

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.	Dinesh Kumar - 9760392810
2	Vehicle No. / वाहन संख्या	UP 85 DA 1944
3	Policy No. / पालिसी संख्या	252400/31/2026/56312
4	Period of Insurance / बीमा अवधि	05-11-2025, 04-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05-04-2026, 07:00 PM
6	Place of Accident / दुर्घटना का स्थान	Ujhani
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sunil, UP 85 20210011633 9760392810
8	Estimated Loss / अनुमानित हानि	10675
09.	Cause of Accident / दुर्घटना का कारण :	→ बाईक में सामने सामने से टक्कर हुई है सामने वाला ड्राइवर नै शराब पी रखी थी गाँव उझानी से शेरगढ आ रहा था मोड साइड पर रज्जुमीडेंट हुआ था
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.	Durga Auto, Naahjheel 7078936431

DURGA AUTO

Near SBI Bajna Road, Teh. Mant

Date / दिनांक 21/04/26

Name / नाम Sunil

Mobile No. / मोबाइल नं. 9760392810

Signature / हस्ताक्षर

06-04-2026

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 Meerut

Certificate/Policy No. 252400/31/2026/56312

Tel. No.

Period of Insurance 05-11-2025 to 11-2026
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 : Dinesh Kumar
(b) Address for correspondence : Uhani Khadar Mathura
(c) Telephone : 9760392810

2. THE INSURED VEHICLE

Make & Year <u>Hero Motors Ctel</u>	Engine No. Chassis No. <u>HA11F789K09200</u> <u>MBLHAW48789K50341</u>	Registration No. <u>UP05</u> <u>DA1944</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 : Sunil
(b) Age : 24
(c) Address : Ujhain
(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 : UP0520210011603
(h) Issuing Authority : 05/11/2025
(i) Date of Expiry : 04/11/2026
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : Na
(l) Has he been involved in any accident before? : Na
(m) Has he been charged by the policy? If so, Why? : Na

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 05-04-2026, 07:00 PM
(b) Place : Ujhain
(c) Speed of vehicle at the time of accident : 30
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : वाईक मो. सामने सामने से टक्कर हुई है सामने वाला ड्राइवर ने शराब पी रखी थी गांव उज्जानी में शराब आ रहा था मोड रोड पर Accident हुआ था

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Frontal and Right
(b) Estimated cost of repairs : 10675
(c) When and where can the damaged vehicle be inspected : Durgam Auto Naujheel

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? : _____ N/A
- (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? : _____ N/A
- (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 Dinesh Kumar

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.

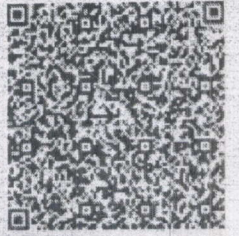
Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Dinesh Kumar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85DA1944 Registration Date : 07-Nov-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 : DINESH KUMAR Son/wife/daughter of : RAMVIR
 Full Address: (Permanent) : UJHANI, KHADAR, , MATHURA, UTTAR PRADESH-281404
 Full Address: (Temporary) : UJHANI, KHADAR, , MATHURA-UTTAR PRADESH-281404
 Fitness UpTo : 06-Nov-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 : AA1047224515 Rear HSRP No : AA1046963686
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW487S9K58341
 Engine No : HA11F7S9K09200 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy 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)

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 SHRIRA FINANCE LTD, MATHURA, , Mathura, Uttar Pradesh-281001 w.e.f. 06-Nov-2025.

Purchase dt : 05-Nov-2025 Sale Amt : 73764/-
 OTT Date : 05-Nov-2025 Amount/Rcpt No : 7377 / UP85D25110002095
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Jan-2026
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-Nov-2025 to 06-Nov-2040

Date : 02-Feb-2026 12:10:19

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Motor Vehicle Dept.
 MATHURA
 Date: 02 Feb 2026

Q 7823028



The Oriental Insurance Company Ltd.
Policy Schedule

Signer: US THE ORIENTAL INSURANCE COMPANY LIMITED
Date: Wed Nov 5 2025 11:05:18 AM
Reason: Signing Policy

