

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.	मन्मोहन 8126932914
2	Vehicle No. / वाहन संख्या	UP-85-CX-7855
3	Policy No. / पालिसी संख्या	252400/31/2026/30685
4	Period of Insurance / बीमा अवधि	01/8/2025 To 31/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/4/2026 Time 6:00 PM.
6	Place of Accident / दुर्घटना का स्थान	पुरी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinhal Sharma-UP8520240009128 952042914
8	Estimated Loss / अनुमानित हानि	15020
9.	Cause of Accident / दुर्घटना का कारण :	हमारा ताऊ जी का लड़का विशाल मोटर साइकिल को लेकर के गाँव से टूटी गाँव जा रहा था। सुरीर से अगि मोटर साइकिल के अगि कुला का गधा धाँ / जिसके कारण हमारी मोटर साइकिल बाघिदाब पर गिर कर टूट गयी।
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. Khametwal Motor Shop, Mani, Mathura 8868808889

Date / दिनांक :
हस्ताक्षर

02/5/2026

Signature of Insured / बीमाधारक के

मन्मोहन





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. 252400/31/2026/30685

Tel. No. _____

Period of Insurance 31/8/2025 To 31/7/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I: INSURED

- (a) Name Manish
 (b) Address for correspondence Ind. Baraugh, village Bhawtashi, madhuz
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>10011F459E16865</u> Chassis No. <u>MBC10AW43159E78820</u>	Registration No. <u>UP-85-ex</u> <u>7855</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? _____
 (d) If a Motor Cycle/scooter MP
 1. Was a side-car attached MP
 2. Was a pillion rider carried MP

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 : Vinod Sharma
 (b) Age : 25-2003
 (c) Address : B-202 Banger, Mathura
 (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 : UP 20240009128
 (h) Issuing Authority : Mathura
 (i) Date of Expiry : 06/5/2013
 (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 : 30/4/2026 TIME - 6:00 PM
 (b) Place : Gate
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : दोनों दिशा में आया गाड़ी निकलकर दाल
 (e) If any third party was responsible for this accident give the name and address : दाल के 114 (मथुरा) में 257 नं. गेट पर चलाकर चलाया गाड़ी निकलकर (114) 257 नं. गेट पर चलाकर चलाया गाड़ी निकलकर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : As per Estimate.
 (b) Estimated cost of repairs : 15020
 (c) When and where can the damaged vehicle be inspected : S. B. Khandelwal Motory

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 02/11/2022 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/-

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 : UP85CX7855 Registration Date : 02-Aug-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 : MANISH Son/wife/daughter of : MAHESH SHARMA
 Full Address: (Permanent) : POST BARAETH, VILLAGE BHOORGARHI, , MATHURA, UTTAR PRADESH-281201
 Full Address: (Temporary) : POST BARAETH, VILLAGE BHOORGARHI, , MATHURA-UTTAR PRADESH-281201
 Fitness UpTo : 01-Aug-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 Rear HSRP No : AA2127183278
 Front HSRP No : AA1042725397 Month/Year of Manuf. : 05/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW431S9E77870
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F4S9E16865 Cubic Capacity : 97.20
 Horse Power(BHP) : 8.17 Wheel base : 1235
 Maker's Classification : HF DELUXE (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : BLACK GREY STRIPE AC Fitted : NO
 Other Criteria :
 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. 01-Aug-2025.

Purchase dt : 01-Aug-2025 Sale Amt : 65650/-
 OTT Date : 01-Aug-2025 Amount/Rcpt No : 6565 / UP85D25080000241
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 05-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Aug-2025 to 01-Aug-2040

