

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.	श्रीत मोधेशिया. 9517284170
2	Vehicle No. / वाहन संख्या	UP22CH5081
3	Policy No. / पालिसी संख्या	252400/31/2026/31955
4	Period of Insurance / बीमा अवधि	08/08/2025 To 07/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/04/2026 - 10:30 - Am.
6	Place of Accident / दुर्घटना का स्थान	Chauri bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	श्रीत मोधेशिया UP220260002949
8	Estimated Loss / अनुमानित हानि	10000
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी से गौरी बाजार जा रहा था तभी सामने से एक बड़ी कार ने टक्कर मारी जिससे घात होकर मेरी गाड़ी में ब्रेक गल इत्यादि जिससे मैं अपनी गाड़ी खरब गिर 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.	Chander Motors Besahi / भणग 7800807912 - 9918116698

14/04/26
Date / दिनांक :
हस्ताक्षर

श्रीत मोधेशिया
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 Merut

Certificate/Policy No. 252400/2026/31/31955'

Tel. No.

Period of Insurance 08/08/2025 To 07/08/2026
 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 : Abid malhasiya
 (b) Address for correspondence : Chavindpur Hampur Distt up.
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>13/8/2026</u>	Engine No. <u>HAIIF7RHM54894</u> Chassis No. <u>MBLHAW920RHM51297</u>	Registration No. <u>UP52CH5081</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
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter Yes
 1. Was a side-car attached No
 2. Was a pillion rider carried _____

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 : _____





**Indian Union Driving Licence
Issued by Government of UTTAR PRADESH**

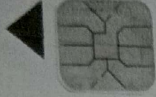


UP52 20260002949

Issue Date Validity(NT) Validity (TR)
10-03-2026 03-03-2045 00-00-0000



10-03-2026



Holder's Signature

Name: **AJIT MADESHIYA**
Date of Birth: **04-03-2005** Blood Group:
Son/Daughter/Wife of: **BHARATH MADESHIYA** Organ Donor: **N**
Address:
Govindpur Harpur Bhatpar Rani Deoria Uttar Pradesh 274405

Date of First Issue

DL No : **UP52 20260002949**

DLUP00314884



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*
00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP52	10-03-2026	NT			
	LMV	UP52	10-03-2026	NT		00-00-0000	
	MVSD		--			--	
			--			--	
			--			--	
			--			--	

Emergency Contact Number

Licensing Authority
Deoria



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JCIPM2134N



नाम / Name

AJIT MADESHIYA

पिता का नाम / Father's Name

BHARATH MADESHIYA

जन्म की तिथि / Date of Birth

04/03/2005

हस्ताक्षर / Signature

23907



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ajit madhige
- (b) Age : 21
- (c) Address : Chavind pur Harspur Distra
- (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? :
- (g) Driving Licence Number : UP220260002949
- (h) Issuing Authority : 10/03/2026
- (i) Date of Expiry : 3/03/2025
- (j) Was the licence temporary/permanent :
- (k) Details of endorsement/suspension, if any : Penalty
- (l) Has he been involved in any accident before? :
- (m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 13/04/2026 - 10:30 AM
- (b) Place : Chavindpur
- (c) Speed of vehicle at the time of accident : 80
- (d) Give a short description of the accident : बिना लावार लाई मध्ये वाहने मध्ये चढा
- (e) If any third party was responsible for this accident give the name and address : बिना मध्ये राई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front L.H.
- (b) Estimated cost of repairs : 10000
- (c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : NA
- (b) Address : NA
- (c) Full Details of personal injury sustained : NA
- (d) Name and address of any person/hospital giving medical attention to injured person : NA
- (e) Full details of property damaged : NA
- (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 : _____

NA

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. : _____

NA

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 : _____

NA

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 14/04/2026 200

Signature of the insured अमित पटेशिया

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 अशोक कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH5081 Registration Date : 13-Aug-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
Owner Name : AJIT MADESHIYA Son/wife/daughter of : BHARATH MADESHIYA
Full Address: (Permanent) : VILL- HARPUR, GOVINDPUR DEORIA, , DEORIA, UTTAR PRADESH-274405
Full Address: (Temporary) : VILL- HARPUR, GOVINDPUR DEORIA, , DEORIA-UTTAR PRADESH-274405
Fitness Up To : 12-Aug-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 : AA2133139122 Rear HSRP No : AA2133727395
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
No of Cylinders : 1 Chassis No : MBLHAY/220RHM51297
Engine No : HA11E7RHM54894 Fuel : PETROL
Kilome Power(BHP) : 7.91 Cubic Capacity : 97.20
Motor's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
Sanding Cap(in all) : 2 Standing Cap : 0
Skrapar Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
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:			

This motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 13-Aug-2025.

Purchase dt : 13-Aug-2025 Sale Amt : 78366/-
OTT Date : 13-Aug-2025 Amount/Rcpt No : 7837 / UP52D25080001256
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 14-Aug-2025

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

This certificate is valid from 13-Aug-2025 to 12-Aug-2040

Date : 22-Aug-2025 15:31:11
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 22-Aug-2025

Q 5175035



भारत सरकार
Government of India


अजीत मदेशिया
Aji Madeshiya
जन्म तिथि / DOB : 04/03/2005
पुरुष / Male



3050 3275 5083

आधार - आम आदमी का अधिकार



आधार


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
आत्मज: भरत मदेशिया, हरपुर,
देवरिया, गोविन्दपुर, उत्तर प्रदेश,
274405

Address:
S/O: Bharath Madeshiya, Harpur,
Deoria, Govindpur, Uttar Pradesh,
274405

3050 3275 5083

 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in