

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

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.	लालता प्रसाद, 9670082959
2	Vehicle No. / वाहन संख्या	UP31CE 1775
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/03/2026 8:00PM.
6	Place of Accident / दुर्घटना का स्थान	शंकरपुर चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मोनु कुमार, 9125006679 UP3120210011817
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	शंकरपुर चौराहे के पास पीछे से बाइक वाले ने टक्कर मार दी जिससे मेरी गाड़ी बाँधी ओर गिस्कर क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARRAM AUTO SALES, LRPRDAD LAKHIMPUR- KHERI, 9151154036.

Date / दिनांक : 29/03/2026
हस्ताक्षर

लालता प्रसाद
Signature of Insured / बीमाधारक के



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 MEERUT

Certificate/Policy No. _____

Tel. No. _____

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

- (a) Name : LALATA PRASAD
 (b) Address for correspondence : R/O DHAURAHRA KHURDKHERI, PS-PHARDHAN,
 (c) Telephone : 9670082959 KHERI, UP, 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>KCO1AERHC01426</u> Chassis No. <u>MBLKCU122RHC02184</u>	Registration No. <u>UP31 CE</u> <u>1775</u>
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- (a) Was the vehicle in proper working condition? Y
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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 : _____
 (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 : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MONU KUMAR
- (b) Age : 20/05/1989
- (c) Address : VILL-DHAURAHRA KHURD Ps, STHANA-PHARDHA
LAKHIMPUR-KHERI, UP, 262701.
- (d) Is the Driver
1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : SON
- (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 : UP31 20210011817
- (h) Issuing Authority : 11/08/2021
- (i) Date of Expiry : 20/08/2031
- (j) Was the licence temporary/permanent : Permanent
- (k) Details of endorsement/suspension, if any : NO
- (l) Has he been involved in any accident before? : NO
- (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 26/03/2026 8:00 PM
- (b) Place : शिकरपुर चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h
- (d) Give a short description of the accident : शिकरपुर चौराहे के पास पीछे से वाइक वाले ने टक्कर
- (e) If any third party was responsible for this accident give the name and address : भार की जिससे मेरी गाड़ी बाँधी और गिरकर सातेमस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND LEFT
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LLP
ROAD, LAKHIMPUR-KHERI

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(b) If yes, give full details : NO

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 29/03/2006

Signature of the insured

मालती तसकर

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 the loss and/or
my/our motor Car/Vehicle No. UP3ICE1775 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/-

Handwritten signature in blue ink

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CE1775 Registration Date : 06-Apr-2024
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, . . 153-262701
Owner Name : LALATA PRASAD Son/wife/daughter of : SRI JUMMAN LAL
Full Address: (Permanent) : R/O-DHAURAHRA KHURD KHERI, R/O-DHAURAHRA KHURD KHERI, PS-PHARDHAN
KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O-DHAURAHRA KHURD KHERI, R/O-DHAURAHRA KHURD KHERI, PS-PHARDHAN,
KHERI-UTTAR PRADESH-262701
Fitness Up To : 05-Apr-2039 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 : AA1033414175 Rear HSRP No : AA1033212767
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2024
No of Cylinders : 1 Chassis No : MBLKCU122RHC02184
Engine No : KC01AERHC01426 Fuel : PETROL
Horse Power(BHP) : 16.62 Cubic Capacity : 163.24
Maker's Classification : XTREME 160R 4V-PREMIUM Wheel base : 1329
Seating Configuration : 2 Standing Cap : 0
Sleeper Cap : 0 Unladen Wt (kgs) : 145
Colour : SHOOTING NIGHT STAR Laden/GV Wt (kgs) : 275
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 IDFC FIRST BANK LTD, LUCKNOW, LUCKNOW, Lucknow, Uttar Pradesh-226001 w.e.f. 01-Apr-2024.