Date : 25-Aug-2025 16:01:47

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Date : 25-Aug-2025

Q 4659921



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: POL00928
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, PIN-01214061370, (GSTIN: 09AAACT0627R4Z0)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	01-AUG-25
Policy No	25240031202670675	Proposal No & Date	R/252400312026/23162 R. 01-AUG-2025
Agent/Broker Code	BAD000155134	Policy Period (OWN DAMAGE)	FROM 12.59 ON 01/08/2025 TO MIDNIGHT OF 31/07/2026
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 12.59 ON 01/08/2025 TO MIDNIGHT OF 31/07/2026
Insured Name	MANISH GSHIN	Lead/Breakin No	/
Insured Address	C/O NAH SHI SHARMA, POST BARAULHA VILLAGE BHOORGARH MATHURA, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	62368
Model & Variant	HERO HE-DTUNE SL 1.2D	Electrical Accessories	0
Registration No	NW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	62368
Engine & Chassis No	HA114S9E16865 MIH HAW43189E77870	IMT CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SC40		
Type Of Fuel	PETROL		
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1045.29	Basic Third Party Liability	3851
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Electrical Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	983.24	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extra (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4102
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	738
AT Membership (IMT-8)	0	GST	0.00
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicles designed for handicapped	0	STAMP DUTY	0
NIP Discount	888	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	888	Krishi Kalyan Cess@0.50%	0
Add-On Coverages	156	Gross Premium Paid	4840
NIL Depreciation	0		
Return to Insurer	0		
Key Replacement	0		
Contaminant	0		
Sub-Total Add-on Coverages	156		
Net own Damage Premium(A)	251		

Insurer Details	Insurer Name	Age	Relation
Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Name	HERO FINCORP LTD.	Financer Branch	Amount
POS Name	NA	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 operating offices as well as company's website.

The insurance under this policy is subject to conditions, terms, warranties, exclusions, IMTs and ORC endorsements mentioned herein above which are available on company's website.

Whereas the use of disbursement of premium cheques by the company shall not be liable under the policy and the policy shall be void ab initio (from inception).

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

It is hereby certified 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 hereby authorizes the undersigned being authorized by and on behalf of the company has been to set his/her hands at 252400 on 01-AUG-25.

INSURED'S NOTICE

The insured is not to be insured 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 for the clause headed "ASSIGNMENT OF CERTAIN AND RIGHTS OF RECOVERY".

Laminations are used solely 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 baggage) (3) Recruitment (4) Stage (5) Race Making (6) Speed testing (7) Circularity Road.

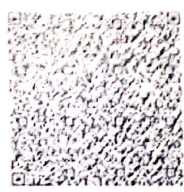
Driver's License: The person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license may also drive a vehicle & that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

Losses of Laminates: Losses under section II-1 of the policy - Death of or bodily injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 under Section II-1 (1) of the policy - Damage to third party property - 20% of the P.A. cover under section III for owner Driver is 25.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) from the own damage section of the policy if no claim is made or pending during the preceding year (stat per the Preceding year 20% preceding two consecutive years 35% preceding three consecutive years 45% preceding five consecutive years 50% and 70% on OD premium. No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

It is hereby certified 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.

The insured is not to be insured if the vehicle is used or driven otherwise than in accordance with this schedule.



Approved By: 699513684D
Approved On: 01-AUG-25
Place: BPT
Printed On: 01-AUG-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

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

UP85 20240009128

Issue Date: 16-04-2024 Validity (NT): 06-05-2043 Validity (TR):

Name: **VISHAL SHARMA**

Date of Birth: 07-05-2003 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **BHUDEV SHARMA**

Address:
Baroth Bangar Mathura Uttar
Pradesh 281201

Holder's Signature

Date of First Issue: 16-04-2024

DL No: **UP85 20240009128** UPDL000010218594

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	16-04-2024	NT			
	LMV	UP85	16-04-2024	NT			
	MVSC						

Emergency Contact Number: 7248822756

Licensing Authority
UP85 MATHURA

Form 7 Rule 16(2)

भारत सरकार
Government of India



मनीष
Manish
जन्म तिथि/DOB: 14/07/2003
पुरुष/MALE



8000 1250 8715

मेरा आधार, मेरी पहचान

भारत सरकार
Unique Identification Authority of India

Address:
S/O Mahesh Sharma, ... post
barauth, village bhoorgarh, Baroth
Bangar, Mathura,
Uttar Pradesh - 281201

पता:
S/O महेश शर्मा, ... पोस्ट बरोठ, गांव
भुरवठी, बरोठ बांगर, मथुरा,
उत्तर प्रदेश - 281201

8000 1250 8715

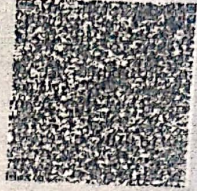
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GXUPM3295N



नाम / Name

MANISH

पिता का नाम / Father's Name

MAHESH SHARMA

जन्म की तारीख /
Date of Birth

14/07/2003

Manish
हस्ताक्षर / Signature

