

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.	Anjali Kumari / 9379500365
2	Vehicle No. / वाहन संख्या	UP57B41523
3	Policy No. / पालिसी संख्या	252400/31/2026/18127
4	Period of Insurance / बीमा अवधि	27-05-25 to 26-5-26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-05-26, 11:00AM
6	Place of Accident / दुर्घटना का स्थान	दफनहा
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विक्रम कुमार / 9988978354 UP5720260004217
8	Estimated Loss / अनुमानित हानि	13000/-
09.	Cause of Accident / दुर्घटना का कारण :	धर से बनकरा जाते समय रास्ते में दूसरी वाहन से टकरा ले गई।
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.	यश आर्यमोबाइल्स सुलेभगढ़, 9504381732

Date / दिनांक : 22-5-26  
हस्ताक्षर

अंजली कुमारी  
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 \_\_\_\_\_ Certificate/Policy No. 252400/31/2024/18127  
 Tel. No. \_\_\_\_\_ Period of Insurance 27-05-25 to 26-5-26  
 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 : Anjali kumar  
 (b) Address for correspondence : Andonaka,  
 (c) Telephone : 7379500365

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>HAIIFERHL02871</u>	Registration No. <u>UP57-DY</u>
	Chassis No. <u>MBCHAW220RHLL</u>	<u>79405</u>

- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident?  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter NO  
 1. Was a side-car attached  
 2. Was a pillion rider carried NO

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 : Vikash Kumar  
(b) Age : 21  
(c) Address : Dawamaker, Kuslunagar  
(d) Is the Driver  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : Relative  
(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 : UP5720260004217  
(h) Issuing Authority : Kuslunagar  
(i) Date of Expiry : 01-01-2045  
(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 : 19-05-26, 11:00AM  
(b) Place : Dawamaker  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : Front and Right side  
(e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Chow de Bomkhar Jate Saony  
(b) Estimated cost of repairs : Raste me Des de Gooli Ne Takar hogge  
(c) When and where can the damaged vehicle be inspected : 13000/-  
Yash Automobiles, Salempur

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 : 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? : 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? : \_\_\_\_\_  
(f) Has theft been reported to Police? : NA  
(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.

अंजली कुमारी

Date 22-05-2026

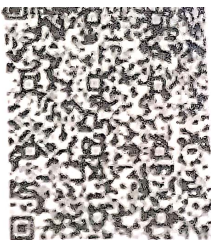
Signature of the insured \_\_\_\_\_

## GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP57BY1523 Registration Date : 30-May-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : ANJALI KUMARI Son/wife/daughter of : RANGLAL RAM  
 Full Address: (Permanent) : VILL-KOTWA, PO-JADOPUR, PS-GOPALGANJ, GOPALGANJ, BIHAR-841428  
 Full Address: (Temporary) : VILL-SALEMGARH, PO-SALEMGARH, PS-TARYA SUJAN, KUSHINAGAR-UTTAR

Fitness UpTo : 29-May-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 : AA2128978210 Rear HSRP No : AA1042388227  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLHAW220RHL79405  
 Engine No : HA11E7RHL82871 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ BLK STRIPE IS Wheel base : 1236  
 S (DRS)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper 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:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 27-May-2025 Sale Amt : 78366/-  
 OTT Date : 27-May-2025 Amount/Rcpt No : 7837 / UP57D25050005959  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-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 30-May-2025 to 29-May-2040

Date : 19-Jul-2025 14:26:59

Signature of Registering Authority

Taxation Particulars / Advance Registration Mark Fee Details

Date : 19-Jul-2025

4427166





भारत सरकार  
Unique Identification Authority of India

आधार

Issue Date: 30/12/2016



अंजली कुमारी  
Anjali Kumari  
जन्म तिथि / DOB: 29/05/2005  
सहिसा / Female

5040 2231 6490

मेरा आधार, मेरी पहचान

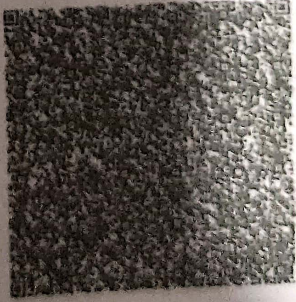
भारत सरकार  
Unique Identification Authority of India

आधार

Print Date: 23/02/2023

पता: आत्मजा: रंगलाल राम, कोटवाँ, पो-यादोपुर, गोपालगंज,  
बिहार, 841428

Address: D/O: Ranglal Ram, Kotwa, Po-  
Yadipur, Gopalganj, Bihar, 841428



5040 2231 6490

1947

help@uidai.gov.in

www.uidai.gov.in



Indian Union Driving Licence  
Issued by Government of UTTAR PRADESH

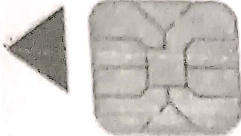


UP57 20260004217

Issue Date Validity (NT) Validity (TR)  
04-03-2026 01-01-2045 00-00-0000



04-03-2026



Holder's Signature

Name: VIKASH KUMAR  
Date of Birth: 02-01-2005 Blood Group: Organ Donor: N  
Son / Daughter / Wife of: MUNNILAL PRASAD  
Address:  
Village Dawanaha Post Seorahi Seorahi Doawanha Tarnkuhi Raj Kushinagar  
Uttar Pradesh 274406

Date of First Issue

DL No: UP57 20260004217

DLUP00295847



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	MCWG	UP57	04-03-2026	NT			
LAV	LAV	UP57	04-03-2026	NT		00-00-0000	

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
Manager



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
RJEPK7378M



नाम / Name  
ANJALI KUMARI

पिता का नाम / Father's Name  
RANGLAL RAM

जन्म की तारीख /  
Date of Birth  
29/05/2005

← PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed