

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.	सौना देवी - 9588695651
2	Vehicle No. / वाहन संख्या	UPS3 FM 2282
3	Policy No. / पालिसी संख्या	252400/31/2026/43333
4	Period of Insurance / बीमा अवधि	13/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/25 सुबह 8 बजे
6	Place of Accident / दुर्घटना का स्थान	बैलघाट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रामप्रवेश माफ - 9588695651 UPS3 2024 0022069
8	Estimated Loss / अनुमानित हानि	3200
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लोअर में रिश्वात रामप्रवेश माफ ओइल लेवी जा रहे थे। बोझ बहुत तेज पड़ा था बैलघाट पहुँचें ही की रि तनी सामने से आ रहे बाइक वाले ने राइट साइड में होकर माफ विमा पिपलेसरामप्रवेश जी का पैर बच गया अंडरनी चोट आई पर बाइक में बुरा लान 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.	शांति हीरो बैलघाट 7266828275

Date / दिनांक : 23/12/25  
हस्ताक्षर

DIS

Signature of Insured / बीमाधारक के

सौना

## FORM 60

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and Address of the declarant Sona Devi w/o Rajesh Yadav  
Kusamali, Kusamali, Belahat, Gorakhpur, 273404
2. Particulars of the Transaction \_\_\_\_\_
3. Amount of the Transaction \_\_\_\_\_
4. Are you assessed to tax?  Yes  No
5. If yes,
  - i. Details of Ward/Circle/Range where the last return of the income was filed.  
\_\_\_\_\_
  - ii. Reasons for not having Permanent Account Number  
\_\_\_\_\_
6. Details of the document being produced in support of address in column (1)  
\_\_\_\_\_

### Verification

I, Sona Devi do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 23/12/25 Place Gorakhpur

Signature of the declarant सोना

### DECLARATION

I am aware that as per the CBDT circular no. 03/2011, TDS certificates in Form 16 A will be generated only from the Tax Information Network (TIN) website for customers who have updated their Permanent Account Number (PAN) with the Bank. I understand, agree and accept that until I update my Permanent Account Number (PAN) with Citibank N.A; my TDS certificates shall not be generated from the TIN website. I further agree and confirm that I shall not hold the bank liable/responsible in any manner including issuance of any TDS certificate or for rectification thereof during this period.

Customer name : Sona Devi

Signature of the declarant : सोना

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rampravesh Yadav
- (b) Age : 32
- (c) Address : AHIRAULI, RAJMAH, CHAGATA, BARSIGAN, CHERAKHATA
- (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 : VPS3 20240022069
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 11/06/2034
- (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 : 21/12/25 8:00 AM
- (b) Place : Belghat
- (c) Speed of vehicle at the time of accident : 30
- (d) Give a short description of the accident : साइकिल चलाते वकत बाकी न राखलसयस से ठोकर मार दिया
- (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 : visor, handle, mirror, Brake pedal, Sadi, gearrod, etc
- (b) Estimated cost of repairs : 3200
- (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. 252 U00/31/2026/43333

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

Period of Insurance 13/10/2026  
 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 : Sona Devi  
 (b) Address for correspondence : Kuzamau, Kuzamau, Belshat, Cherkhpara  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F75C1J08429</u> Chassis No. <u>MBHAW486SCW08541</u>	Registration No. <u>UP53FM2282</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? Yes  
 (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

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 .....

NA

Signature .....

Occupation ..... Housewife  
Address ..... Kusamouli, Kusamouli  
..... Belshat, Gorakhpur  
..... 278404

Bank Account Number .....  
Name of the Bank .....

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N.A  
(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? : N.A  
(c) Was accident reported to Police? If not, Why? : N.A  
(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? : N.A  
(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 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 23/12/25 200

Signature of the insured सीष्वा



भारत सरकार

Government of India



सोना देवी

Sona Devi

जन्म तिथि / DOB : 01/01/1993

महिला / Female



5466 0054 4864

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

अर्धांगिनी: राजेश यादव, कुसमौली,  
कुसमौली, बेलघाट, गोरखपुर, बेलघाट,  
उत्तर प्रदेश, 273404

Address:

W/O: Rajesh Yadav, kusamauli,  
kusamauli, Belghat, Gorakhpur,  
Belghat, Uttar Pradesh, 273404

5466 0054 4864



1947  
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH  
 Transport Department Gorakhpur RTO  
 FORM 23  
 CERTIFICATE OF REGISTRATION

Registration No : UP53FM2282 Registration Date : 18-Oct-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, , 188-273010  
 Owner Name : SONA DEVI Son/wife/daughter of : RAJESH YADAV  
 Full Address: (Permanent) : KUSAMAULI, KUSAMAULI, BELGHAT, GORAKHPUR, UTTAR PRADESH-273404  
 Full Address: (Temporary) : KUSAMAULI, KUSAMAULI, BELGHAT, GORAKHPUR-UTTAR PRADESH-273404  
 Fitness UpTo : 17-Oct-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 : AA2140303930 Rear HSRP No : AA2142015543  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW486SGJ08541  
 Engine No : HA11F7SGJ08424 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.29  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : Black Heavy Grey 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 HERO FINCORP LTD, GORAKHPUR, , New Delhi, Delhi-110001 w.a.f. 16-Oct-2025.

Purchase dt : 14-Oct-2025 Sale Amt : 73764/-  
 OTT Date : 14-Oct-2025 Amount/Rcpt No : 7377 / UP53D25100008678  
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 05-Nov-2025

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

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

This certificate is valid from 18-Oct-2025 to 17-Oct-2040

Date : 13-Nov-2025 15:02:05

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 मोटर वाहन विभाग  
 गोरखपुर (उ०प्र०)

Q 4833225

13-11-2025

Shot on realme 3  
 By Kundan Yadav

DL No: UP53 20240022069

UPDL000000782957



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		UP53	12-06-2024	NT			
LMV		UP53	12-06-2024	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP53 GORAKHPUR

Form 7 Rule 16(2)



सत्यमेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh

UP

**UP53 20240022069**

Issue Date    Validity (NT)  
**12-06-2024    11-06-2034**

Validity(TR)



*[Signature]*

Holder's Signature



Name: **RAMPRAVESH YADAV**

Date of Birth: **20-11-1993**      Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RUDAL YADAV**

Address:

**H.NO-02 VILLAGE-AHIRAULI POST-RAJGARH  
GAGAHA AHIR AULI BANSGAON GORAKHPUR UTTAR  
PRADESH 273411**

Date of First Issue **12-06-2024**