Report ID: PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	05-NOV-25
Policy No	252400/31/2026/56312	Proposal No. & Date	R/252400/31/2026/106745863/22 & 05-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:52 ON 05/11/2025 TO MIDNIGHT OF 04/11/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 19:52 ON 05/11/2025 TO MIDNIGHT OF 04/11/2030
Insured Name	DINESH KUMAR (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O RAMVIR, R/O UJHANI KHADAR, NA, MATHURA, Uttar Pradesh, , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	70076
Model & Variant	HERO SPLENDOR PLUS E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	70076
Engine - Chassis No	HA111F7S9K09200 - MBLHAW487S9K58341			TMF 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	1174.47	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	176.47	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-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4027
AAI Membership (IMT-8)	0	GST	724
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	4751
NIL Depreciation	0	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	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	176	5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :		Payment Details :		Financer Type	
Nominee Name		Payment Method	Cheque No./Transaction No.	Financer Name	SHRIRAM FINANCE LIMITED
Age		Bank Name	Bank Name	Financer Branch	MATHURA
Relation		Amount	Amount	POS ID	NA
		4751	4751	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 Rs1lac, 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.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs 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.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

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.

In witness whereof the undersigned being authorised by and on behalf of the company has here in to set his/his hands at 252400 on 05-NOV-25

IMPORTANT NOTICE

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 MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

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) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trails (7) Any Purpose in connection with motor trade.

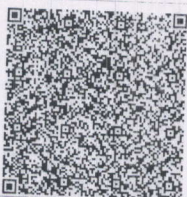
Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

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

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/35%, 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

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, 1988.

* This insurance excludes all pre-existing damages



Approved By : UNIV@252400

Approved On : 05-NOV-25

Place : MRT

Printed On : 05-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



भारत सरकार
Government of India



Issue Date: 12/06/2014



दिनेश कुमार
Dinesh Kumar
जन्म तिथि / DOB : 10/07/2003
पुरुष / Male



3719 4702 8071

मेरा आधार, मेरी पहचान

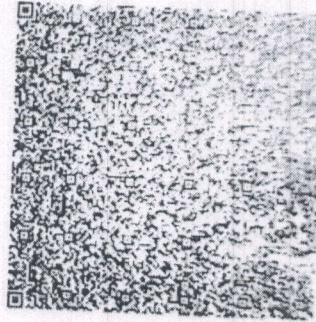
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Print Date: 11/12/2021

पता: S/O: रामवीर, उझानी खादर, मथुरा, उत्तर
प्रदेश, 281404
Address: S/O: Ramvir, Ujhani Khadar,
Mathura, Uttar Pradesh, 281404



3719 4702 8071

1947

help@uidai.gov.in

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आयकर विभाग
INCOME TAX DEPARTMENT

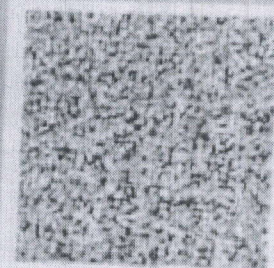


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LJYPK4008C



नाम / Name
DINESH KUMAR

पिता का नाम / Father's Name
RAJVIR

जन्म की तारीख /
Date of Birth
12/07/2003

हस्ताक्षर / Signature

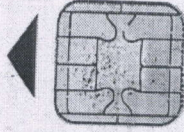
14122021



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

UP

UP85 20210011683



Issue Date **26-08-2022** Validity (NT) **17-06-2042** Validity(TR)* **25-08-2027**



[Signature]
Licence Holder's Signature

Date of First Issue **(17-07-2021)**

Name: **SUNIL**
Date of Birth: **18-06-2002** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **HANSRAJ**
Address:
UJHANI BANGAR MATHURA
CHHATA, MATHURA, UP 281404

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DL No: UP85 20210011683

UPDL000009121084



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	17-07-2021	NT			
	LMV	UP85	17-07-2021	NT			
	TRANS	UP85	26-08-2022	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP85 MATHURA

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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-0426-2	Date	06-04-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	7351129740
VIN	MBLHAW487S9K58341	Model	SPLENDOR +
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85DA1944
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	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	ADHMS6A0030BBGS -VISOR FRONT NH-1(T2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
5	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
7	ADHMS6A0000BBGS -FUEL TANK NH-1(T2)	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
8	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
9	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00

Parts Total

0.00 9,141.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	550.00	9.00	9.00	0.00	0.00	0.00	0.00	649.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	750.00	9.00	9.00	0.00	0.00	0.00	0.00	885.00

Jobs Total

0.00 1,534.00

Parts Total	9,141.00
Labour Total	1,534.00
SGST (Parts) 9%	697.19
CGST (Parts) 9%	697.19
SGST (Labour) 9%	117.00
CGST (Labour) 9%	117.00
Total	10,675.00

Rupees in Words: Ten Thousand Six Hundred Seventy Four 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

Authorised Signatory

DURGA AUTO
 Near SBI Bajna Road, Teh Man
 Naujheel, Mathura - 281210
 (M) 8445277500, 9634181633