

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.	विपिन कुमार
2	Vehicle No. / वाहन संख्या	7506581427 UP-81-DU-1562
3	Policy No. / पालिसी संख्या	252400/31/2026/3544
4	Period of Insurance / बीमा अवधि	14/4/2025 To 31/4/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/3/2026 Time - 7:30
6	Place of Accident / दुर्घटना का स्थान	श्रीधरपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tarun Kumar - U8120220004092 8192873380
8	Estimated Loss / अनुमानित हानि	33614
9	Cause of Accident / दुर्घटना का कारण :	मैत्रा गाड़ी और जेश सल्ला दीबो जोग वाडिका से टक्कर मारने के कारण जो कि ड्राइवर के मास्केट के कारण हुआ है।
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.	S.B. Chandelwal Nagar Sagar, Nagar, Morharaj 8868808889

प्रशांत कुमार

Date / दिनांक :
हस्ताक्षर

21/4/2026

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. 252400/31/2026/3544
 Tel. No. _____ Period of Insurance 11/4/2025 To 13/4/2026
 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 Prashant Kumar
 (a) Name : _____
 (b) Address for correspondence : Bhagalpur - Bhagalpur, Bihar
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>MB11E7R10L82916</u> Chassis No. <u>MB11AW223R10L89513</u>	Registration No. <u>UP-81-DU</u> <u>1562</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 : Tarun Kumar
 (b) Age : 07/13/1999
 (c) Address : Block 1, Seema, Fg. Jan, Delhi, India
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (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 : UP 81 2022 0004078
 (h) Issuing Authority : Delhi
 (i) Date of Expiry : 06/3/2029
 (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 : 29/11/2026 Time - 7:30
 (b) Place : Shahdara, Delhi
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : Same as above
 (e) If any third party was responsible for this accident give the name and address : Same as above

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : S.B. Loharwal Motors
 (b) Estimated cost of repairs : 33614
 (c) When and where can the damaged vehicle be inspected : Same as above

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 02/12/20 200

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/-

Handwritten signature

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department ALIGARH RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP81DU1562 Registration Date : 16-Apr-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 : PRASHANT KUMAR Son/wife/daughter of : KANHAIYA LAL
 Full Address: (Permanent) : BHATOI, POST BASGOI, , ALIGARH, UTTAR PRADESH-204216
 Full Address: (Temporary) : BHATOI, POST BASGOI, , ALIGARH-UTTAR PRADESH-204216
 Fitness UpTo : 15-Apr-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 : AA1040473842 Rear HSRP No : AA1040208437
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW223RHL79513
 Engine No : HA11E7RHL82916 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 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 : 14-Apr-2025 Sale Amt : 78366/-
 OTT Date : 14-Apr-2025 Amount/Rcpt No : 7837 / UP81D25040003835
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 11-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Apr-2025 to 15-Apr-2040

