

To / से वामें,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	लक्ष्मि 7318337943
2	Vehicle No. / वाहन संख्या	UP 74AP0709
3	Policy No. / पालिसी संख्या	252400/31/2026/10172
4	Period of Insurance / बीमा अवधि	16/05/2025 To 15/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/12/2025 Monday 1:30 PM
6	Place of Accident / दुर्घटना का स्थान	Sikandarpur
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramola Khan 9935721751 UP 74 20190002018
8	Estimated Loss / अनुमानित हानि	₹ 2000
09.	Cause of Accident / दुर्घटना का कारण : मैं घर से शादी के कार्ड वापस जा रहा था अचानक से कुत्ता सामने आने पर एक्सीडेंट हो गया	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	हिबारी आर्टो मोबाइल हिबारा प्रड कनौज 9936403019

Date / दिनांक : 8/12/2025  
हस्ताक्षर लक्ष्मि

Signature of Insured / बीमाधारक के

लक्ष्मि



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. 252400/31/2026/10172

Tel. No. \_\_\_\_\_

Period of Insurance 16/05/2025 To 15/05/2026

Claim No. \_\_\_\_\_

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

1. INSURED

(a) Name : लक्ष्मी  
(b) Address for correspondence : गोला रास्ता, सिव् 2237 - कलकत्ता  
(c) Telephone : 7318337943

2. THE INSURED VEHICLE

Make & Year <u>2025</u> <u>EERO</u>	Engine No. <u>JA07AVS6B08398</u> Chassis No. <u>MBLJAU024US6B11884</u>	Registration No. <u>VP74AP0709</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? NA  
(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 : \_\_\_\_\_
- NA



### 3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Lovish  
 (b) Age : 21  
 (c) Address : मंगली रोड, 2-4/1, रीकरपुर, कन्नौज  
 (d) Is the Driver :  
 1. Owner :  
 2. paid driver?  
 3. Owner's relative or friend?  
 (e) If paid driver, how long has he been in your employment :  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UP742019 000 2018  
 (h) Issuing Authority : कन्नौज  
 (i) Date of Expiry : 19/05/2040  
 (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 : 8/12/2025 P.M 1.30  
 (b) Place : रीकरपुर  
 (c) Speed of vehicle at the time of accident : बी था ते राई के आई बायें जा रहा  
 (d) Give a short description of the accident : भा अचानक कन्हा ठोके से  
 (e) If any third party was responsible for this accident give the name and address : 2 कारीडर हो गया

### 6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE  
 (b) Estimated cost of repairs : अज्ञ  
 (c) When and where can the damaged vehicle be inspected : रीकरपुर ठाहा मोबाइल

### 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 : NA  
 (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? : NA  
 (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? : 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 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 8/12/2025

Signature of the insured

NA





The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PG0005

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 36 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEHRUT, (111406370), (GSTIN) 09AACT0637042U)

Policy Type	BUNDED POLICY (MOTORISED TWO WHEELERS-3 YEARS)	Policy Issued On	16-MAY-25
Policy No.	25200011020614730	Proposal No. & Date	R/25240031/2026/00172 & 16-MAY-2025
Comb-Drucker Code	BAD000131144	Policy Period (OWN DAMAGE)	FROM 1941 ON 16/05/2025 TO MIDNIGHT OF 15/05/2026
Comb-Drucker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 1941 ON 16/05/2025 TO MIDNIGHT OF 15/05/2026
Insured Name	CAVILIGUSTIN JB		
Insured Address	CR10LEP LAL, NAGLA SADARI, NAULI SHANDERPUKANNAUT		

