

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.	धर्मवीर सिंह 8650976133
2	Vehicle No. / वाहन संख्या	UP85 EZU117
3	Policy No. / पालिसी संख्या	252400/31/2026/46891
4	Period of Insurance / बीमा अवधि	1/10/2025 To 18/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/3/2026 Time - 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	अफनबारा के समीप
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रेजीत सिंह 7017854635 UP85 20170006487
8	Estimated Loss / अनुमानित हानि	14722
9	Cause of Accident / दुर्घटना का कारण : मेरा फेल्स मोटर लाइसिंग का गाड़ी को सुरीर को ले गया था अफनबारा के समीप पीछे से तेज गति लजाते अज्ञात वाहन ने टक्कर मार दी जिससे पीछे का टिल्ला फरीक हो ले करिग्रह्ट हो गया इसका सही रेल टक्करने मगा।	
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 / फोन नं.	S.B. Chandelwal Motors 84mm, mmm, mmmmm 886688 88888

Date / दिनांक :  
हस्ताक्षर

07/3/2026

धर्मवीर

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. 252460/31/2021/46881  
 Tel. No. \_\_\_\_\_ Period of Insurance 19/10/2021 To 18/10/2021  
 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 Dharmveer  
 (a) Name : \_\_\_\_\_  
 (b) Address for correspondence : Lohai, M98442  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2020</u>	Engine No. <u>HA01F65GJ00693</u> Chassis No. <u>MBC107A W425 SCJ 00582</u>	Registration No. <u>UP-25-EZ</u> <u>4112</u>
----------------------------	---	--

(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 : Ranjeet Singh  
 (b) Age : 10-8-1998  
 (c) Address : Bhulei, D.P.V., Muzhrai  
 (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 : UP8520/2006482  
 (h) Issuing Authority : Muzhrai  
 (i) Date of Expiry : 14/5/2032  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : None  
 (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 : 05/3/2022 Time - 1:20 PM  
 (b) Place : on road  
 (c) Speed of vehicle at the time of accident : 100 km/h  
 (d) Give a short description of the accident : Two vehicles were involved in a collision on the road.  
 (e) If any third party was responsible for this accident give the name and address : None

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : No major damage  
 (b) Estimated cost of repairs : 14222  
 (c) When and where can the damaged vehicle be inspected : S.B. Chandelwal Muzhrai

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. : \_\_\_\_\_

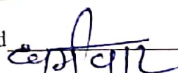
10. THEFT

- (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 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 \_\_\_\_\_ 200

Signature of the insured



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 .....



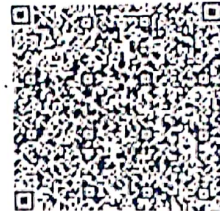


# GOVERNMENT OF UTTAR PRADESH

## Transport Department MATHURA

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP85CZ4117 Registration Date : 24-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 : DHARMVEER Son/wife/daughter of : DEVENDRA SINGH  
 Full Address: (Permanent) : LOHAI, LOHAI, , MATHURA, UTTAR PRADESH-281205  
 Full Address: (Temporary) : LOHAI, LOHAI, , MATHURA-UTTAR PRADESH-281205  
 Fitness UpTo : 23-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 : AA1046312883 Rear HSRP No : AA1046599859  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW475SGJ00597  
 Engine No : HA11F6SGJ00643 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+BLACK&ACCEN Wheel base : 1235  
 T I3S(DRS)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK AND ACCENT 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)

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, NEW DELHI, . . New Delhi, Delhi-110057 w.e.f. 19-Oct-2025.

Purchase dt : 19-Oct-2025 Sale Amt : 74999/-  
 OTT Date : 19-Oct-2025 Amount/Rcpt No : 7500 / UP85D25100009305  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 05-Dec-2025

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Oct-2025 to 23-Oct-2040

Date : 07-Jan-2026 18:37:51

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority  
 Signature : \_\_\_\_\_ Date : 07-Jan-2026  
 Motor Vehicle Deptt.  
 MATHURA

7386143





**UNION OF INDIA Driving Licence**

UP85 20170006487

Date of Issue: 15/05/2017

Valid Upto: 14/05/2017

Date of Birth: 10/08/1998

Blood Group: UNKNOWN

Mr / Name: **RANJEET SINGH**

Relative to Mr / Son / Daughter / Wife of: **PAAL SINGH**



UP85 20170006487

LMV 15/05/2017

MCWG 15/05/2017

Mr / Address: **BHALAI  
SUNAR  
MATHURA**

Holder's Signature

UP

Official / Issuing Authority

file no

भारत सरकार  
Government of India

धर्मवीर  
Dharmveer  
जन्म तिथि / DOB : 01/01/1978  
पुरुष / Male

7873 1848 8671

आधार - आम आदमी का अधिकार

भारत सरकार  
Government of India

भारतीय पहचान प्राधिकरण  
Indian Identification Authority of India

पता:  
S/O: देवेन्द्र सिंह, लोहई, लोहई,  
लोहई, लोहई, मथुरा, उत्तर प्रदेश,  
281205

Address:  
S/O: Devendra Singh, lohai, lohai,  
Lohai, Lohai, Mathura, Uttar  
Pradesh, 281205

7873 1848 8671

1947  
1600 300 1947

help@uidai.gov.in

www.uidai.gov.in

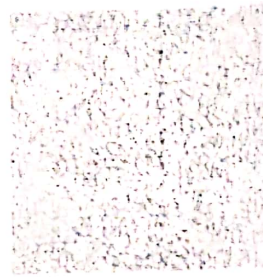
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
FIJPD9900A



नाम  
CHARMVEER

कृषक का नाम / Farmer's Name  
VENDRA SINGH

जन्म तिथि / Date of Birth  
01/1978

हस्ताक्षर / Signature

05032019