00	0.00	0.00	66.00

23	40510AAT000S -CHAIN CASE UPPER	87141090	Paid	166.95	1	9.00	9.00	0.00	0.00	0.00	0.00	197.00
24	40520AAT000S -CHAIN CASE LOWER	87141090	Paid	166.95	1	9.00	9.00	0.00	0.00	0.00	0.00	197.00
25	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
26	50500ACK000S -STAND COMP MAIN	73181500	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
27	50512AAEB00S -PIPE REAR BRAKE PIVOT	87141090	Paid	94.92	1	9.00	9.00	0.00	0.00	0.00	0.00	112.00
28	43451AAHF00S -ROD COMP.RR.BRK	87141090	Paid	50.85	1	9.00	9.00	0.00	0.00	0.00	0.00	60.00
29	50701ACK000S -BRACKET COMPLETE RIGHT PILLION STEP	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
30	50702ACK000S -BRACKET COMPLETE LEFT PILLION STEP	87141090	Paid	175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	207.00
31	24701ACK000S -PEDAL GEAR CHANGE	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
32	2830AKSTA10S -ARM S/ASSY. KICK STARTER	87141090	Paid	316.10	1	9.00	9.00	0.00	0.00	0.00	0.00	373.00
33	50530KST940S -BAR COMP.SIDE STAND	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
34	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
35	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
36	K50507HF100DS -KIT STEP	87141090	Paid	111.02	2	9.00	9.00	0.00	0.00	0.00	0.00	262.00
37	18350AAE940S -MUFFLER COMPLETE EXHAUST	87141090	Paid	5,038.98	1	9.00	9.00	0.00	0.00	0.00	0.00	5,946.00
38	18355AFA000S -COVER MUFFLER	87141090	Paid	347.46	1	9.00	9.00	0.00	0.00	0.00	0.00	410.00
39	18331ACK000S -COVER CAT PROTECTOR	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
40	83500ACK400SS -RIGHT SIDE COVER(BLACK (TYPE- 2)NH-1(T2)(87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
41	83600ACK400SS -LEFT SIDE COVER(BLACK (TYPE- 2)NH-1(T2)(S	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
42	77200KST940S -SEAT ASSY. DOUBLE	87141090	Paid	988.14	1	9.00	9.00	0.00	0.00	0.00	0.00	1,166.00
43	50400AAH700S -GRIP REAR	87141090	Paid	507.63	1	9.00	9.00	0.00	0.00	0.00	0.00	599.00
44	77230ACK000RS -CENTER REAR COWL NH-1.	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
45	77210AAHF00RS -RIGHT REAR COWL BLACK NH-1 (TYPE-1)	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
46	77220AAHF00RS -LEFT REAR COWL BLACK NH-1 (TYPE-1)	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00

Parts Total

0.00 35,554.00

0

Labour Details

S.No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	2,600.00	9.00	9.00	0.00	0.00	0.00	0.00	3,068.00
2	102046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00

Jobs Total

0.00 4,248.00

Parts Total

35,554.00

Labour Total

4,248.00

SGST (Parts) 9%

2,711.75

CGST (Parts) 9%	2,711.75
SGST (Labour) 9%	324.00
CGST (Labour) 9%	324.00
Total	39,802.00

Rupees in Words: Thirty Nine Thousand Eight Hundred Two 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
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of NAUJHEEL Jurisdiction Only

Authorised Signatory

DURGA AUTO
Near SBI Bajna Road, Teh. Nauhheel
Nauhheel, Mathura - 281203
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