

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

GCNPK2246F

नाम / Name  
KANCHAN

पिता का नाम / Father's Name  
HARDEV SINGH

जन्म तिथि / Date of Birth  
01/01/1994

कंचन सिंह  
हस्ताक्षर / Signature



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

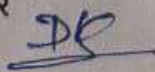
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

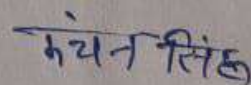
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें .

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	कंचन - 7080114390
2	Vehicle No. / वाहन संख्या	UPS3FL1206
3	Policy No. / पालिसी संख्या	252400/31/2026/35888
4	Period of Insurance / बीमा अवधि	07/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/12/2025 सांय 5 बजे
6	Place of Accident / दुर्घटना का स्थान	मालदनपार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रमेश - 7080114390 UPS320160002398
8	Estimated Loss / अनुमानित हानि	2500
09.	Cause of Accident / दुर्घटना का कारण :	स्कूटी लेकर मेरे ब्रादर रमेश किसी काम से मालदनपार जा रहे थे। मार्केट से पहले मोड़ पर मुझे समय सामने से भा रहे ब्रादर वाले से टकरा हो गई और स्कूटी में थोड़ा नुकसान हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही एम्वी बेलघाट 7266828275

Date / दिनांक : 18/12/25  
हस्ताक्षर



Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ramesh  
(b) Age : 49  
(c) Address : Dadu Chatur, Pandey Para, Basgaon Gorkhpara  
(d) Is the Driver  
1. Owner : X  
2. paid driver? : X  
3. Owner's relative or friend? : Relative  
(e) If paid driver, how long has he been in your employment : X  
(f) Was he under the influence of intoxication Liquor or drugs? : X  
(g) Driving Licence Number : UPS32016000 2398  
(h) Issuing Authority :  
(i) Date of Expiry : 31/12/2025  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any : N.A  
(l) Has he been involved in any accident before? : N.A  
(m) Has he been charged by the policy? If so, Why? : N.A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 16/12/25 5:00 PM  
(b) Place : Mathanpara  
(c) Speed of vehicle at the time of accident : 40  
(d) Give a short description of the accident : सामने से आ रहे वाहन द्वारा सेटबक हो गई  
(e) If any third party was responsible for this accident give the name and address : N.A

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fr. fender, Floorcover Left  
(b) Estimated cost of repairs : 2,500  
(c) When and where can the damaged vehicle be inspected : N.A

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : N.A  
(b) Address : N.A  
(c) Full Details of personal injury sustained : N.A  
(d) Name and address of any person/hospital giving medical attention to injured person : N.A  
(e) Full details of property damaged : N.A  
(f) Has notice of any claim been given to you? : N.A



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. 252400/31/2026/35887

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

Period of Insurance 07/09/2026  
 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 : Kanchan  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : Swaraha, Mathanpar, Basgaon - G.K.P

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JF17EYSGF 08242</u> Chassis No. <u>MBLJFN435SGF08322</u>	Registration No. <u>UP53FL1206</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? Yes  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached N.A  
 2. Was a pillion rider carried N.A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : N.A  
 (b) Unladen Weight : N.A  
 (c) Weight of goods carried/Load Challan No. : N.A  
 (d) Nature of permit : N.A  
 (e) Nature of goods carried : N.A  
 (f) Was the vehicle plying for hire : N.A  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : N.A  
 (h) Number of passengers carried : N.A  
 (i) Number of Passenger permitted : N.A

**GOVERNMENT OF UTTAR PRADESH**

Transport Department Gorakhpur RTO

FORM 23

**CERTIFICATE OF REGISTRATION**

Registration No	: UP53FL1206	Registration Date	: 08-Sep-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, 133-2733		
Owner Name	: KANCHAN	Son/wife/daughter of	: UDAY SINGH
Full Address: (Permanent)	: VILL- SUARAHA, PO- MALHANPAR, PS- BANSGAON, GORAKHPUR, UTTAR PRADESH-273403		
Full Address: (Temporary)	: VILL- SUARAHA, PO- MALHANPAR, PS- BANSGAON, GORAKHPUR-UTTAR PRADESH-273403		
Fitness Up To	: 07-Sep-2040	Owner Serial No	: 1
<u>Detailed Description</u>		Link Vehicle No	
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE
Ownership	: INDIVIDUAL	Rear HSRP No	: AA2134&13619
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 06/2025
Front HSRP No	: AA2134069616	Chassis No	: MBLJFN435SGF09022
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 124.60
Engine No	: JF17EYSGF08242	Wheel base	: 1245
Horse Power(BHP)	: 8.98	Standing Cap	
Maker's Classification	: DESTINI PRIME	Unladen Wt (kgs)	: 115
Seating Cap(In all)	: 2	Laden/GV Wt (kgs)	: 245
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: NOBLE RED		
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 w.e.f.

Purchase dt	: 08-Sep-2025	Sale Amt	: 77256/-
OTT Date	: 08-Sep-2025	Amount/Rcpt No	: 7725 / UP53D25T3000-754
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 16-Sep-2025		

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

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

This certificate is valid from 08-Sep-2025 to 07-Sep-2040

Date : 06-Oct-2025 14:47:50

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date 05-Oct-2025

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. UPS3FL1206 insured under Policy No. 35887 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 .....

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_ N.A

9. WITNESS

- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_ N.A  
(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 : \_\_\_\_\_ N.A

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 18/12/25 200

Signature of the insured कंचन सिंह



भारत सरकार  
GOVERNMENT OF INDIA

कंचन  
Kanchan  
जन्म तिथि/ DOB:  
01/01/1994  
महिला / FEMALE



6995 9594 9471

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

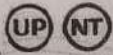
पता:  
W/O उदय सिंह, ग्राम-  
सुअरहा पोस्ट- मालहनपार,  
बासगांव, गोरखपुर,  
उत्तर प्रदेश - 273403

Address:  
W/O Uday Singh, Vill- Suaraha  
Post- Malhanpar, Bansgaon,  
Gorakhpur,  
Uttar Pradesh - 273403

6995 9594 9471

MERA AADHAAR, MERI PEHACHAN

UNION OF INDIA Driving Licence



UP53 20160002398



जासू करने की तिथि  
Date of Issue

29/01/2016

वैधता / Validity

31/12/2025

जन्म तिथि  
Date of Birth

01/01/1976

Blood Group

Unknown



नाम / Name

RAMESH

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

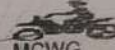
LATE BECHU

UP53 20160002398

UP0355075M7



LMV  
29/01/2016



MCWG  
29/01/2016



पता / Address

VILL-DADVA CHATUR  
PO-PANDEY PURA PS-BANSGAON  
GORAKHPUR - 273403

Holder's Signature

अधिकारी / Issuing Authority Sig  
GORAKHPUR