

To - सेवक में,
The Oriental Insurance Co Ltd /
दो ओरिएण्टल इन्सुरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र

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.	ABHINDAN KUMAR DUBEY 9721214246
2. Vehicle No. / वाहन संख्या	UPS7BY2336
3. Policy No. / पॉलिसी संख्या	252400/31/2026/16399
4. Commencement & Termination Date / बीमा अवधि	22/05/2025 to 21/05/2026
5. Date & Time of Accident / दुर्घटना का दिनांक & समय	25/04/2026 @ 9:00 AM
6. Location of Accident / दुर्घटना का स्थान	AUDAN TOLA
7. Name of the Driver, D.L. No. & Mobile No. / ड्राइवर का नाम, डी.एल. नं. & मोबाइल नं.	ABHINDAN KUMAR DUBEY UPS720230005990, 9721214246
8. Estimated Loss / अनुमानित हानि	113700/-
9. Cause of Accident / दुर्घटना का कारण:	हम घर से मार्केट जा रहे थे, लम्बी लेफ्ट साइड से स्कूटर वाला ने लाकर मार दिया और हम बॉडी लेकर राइट साइड फिर गए।
10. Spot Surveyor / स्पॉट सर्वेयर का नाम	
11. Third Party / तृतीय पक्ष हानि / FIR No.	NA
12. Name of the Workshop, Address & Contact / कारिगरी का नाम, पता & मोबाइल / फ़ोन	RISHABH MOTORS, SEORAH 6306525464

Date / दिनांक

05/04/2026

05/04/2026

Signature of Insured / बीमाधारक के
अभिन्दन कुमार दुबे



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**
 Tel. No. **972121 4246**

Certificate/Policy No. **252400/31/2026/16399**
 Period of Insurance: **22/05/2025 to 21/05/2026**
 Claim No.

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

(a) Name: **1. INSURED**
 (b) Address for correspondence: **ABHINDAN KUMAR DUBEY**
 (c) Telephone: **972121 4246**

Make of Vehicle: **HEROS 2025**
 2. THE INSURED VEHICLE
 Engine No. **63668** Registration No. **UPSA BY 2336**
 Chassis No. **B2329**

(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 the driver a P.V. holder?
 (d) If not, then (i) Cycle/scooter **N/A**
 (ii) Was a side-car attached **N/A**
 (iii) Was a pillion rider carried **N/A**

IF ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)
 The following questions need be answered in commercial vehicles only.
 (a) Registered laden weight
 (b) Gross Wt. 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/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Nature of passenger permitted
N/A

3. DRIVER AT THE TIME OF ACCIDENT

ABHINDAN KUMAR DUBEY



(c) If paid driver, how long has he been in your employment?

N/A

(d) Was he under the influence of intoxication or drugs?

N/A

(a) Driver's Licence Number

UPS720230005990

(b) Issuing Authority

0610512023

(c) Date of Expiry

22/02/2043

(d) Was the licence temporary/permanent?

Permanent

(i) Has he been involved in any accident before?

NA

(ii) 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

25/04/2026 @ 9:00 AM

(b) Place

AUDAN TOLA

(c) Speed of vehicle at the time of accident

हम घर से मोर्कट जा रहे थे, तभी लेफ्ट साइड से एक वाइक वाला ने बाकर मार दिया और हम

(d) Give a short description of the accident

(e) If any third party was responsible for this accident give the name and address

वाइक लेकर राइट साइड गिर गए।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage

As Per Estimate

(b) Estimated cost of repairs

113को-

(c) When and where can the damaged vehicle be repaired

RISHABH MOTORS

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?

N/A

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? :
(b) If yes, give full details : NA

9. WITNESS

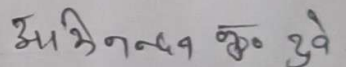
(a) Give names and addresses of passengers/other witnesses, if any :
(b) Did a Police Constable take particulars of the accident? :
(c) Was accident reported to Police? If not, Why? : NA
(d) If yes, to which Police Station? :
(e) Date and Diary No. :

10. THEFT

(a) Date and Time :
(b) Place :
(c) What was stolen? :
(d) Estimated cost of replacement? :
(e) By whom discovered and reported? : NA
(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 statements in 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 05/07/2026

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 of
my/our motor Car/Vehicle No. insured under Policy No.
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
Rupee Stamp
Which Amount
Exceeds Rs. 5000

Witness
Name
Signature
Address

Signature
Occupation
Address
.

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BY2336 : 03-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER : NEW
 Dealer's Name & Address : M/S RISHAB MOTORS, TAMKUHI ROAD SEVRAHI, KUSHINAGAR,, 189-274406
 Owner Name : ABHINDAN KUMAR DUBEY Son/wife/daughter of : SATISH DUBEY
 Full Address: (Permanent) : AVADAN TALA, SEVRAHI,, KUSHINAGAR, UTTAR PRADESH-274406
 Full Address: (Temporary) : AVADAN TALA, SEVRAHI,, KUSHINAGAR-UTTAR PRADESH-274406
 Fitness Up To : 02-Jun-2040 : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER : BHARAT STAGE VI
 Ownership : INDIVIDUAL : AA1043058153
 Maker's Name : HERO MOTOCORP LTD : 05/2025
 Front HSRP No : AA1043239936 : MBLHAW484SHEB2329
 Type of Body : SOLO WITH PILLION : PETROL
 No of Cylinders : 1 : 97.20
 Engine No : HA11F7SHEG6668 : 1235
 Horse Power(BHP) : 8.17 : 0
 Maker's Classification : SPLENDOR+ (DRS) : 113
 Seating Cap(in all) : 2 : 243
 Sleeper Cap : 0 : NO
 Colour : Black Heavy Grey :
 Other Criteria : Fully Built :
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf. : As Regd. Weight(in kgs)

- a) Front: : 78776/-
- b) Rear: : 7878 / UP57D25060000411
- c) Other: : NOT EXEMPTED
- d) Tandem: : NOT EXEMPTED

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. : 03-Jun-2025

Purchase dt : 03-Jun-2025 : Sale Amt : 78776/-
 OTT Date : PRIVATE : Amount/Rcpt No : 7878 / UP57D25060000411
 Vehicle is Govt./ Pvt. : 26-Jun-2025 : Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 26-Jun-2025 : Previous RegNo :
 Other State/Transfer/Conversion/Reassign Details : Entry Date :
 Previous Owner : Conversion Date :
 Old State :
 Transfer Date :

This certificate is valid from 03-Jun-2025 to 02-Jun-2040

Date : 22-Jul-2025 17:32:05
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority :
 Date : 22-Jul-2025

A.R.T.O.
 KUSHINAGAR(U.P.)

4427894



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: POL00010

Page No: 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAR SAGAR, OPP. BHARAT CINE MA THEATRE, (GSTIN: 09AAAAC106270424)
BLANDED POLICY (MOTORISED TWO WHEELERS (4 Year))
Policy Issued On: 22-MAY-23
Proposal No. & Date: R/23/4067/17026/11300 & 22-MAY-2023
Policy Period (OWN DAMAGE): FROM 11.30 ON 22/05/2023 TO MIDNIGHT OF 31/05/2024
Policy Period (LIABILITY): FROM 11.30 ON 22/05/2023 TO MIDNIGHT OF 31/05/2024

Policyholder details:
Agent/Broker Code: 04080010344
Agent/Broker Name: ADI (NAV BHATI)
Insured Name: ABHIRAM KUMAR DUBEY (GSTIN: 0)
Insured Address: P-O SATISH DUBEY, ANAND TALASER, BHILAI, PADMAUNA (KUSHINAGAR), N.A.
INSURED MOTOR VEHICLE DETAILS:
Model & Variant: HERO MOTORCYCLE
Registration No: MH 02 SP 15200R (07-09-20)
Year of Manufacture: 2023
Engine Chassis No: RAK11F7SHU3268N, MBLLHAW4SHR1B279
Cubic Capacity: 100
Seating Capacity: 1+1
Type of Body: S/DL/D
RTU Location: Type of Fuel: PETROL