Local/Region No  
Insured State

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Model	HERO MOTOR CORP	Vehicle	96,657
Model & Variant	300MM 175R ABS	Electrical Accessories	0
Registration No.	5878	Non-Electrical Accessories	0
Year Of Manufacture	2023	Total IDV	96,657
Engine & Serial No.	FA07AVSG000506 - MBLJAV7049G011004	TME CONTRACT NO.	
Cubic Capacity	175	Policy Type	Zeev II - Rest of India
Weight Capacity	175	Geographical Area	INDIA
Type Of Body	CHASSIS		
Type Of Fuel	PETROL		
RTI Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1645.11	Basic Third Party Liability	3651
Elect. Accessories	0	Compulsory PA Cover Premium	0
Non-Elect. Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Break Premium	1518.11	Legal Liability (WC) to driver (IMT-28)	0
Comprehensive (After Excess) (IMT-4)	0	Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-46)	0	Legal Liability to Passenger (IMT-46)	NA
Driving License Loading On OD Premium (0.5%)	0	Driving License Loading On TP Premium (0.5%)	NA
Net Total Additions	0	PA Plus (Driver, Conductor, Cleaner-GRM&C)	0
Deductibles		Net Liability Premium (B)	3651
Excess (Driver's Deductible (IMT-25A))	0	Total Premium (A+B)	4216
Excess (Driver's Deductible (IMT-25B))	0	GST	762
Excess (Driver's Deductible (IMT-25C))	0	SERVICE TAX	0
Excess (Driver's Deductible (IMT-25D))	0	STAMP DUTY	0.00
Excess (Driver's Deductible (IMT-25E))	0	Smash Bharat Cover @ 0.50%	0
Excess (Driver's Deductible (IMT-25F))	0	Robi Kalyan Cover @ 0.50%	0
Excess (Driver's Deductible (IMT-25G))	0	Gross Premium Paid	5000
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Excess (Driver's Deductible (IMT-34C))	0		
Excess (Driver's Deductible (IMT-34D))	0		
Excess (Driver's Deductible (IMT-34E))	0		
Excess (Driver's Deductible (IMT-34F))	0		
Excess (Driver's Deductible (IMT-34G))	0		
Excess (Driver's Deductible (IMT-34H))	0		
Excess (Driver's Deductible (IMT-34I))	0		
Excess (Driver's Deductible (IMT-34J))	0		
Excess (Driver's Deductible (IMT-34K))	0		
Excess (Driver's Deductible (IMT-34L))	0		
Excess (Driver's Deductible (IMT-34M))	0		
Excess (Driver's Deductible (IMT-34N))	0		
Excess (Driver's Deductible (IMT-34O))	0		
Excess (Driver's Deductible (IMT-34P))	0		
Excess (Driver's Deductible (IMT-34Q))	0		
Excess (Driver's Deductible (IMT-34R))	0		
Excess (Driver's Deductible (IMT-34S))	0		
Excess (Driver's Deductible (IMT-34T))	0		
Excess (Driver's Deductible (IMT-34U))	0		
Excess (Driver's Deductible (IMT-34V))	0		
Excess (Driver's Deductible (IMT-34W))	0		
Excess (Driver's Deductible (IMT-34X))	0		
Excess (Driver's Deductible (IMT-34Y))	0		
Excess (Driver's Deductible (IMT-34Z))	0		
Excess (Driver's Deductible (IMT-35A))	0		
Excess (Driver's Deductible (IMT-35B))	0		
Excess (Driver's Deductible (IMT-35C))	0		
Excess (Driver's Deductible (IMT-35D))	0		
Excess (Driver's Deductible (IMT-35E))	0		
Excess (Driver's Deductible (IMT-35F))	0		
Excess (Driver's Deductible (IMT-35G))	0		
Excess (Driver's Deductible (IMT-35H))	0		
Excess (Driver's Deductible (IMT-35I))	0		
Excess (Driver's Deductible (IMT-35J))	0		
Excess (Driver's Deductible (IMT-35K))	0		
Excess (Driver's Deductible (IMT-35L))	0		
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Excess (Driver's Deductible (IMT-35N))	0		
Excess (Driver's Deductible (IMT-35O))	0		
Excess (Driver's Deductible (IMT-35P))	0		
Excess (Driver's Deductible (IMT-35Q))	0		
Excess (Driver's Deductible (IMT-35R))	0		
Excess (Driver's Deductible (IMT-35S))	0		
Excess (Driver's Deductible (IMT-35T))	0		
Excess (Driver's Deductible (IMT-35U))	0		
Excess (Driver's Deductible (IMT-35V))	0		
Excess (Driver's Deductible (IMT-35W))	0		
Excess (Driver's Deductible (IMT-35X))	0		
Excess (Driver's Deductible (IMT-35Y))	0		
Excess (Driver's Deductible (IMT-35Z))	0		
Excess (Driver's Deductible (IMT-36A))	0		
Excess (Driver's Deductible (IMT-36B))	0		
Excess (Driver's Deductible (IMT-36C))	0		
Excess (Driver's Deductible (IMT-36D))	0		
Excess (Driver's Deductible (IMT-36E))	0		
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Excess (Driver's Deductible (IMT-36K))	0		
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Excess (Driver's Deductible (IMT-36O))	0		
Excess (Driver's Deductible (IMT-36P))	0		
Excess (Driver's Deductible (IMT-36Q))	0		
Excess (Driver's Deductible (IMT-36R))	0		
Excess (Driver's Deductible (IMT-36S))	0		