Date : 15-Jun-2025 11:38:41

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

16-Apr-2025
 मोटर वाहन विभाग अलीगढ़

Q 3863087

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: PGIR0928

Page No: 1

Signer: EIR THE ORIENTAL INSURANCE COMPANY LIMITED OF Date: Sun Dec 31, 2023 14:29:29 IST Reason: Signing Policy for OIL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE					
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)					
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. HLMISTAN CINEMA MEERUT, PIN-01214063570, (GSTIN: 09AACT0627R4ZU)			Policy Issued On: 14-APR-25		
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-4 Years)		Proposal No. & Date	R/252400/31/2026/985566/4/10 & 14-APR-2025	
Policy No	252400/31/2026/3544		Policy Period (OWN DAMAGE)	FROM 19.02 ON 14/04/2025 TO MIDNIGHT OF 13/04/2026	
Agent/Broker Code	BA0000155144		Policy Period (LIABILITY)	FROM 19.02 ON 14/04/2025 TO MIDNIGHT OF 13/04/2030	
Agent/Broker Name	ABHINAV BHATI		Lead / Break In No	/	
Insured Name	PRASHANT KUMAR (GSTIN:)		Insured State	UTTAR PRADESH	
Insured Address	C/O KANHAIYA LAL, RO BHATOL, POST BASGOL, ALIGARH., NA.0				
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTORCORP		Vehicle	74448	
Model & Variant	HERO SPLENDOR PLUS 13S BLA E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	74448	
Engine - Chassis No	HA11E7RHL82916 - MBLHAW223RHL79513		IME CONTRACT NO		
Cubic Capacity	100		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1		Geographical Area		
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	1247.75		Basic Third Party Liability	3851	
Elec Accessories	0		Compulsory PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	112.75		Legal Liability (WC) to driver (IMT-28)	0	
Geographical Area Extn (IMT -1)	0		Legal Liability to Employees (IMT-29)	0	
Driving 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%)	NA	
Deductibles			PA Paid Driver, Conductor, Cleaner-GR3613	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4150	
AAI Membership (IMT-8)	0		GST	748	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0.00	
SIP Discount	0		Swachh Bharat Cess @ 0.50%	0	
Sub -Total Deductibles	0		Krishi Kalyan Cess @ 0.50%	0	
Add-On Coverages			Gross Premium Paid	4898	
NIL Depreciation	186		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)		
Sub Total Add-on Coverages	186		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	299		5. Subject to Endorsements IMT,7,10,28,		
Nominee Details :					
Nominee Name		Age	l	Relation	
Payment Details :					
Payment Method		Cheque No./Transaction No.	Bank Name		Amount
					4898
Financer Type					
Financer Name		Cash	Financer Branch		
POS Name		POS ID	POS PAN NO/Aadhar No		NA
<p>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.</p> <p>The insurance under the policy is subject to conditions, clauses, warranties, exclusions, JMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org in or on demand from the policy issuing office.</p> <p>Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>I/We hereby certify 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.</p> <p>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 14-APR-25</p> <p>IMPORTANT NOTICE</p> <p>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 M.V. Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".</p> <p>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) Organised racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade.</p> <p>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.</p> <p>Limits of Liability Clause: Under section II-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 II-1 (ii) of the policy - Damage to third party property is Rs 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS 0.</p> <p>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 year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/33%, 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.</p> <p>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, 1998.</p> <p>* This insurance excludes all pre-existing damages.</p>					
Approved By : UNIV@252400			For and on behalf of		
Approved On : 14-APR-25			The Oriental Insurance Company Limited		
Place : MBT					
Printed On : 21-DEC-25			General Manager		
			Authorized Signature		

Indian Union Driving Licence
Issued by Uttar Pradesh

UP81 20220004077

Issue Date: 16-02-2022 Validity (NT): 06-03-2039 Validity (TR): -----

Name: **TARUN KUMAR** Holder's Signature: _____


Date of Birth: 07-03-1999 Blood Group: _____ Organ Donor: **N**

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




Address: **BHATOI SASNI Iglas, Aligarh, UP 204216**

Date of First Issue (16-02-2022)

DL No: **UP81 20220004077** UPDL000007585668

 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	UP81	16-02-2022	NT			
	LMV	UP81	16-02-2022	NT			
	MVSD						

Emergency Contact Number: _____

Licensing Authority
UP81 ALIGARH

Form 7 Rule 16(2)



भारत सरकार
Government of India



Aadhaar no. issued: 08/09/2017



प्रशान्त कुमार
Prashant Kumar
जन्म तिथि/DOB: 01/02/2004
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वयूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5451 0393 1257

मेरा आधार, मेरी पहचान



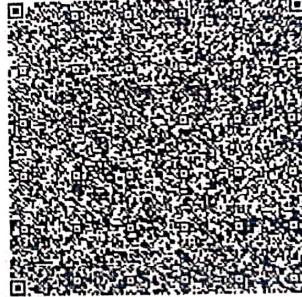
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



UIDAI का ऑन: 230602126

पता:
आत्मज: कन्हैया लाल, भटोई पोस्ट बसगोई, भटोई, सासनी,
अलीगढ़,
उत्तर प्रदेश - 204216

Address:
S/O: Kanhaiya Lal, bhatoai post basgoi, Bhatoi, PO:
Sasni, DIST: Aligarh,
Uttar Pradesh - 204216



5451 0393 1257

VID : 9155 6808 8065 3387

☎ 1947


| ✉ help@uidai.gov.in

| 🌐 www.uidai.gov.in



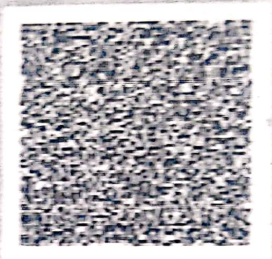
आयकर विभाग
INCOME-TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



ई-आयटी अकाउंट नंबर कार्ड
e - Permanent Account Number Card

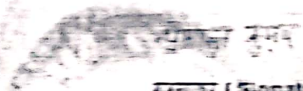
JVAPK4925G



नाम / Name
PRASHANT KUMAR

पिता का नाम / Father's Name
KANHAIYA LAL

जनम की तारीख /
Date of Birth
01/02/2004


हस्ताक्षर / Signature