

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.	Pankaj Kumar 6398512341
2	Vehicle No. / वाहन संख्या	01-85-DR-1371
3	Policy No. / पालिसी संख्या	252400/31/2026/54884
4	Period of Insurance / बीमा अवधि	01/11/2025 To 31/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/5/2026 <u>PM</u> - 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Chawp
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pankaj Kumar - 01852024000/641 6398512341
8	Estimated Loss / अनुमानित हानि	14449
09.	Cause of Accident / दुर्घटना का कारण :	दो शादों के बीच लडाई हुई एक शाद गाड़ी पर गिर गया / गाड़ी घट के लामने खडी थी ने बजाट ले आया था /
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S.B. Khanatewal Motors Bunr, Manr, Moshin of 8868808888

Date / दिनांक :
हस्ताक्षर

01/06/2026

Signature of Insured / बीमाधारक के

Pankaj



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. 252400/31/2021/313861

Tel. No. _____

Period of Insurance 01/11/2021 To 31/10/2022

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 Ramraj Kumar
 (a) Name
 (b) Address for correspondence Chawp, Mani, Bughy 2
 (c) Telephone

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2021</u>	Engine No. <u>10071 F25G/06332</u> Chassis No. <u>MBC100W4025G/06394</u>	Registration No. <u>UP-85-D08</u> <u>1321</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
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 : Ranjay Kumar
(b) Age : 09-06-2003
(c) Address : Mageela Chowg, Bhitdaim, Nam, 01924
(d) Is the Driver
1. Owner : Yes
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 : UP0520240001641
(h) Issuing Authority : MTR
(i) Date of Expiry : 08/06/2043
(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 : 30/5/2024 Time - 10.00 AM
(b) Place : Chowg
(c) Speed of vehicle at the time of accident : 0
(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 estimate
(b) Estimated cost of repairs : 14449
(c) When and where can the damaged vehicle be inspected : S.B. Chandelwal Majra

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

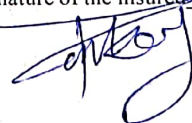
- (a) Give names and addresses of passengers/other Witness, if any _____
- (b) Did a Police Constable take particulars of The accident? _____
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

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 01/06/2021 200

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
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
.....
.....

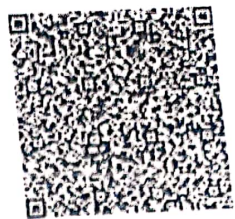
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85DA1371
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
 Owner Name : PANKAJ KUMAR
 Full Address: (Permanent) : NAGLA OHAVA, BHIDAUNI, AUHAWA BANGAR, MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : NAGLA OHAVA, BHIDAUNI, AUHAWA BANGAR, MATHURA-UTTAR PRADESH-281205
 Fitness Up To : 04-Nov-2040
 Registration Date : 05-Nov-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : OM PRAKASH
 Owner Serial No : 1

Detailed Description : M-CYCLE/SCOOTER
 Class of Vehicle : INDIVIDUAL
 Ownership : HERO MOTOCORP LTD
 Maker's Name : AA1047224460
 Front HSRP No : SOLO WITH PILLION
 Type of Body : 1
 No of Cylinders : HA11F7SGF06332
 Engine No : 8.17
 Horse Power(BHP) : SPLENDOR+ (DRS)
 Maker's Classification : 2
 Seating Cap(in all) : 0
 Sleeper Cap : BLUE BLACK
 Colour : Fully Built
 Other Criteria : Fully Built
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1046963631
 Month/Year of Manuf. : 06/2025
 Chassis No : MBLHAW480SGF06394
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 AC Fitted : NO

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-Nov-2025.