Table with columns: Vehicle, Base Premium, Geographical Area, Driving, Voluntary Deductibles, Add-on Coverages, etc.
Total Premium (A+B): 4151
GST: 748
Stamp Duty: 0
Net Premium: 4899

Table with columns: Cheque No./Transaction No., POS ID, POS PAN NO./Aadhar No., Relation, Amount.
Amount: 4899

IMPORTANT NOTICE:
The insured is not indemnified if the vehicle is used as a driver where use than in accordance with this schedule.
Limitations as to use: Liability for social damages and pleasure purposes and the insured's business.

Approved By: 659625266D
Approved On: 22-MAY-23
Place:
Printed On: 22/05/2023



For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signatory

शु बीमा पालिसी, गाडी का फुल बीमा
(OD) एक साल का तथा पूर्व फर्स्ट क्लेम
सैब सात के लिए शी मॉबल

भारत सरकार

Government of India



अभिन्दन कुमार दुबे

Abhinandan Kumar Dubey

जन्म तिथि / DOB: 23/02/2003

पुरुष / Male



आधार पहचान का प्रमाण है, आगरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



9310 9142 9311

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: आत्मज. सलीश दुबे, अवदान टोला, सेवही,
कुशीनगर, उत्तर प्रदेश, 274406

Address: S/O. Salish Dubey, avadan tala,
Sewrahi, Kushinagar, Uttar Pradesh, 274406



Print Date: 28/05/2023

9310 9142 9311



1947



help@uidai.gov.in



www.uidai.gov.in

भारतीय रिजर्व
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



आयकर विभाग
Income Tax Department

HERP033360

नाम: श्री. राजेश कुमार शर्मा
पता: 123, Main Road, New Delhi
दस्तावेज संख्या: HT/2023/1234



2023/2024
आयकर विभाग, भारत सरकार

HERO MOTORS
 NO- 826 MAIN MARKET ROAD, SFORAHII, KUSHINAGAR, 274406, UP, India
 Code: 9 Contact: 7991947773, 9554852111
 GSTIN No: 09AGXPG1546A174
 Associate Dealer: Hero Motors Corp Ltd

ESTIMATE

Estimate No	22736-02-RF-SI-0526-14	Date	02-05-2026
Customer Name	ABHINANDAN KUMAR DUBEY	Contact No.	9721214246
PN	M3E11AW484SHEB2329	Model	SPLENDOR +
Insurance Company		Reg No.	UP57BY2336
HMCGL Card No		HMCGL Card Category	

No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Amount
	ADHMS6A0000BBGS	87141090	Paid	4,639.8	1	9.00	9.00	0.00	0.00	0.00	0.00	5,478.6
	FUEL TANK NH 1(12)				3							
	50993KST1940S GUARD	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.1
	C/G											
	11410KWAS941S PIPE	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.0
	COMP. FIFORK											
	53100AAC110S PIPL STRG	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.0
	WANDLE											
	51104AA1100S SHLP	87141090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.0
	WELDON											
	61100KST1940ZAS FENDER	87141090	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	839.0
	COMPLI FE FRONT RH L											
	53200AA1300S SH M	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	945.0
	COMP STRG											
Parts Total											0.00	10,780.0

No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Amount	
	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.0	
Jobs Total											0.00	590.0

Parts Total	10,780.0
Labour Total	590.0
SGST (Parts) 9%	822.2
CGST (Parts) 9%	822.2
SGST (Labour) 9%	15.0
CGST (Labour) 9%	15.0
Total	11,370.0

Amount in Words: Eleven Thousand Three Hundred Seventy Only

Authorised Signatory

22736 - Main WS

- 1. Terms Cash
- 2. PDS & 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. Vehicle may be inspected in Workshop premise or outside the premise
- 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 KUSHINAGAR Jurisdiction Only
- 9. HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches