

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्श्योरेंस 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.	Pavan Kumar 8865937220
2	Vehicle No. / वाहन संख्या	UP-85-DB-1698
3	Policy No. / पालिसी संख्या	252400/31/2024/62598
4	Period of Insurance / बीमा अवधि	30/12/2023 To 29/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/5/2026 शाम - 2:30 PM.
6	Place of Accident / दुर्घटना का स्थान	जय नहर बंध
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pavan Kumar - UP 85 20240024021 8865937220
8	Estimated Loss / अनुमानित हानि	18835
09.	Cause of Accident / दुर्घटना का कारण:	मैं रुक छिस्ते हारी बामी में गया वहां से वापस भाते वक्त वेल में लम्बा गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	ND
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	ND
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S. B. Chandra Lal Nagar Gurgaon, Haryana 8868828868

Date / दिनांक :
हस्ताक्षर

21/5/2026

Signature of Insured / बीमाधारक के
पवन कुमार





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 _____

Tel. No. _____

25240/31/2021/62598
 Certificate/Policy No. _____
 2.11.2025 To 21/12/2025
 Period of Insurance _____
 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 Navan Kumar
- (a) Name : _____
 (b) Address for correspondence : Tokrol, Manr, Nagpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>1200</u> <u>2006</u>	Engine No. <u>10M1F6510242906</u> Chassis No. <u>MBC100W42651020126</u>	Registration No. <u>UP85-DB</u> <u>1698</u>
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- (a) Was the vehicle in proper working condition? X
 (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 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 _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pawan Kumar
 (b) Age : 47 1/2 US/2/2002
 (c) Address : Teluk Anson, Jalan Masjid
 (d) Is the Driver
 1. Owner :
 2. paid driver? : Yes
 3. Owner's relative or friend? : NR
 (e) If paid driver, how long has he been in your employment : NR
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : U/852014002421
 (h) Issuing Authority : NR
 (i) Date of Expiry : 4/12/04
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any : NR
 (l) Has he been involved in any accident before? : NR
 (m) Has he been charged by the policy? If so, Why? : NR

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 28/5/2016 Time 7:30am
 (b) Place : Khai
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : Same as
 (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per G21M92C
 (b) Estimated cost of repairs : 18835
 (c) When and where can the damaged vehicle be inspected : S.B. Chendaniel Road

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 21/5/2026 200

Signature of the insured पवन कुमार

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 प्राणेश कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank





GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85DB1698 Registration Date : 01-Jan-2026
 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 : PAVAN KUMAR Son/wife/daughter of : HARIRAM SINGH
 Full Address: (Permanent) : TEHRAMAT, PO SURIR DIST, , MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : TEHRAMAT, PO SURIR DIST, , MATHURA-UTTAR PRADESH-281205
 Fitness UpTo : 31-Dec-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 : AA1047351693 Rear HSRP No : AA1047639002
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW476SHLC0126
 Engine No : HA11F6SHL47908 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
 Sleeper 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 w.e.f. .

Purchase dt : 30-Dec-2025 Sale Amt : 74999/-
 OTT Date : 30-Dec-2025 Amount/Rcpt No : 7500 / UP85D26010000620
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 07-Feb-2026

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Jan-2026 to 31-Dec-2040

Date : 11-Mar-2026 14:54:32

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Motor Vehicle Dept.
 MATHURA
 Date 11-Mar-2026

8314053



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP85 20240024721



Issue Date 20-11-2024 Validity (NT) 04-07-2042 Validity (TR)*



Holder's Signature

Name: PAVAN KUMAR

Date of Birth: 05-07-2002

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: HARIRAM SINGH

Address:
SURIR TEHRAMAT MAT MATHURA
Uttar Pradesh 201205

Date of First Issue 20-11-2024

DL No: UP85 20240024721

UPDL000014613183



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	UP85	20-11-2024	NT			
LMV	UP85	UP85	20-11-2024	NT			
MVSD							

Form 7 Rule 16(2)


Emergency Contact Number

Licensing Authority
UP85 MATHURA




भारत सरकार
Aadhaar
Government of India

Aadhaar no. linked: 24072016




पवन कुमार
 Pavan Kumar
 जन्म तिथि/DOB: 05/07/2002
 पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
 इसका उपयोग सर्वोपलब्ध (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफलाइन प्रमाणीकरण) के माध्यम से सत्यापन 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)

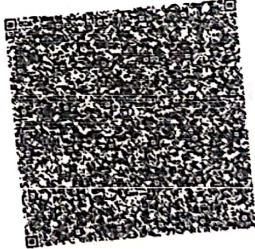
3243 0626 9547

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Aadhaar
Unique Identification Authority of India

Details as on: 21/02/2020

पता:
 आर्यभट्ट, हरिराम सिंह, तेहरामांट, सुरीर, मथुरा,
 उत्तर प्रदेश - 281205
 Address:
 S/O: Hariram Singh, Tehramat, PO: Surir, DIST:
 Mathura,
 U.P. - 281205



3243 0626 9547

VID : 9120 9602 6284 5897

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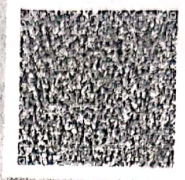
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
KRFPK3165Q



नाम / Name
PAVAN KUMAR

पिता का नाम / Father's Name
HARIRAM SINGH

प्रदत्त तिथि / Date of Issue
05/07/2002

हस्ताक्षर / Signature

05457