Purchase dt : 01-Nov-2025
 OTT Date : 01-Nov-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 20-Jan-2026
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Sale Amt : 73764/-
 Amount/Rcpt No : 7377 / UP85D25110001459
 Tax Exempted or Not : NOT EXEMPTED
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 05-Nov-2025 to 04-Nov-2040

Date : 02-Feb-2026 12:00:39
Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
Motor Vehicle Dept.
MATHURA
02 Feb 2026

Q 7823002



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0928
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: 02AAAAC0627RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	01-NOV-25
Policy No	252400/31/2026/54884	Proposal No. & Date	R/252400/31/2026/106601103/10 & 01-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:45 ON 01/11/2025 TO MIDNIGHT OF 31/10/2026
Agent/Broker Name	ASHINAV BHATI	Policy Period (LIABILITY)	FROM 17:45 ON 01/11/2025 TO MIDNIGHT OF 31/10/2026
Insured Name	PANKAJ KUAMR (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O OM PRAKASH, R/O NAGLA OHAVA POST BHIDAUNI, LAUHAWA BANGAR, MATHURA., NA.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70077
Engine - Chassis No	HA11F7SGF06332 - MRLHAW480SGP06394	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			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	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	176.49	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On GD 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-GR3GB3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4027
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishik Kalyan Cess@0.50%	4751
Add-On Coverages	0	Gross Premium Paid	
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	176	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements IMT, 7.10.28.	

Nominee Details:	Nominee Name	Age	1	Relation	
Payment Details:	Payment Method	Cheque No/Transaction No.		Bank Name	4751
Financer Type	Financer Name	HERO FINCORP LTD.		Financer Branch	NE W DELHI
POS Name	POS ID	NA		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs.1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in pdf on operating Office as well as company's website.

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.

Warranted that in case of payment of premium cheques 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 the 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/have herein to set his/their hands at 252400 on 01-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 MVA 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) Race Making (5) Speed testing (6) Reliability trials

Eligible Purpose: in connection with motor trade.

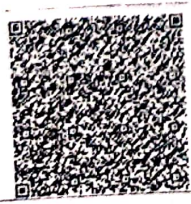
Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license/insured's license may also drive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

Limit 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 to Rs 7.5 million 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 four 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: YABG/252400
Approved On: 01-NOV-25
Place: MRT
Printed On: 01-NOV-25

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



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



UP85 20240001641



Issue Date 29-05-2025 Validity (NT) 08-06-2043 Validity (TR)^a 28-05-2030



Holder's Signature

Date of First Issue 24-01-2024

Name: **PANKAJ KUMAR**
 Date of Birth: **09-06-2003** Blood Group: Organ Donor: **M**
 Son/Daughter/Wife of: **OM PRAKASH**
 Address:
**NAGLA CHAYA POST BHIDAUNI TEH MANT
 MATHURA BHADONI AUHAWA BANGAR MAT
 MATHURA UTTAR PRADESH 201205**

DL No: **UP85 20240001641**

UPDL851000016427



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
	MCWG	UP85	24-01-2024	NT			
	LMV	UP85	24-01-2024	NT			
	TRANS	UP85	29-05-2025	TR			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP85 MATHURA

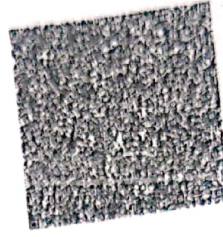




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: आलोक ओम प्रकाश, नागो चौक, पोस्ट भिदौनी, तह मंड, मथुरा, आहवा बंगार, बिदौनी, मथुरा, उत्तर प्रदेश - 281205
 Address: S/O: Om Prakash, nagla bhava, post bhidauvi, teh mani, mathura, Auhawa Bangar, PO: Bhadoni, DIST: Mathura, Uttar Pradesh - 281205



3197 8205 6694

VID: 9125 4463 3659 7372

1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार
Government of India



Aadhaar No. Issued: 2008/2016



पंकज कुमार
Pankaj Kumar
जन्म तिथि/DOB: 09/06/2003
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या वयूआर कोड/
 ऑफलाइन 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).**

3197 8205 6694

मेरा आधार, मेरी पहचान

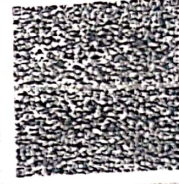


आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
NCIPK9112E



नाम / Name
PANKAJ KUMAR

पिता का नाम / Father's Name
OM PRAKASH

27022023

जन्म की तारीख /
Date of Birth
09/06/2003

पंकज कुमार
हस्ताक्षर / Signature