Purchase dt : 01-Apr-2024 Sale Amt : 138000/-
OTT Date : 01-Apr-2024 Amount/Rcpt No : 13800 / UP31D24040000786
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 20-Apr-2024

Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 06-Apr-2024 to 05-Apr-2039

Date : 06-May-2024 11:22:05

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
मोटर वाहन विभाग
लखीमपुर-खीरी
Signature of Registering Authority
Date : 06-May-2024

P 7335285

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



Holder's Signature

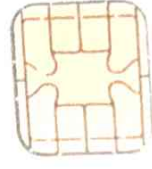
(11-08-2021)

UP31 20210011817

Validity (TR)*

Validity (NT) 10-08-2031

Issue Date 11-08-2021



Name: **MONU KUMAR**
Date of Birth: **20-05-1989** Blood Group:
Son/Daughter/Wife of: **SANKATA PRASAD**

Address:
**VILL DHAURAHIRA KHURD POST AND THANA
PHARDHAN THANA PHARDHAN
Lakhimpur, Lakhimpur Kheri, UP 262701**

DL No: UP31 20210011817



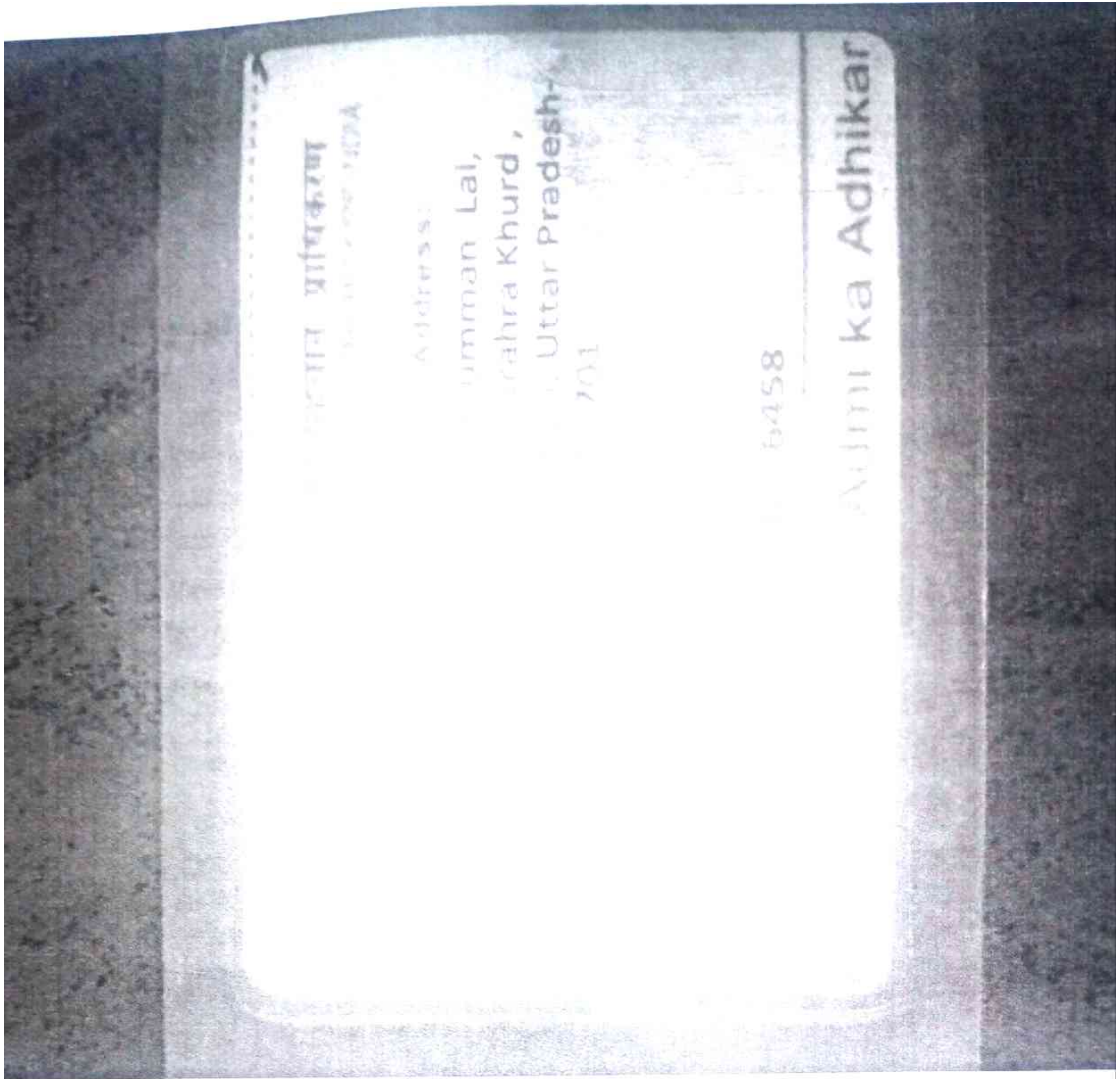
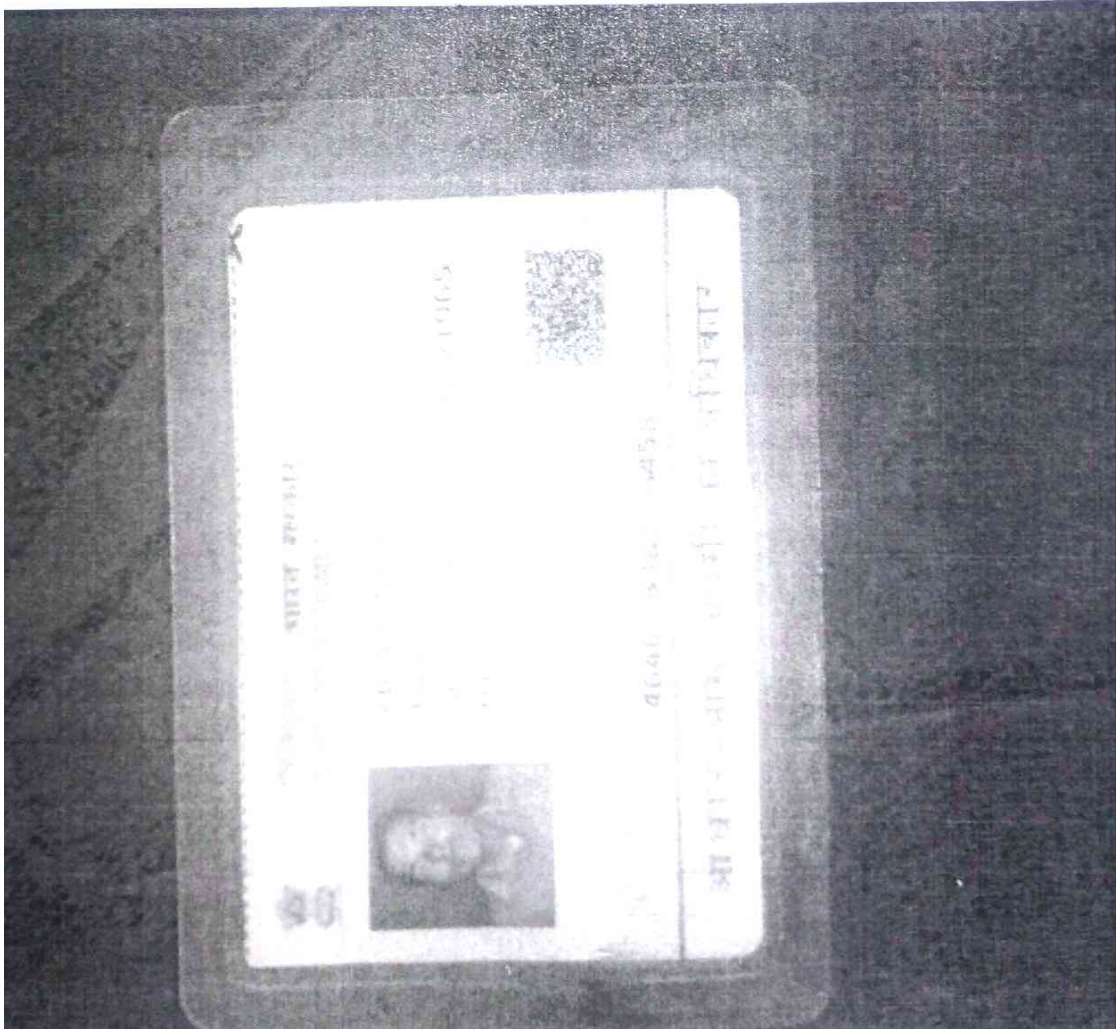
Invalid Carriage (Regn Numbers)
Hazardous Validity Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	UP31	UP31	11-08-2021	NT			
LMV	UP31	UP31	11-08-2021	NT			
MVSD							

Emergency Contact Number

(Signature)
UP31 LAKHIMPUR KHERI

मोनु कुमार
9125006679



आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

LALTAPRASAD

JUMAAN

05/07/1975

Permanent Account Number

AIMPL5505F

मालता प्रसाद

Signature



10022012