भारत सरकार  
Government of India



लविश  
Lavish  
जन्म तिथि / DOB : 01/01/2003  
पुरुष / Male

05/08/2015

2749 0166 3136

मेरा आधार, मेरी पहचान



आर्यभट्ट पहचान प्रधिकरण  
Unique Identification Authority of India



पता: आत्मज: दीपलाल, ग्राम-मगला सदारी,  
नौली, कन्नौज, उत्तर प्रदेश, 209729



Address: S/O: Deeplal, Gram-Nagia Sadari,  
Nauli, Kannauj, Uttar Pradesh, 209729

2749 0166 3136



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help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BJNPL4354D



नाम / Name  
LAVISH

पिता का नाम / Father's Name  
DEEPLAL

कार्ड की तारीख / Date of Issue  
01/01/2003

  
हस्ताक्षर / Signature

03518

UNION OF INDIA Driving Licence (UP) (NT)

UP74-20190002018



नारी वाले की लिपि

Date of Issue

26/03/2019

वैधता - Validity

25/03/2039

जन्म तिथि

Date of Birth

01/01/1994

Blood Group

नाम / Name

RAMLAKHAN

पिता/पति का नाम / Son/Daughter/Wife of

SHRI RAJIV KUMAR





## GOVERNMENT OF UTTAR PRADESH

Transport Department Kannauj

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No	: UP74AP0709	Registration Date	: 20-May-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: ASHA MOTORS, ASHOKNAGAR KANNUJ, KANNAUJ, , 160-209729		
Owner Name	: LAVISH	Son/wife/daughter of	: DEEPLAL
Full Address: (Permanent)	: NAGLA SADARI, NAULI, KANNAUJ, UTTAR PRADESH-209721		
Full Address: (Temporary)	: NAGLA SADARI, NAULI, KANNAUJ-UTTAR PRADESH-209721		
Fitness UpTo	: 19-May-2040	Owner Serial No	: 1
<b>Detailed Description</b>			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2124500040	Rear HSRP No	: AA2124078261
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 02/2025
No of Cylinders	: 1	Chassis No	: MBLJAU024SGB11884
Engine No	: JA07AVSGB08398	Fuel	: PETROL
Horse Power(BHP)	: 11.39	Cubic Capacity	: 124.70
Maker's Classification	: XTREME 125 R ABS	Wheel base	: 1319
Seating Cap(In all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 137
Colour	: BLACK	Laden/GV Wt (kgs)	: 267
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 TATA CAPITAL LTD, CHHIBRAMAU, CHHIBRAMAU, CHHIBRAMAU, Kannauj, Uttar Pradesh-209721 w.e.f. 16-May-2025.

Purchase dt	: 16-May-2025	Sale Amt	: 101439/-
OTT Date	: 16-May-2025	Amount/Rcpt No	: 10144 / UP74D25050001673
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 04-Jun-2025		

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 20-May-2025 to 19-May-2040

Date : 25-Jun-2025 16:39:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

कर / पंजियन भंडारिका Date: 25-Jun-2025

मोटर वाहन विभाग  
कन्नौज

Q 3703229