

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.	राजकुमार जायसवाल - 9889139615
2	Vehicle No. / वाहन संख्या	UPS3EZ1621
3	Policy No. / पालिसी संख्या	MS/2025/7001/446575/450691
4	Period of Insurance / बीमा अवधि	19/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/05/26 4.30 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	राजकुमार जायसवाल - 9889139615 UPS32024 0009842
8	Estimated Loss / अनुमानित हानि	8600
09.	Cause of Accident / दुर्घटना का कारण : मैं अपनी वाहन लेकर किसी काम से किसी बाजार जा रहा था अभी बैलघाट पहुँचा था कि मोड़ पर मुझे सामम इतनी तरफ से वाहन पर कुछ सामान लेकर भा रहे थे कि मैंने सामने से लेकर सारा सामान मार दिया जिससे वाहन में नुकसान हो गया और फ्यूअर टैंक पिचक गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नही
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही हीरो बैलघाट नं 266828275

Date / दिनांक : 29/05/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

Rajkumar Jaiswal

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53EZ1621	Registration Date	: 05-Jun-2024
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	: RAJKUMAR JAISWAL	Son/wife/daughter of	: VIKRAM JAISWAL
Full Address: (Permanent)	: VILL-DAWARPAR, POST-DAVARPAR, PS-DAVARPAR, GORAKHPUR, UTTAR PRADESH-273016		
Full Address: (Temporary)	: VILL-DAWARPAR, POST-DAVARPAR, PS-DAVARPAR, GORAKHPUR-UTTAR PRADESH-273016		
Fitness UpTo	: 04-Jun-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	: AA2102531272	Rear HSRP No	: AA2103369411
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 03/2024
No of Cylinders	: 1	Chassis No	: MBLHAW234RHBB3943
Engine No	: HA11E8RHB30519	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ (DRS)	Wheel base	: 1236
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 109
Colour	: BLACK GREY STRIPE	Laden/GV Wt (kgs)	: 239
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	: 30-May-2024	Sale Amt	: 75291/-
OTT Date	: 30-May-2024	Amount/Rcpt No	: 7530 / UP53D24060000995
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-Jun-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Jun-2024 to 04-Jun-2039

Date : 21-Jun-2024 14:10:19

Taxation Particulars / Advance Registration Mark Fee Details

Signature 
 Registering Authority
 मोटर वाहन विभाग
 गोरखपुर
 05-Jun-2024

P 8379645



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. MS/2025/7001/0/46575/450691

Tel. No. _____

Period of Insurance 19/06/2026

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 : Raj Kumar Jaiswal
- (b) Address for correspondence : Dawar Pat, Dawar Pat, Dawar Pat, Bargaon C.K.P. UP
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero (2024)</u>	Engine No. <u>HA11EBRHB 30S19</u> Chassis No. <u>MBLHAW234RHBB3543</u>	Registration No. <u>UPS3EZ1621</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 trailor attached? : N.A
- (h) Number of passengers carried : N.A
- (i) Number of Passenger permitted : N.A

आयकर विभाग
INCOME TAX DEPARTMENT

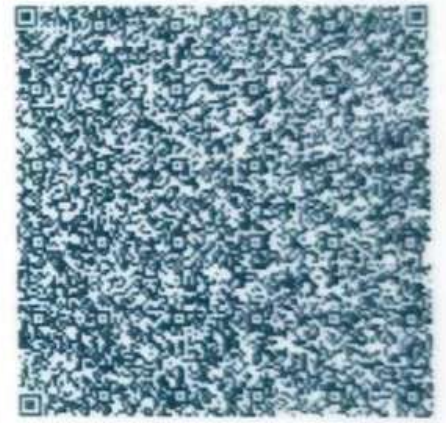


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CGGPJ6936E



नाम /Name
RAJKUMAR JAISWAL

पिता का नाम / Father's Name
VIKRAM JAISWAL

जन्म की तारीख /
Date of Birth
03/01/2003

Rajkumar Jaiswal

हस्ताक्षर / Signature

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Raskumar Jaymal
- (b) Age : 23
- (c) Address : Dawarpur, Dawarpur, Ghorakhpur, UP
- (d) Is the Driver : owner
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or friend?
- (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 : UPS320240009842
- (h) Issuing Authority : _____
- (i) Date of Expiry : 02/01/2043
- (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 : 27/05/26 . 4.30 PM
- (b) Place : Balghat
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : दुसरी तरफ से बाइक पर सामान टकराते वारंति से रोकने में रूका
- (e) If any third party was responsible for this accident give the name and address : N/A मार गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Vehicle, window, Fuel tank, Handle, Brakes, etc.
- (b) Estimated cost of repairs : 8500
- (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

NOTHING

26MMF/18 1/1005 150573

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. UPS3E21621 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 N.A
Address

Signature .. Raj Kumar Jaiswal
Occupation Self Employee
Address Dawarpur, Dawarpur
Dawarpur, Basgaon, G.K.P
..... UP-273016

Bank Account Number
Name of the Bank

10:26 05.29.23

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? : _____
- (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 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 29/05/26 200

Signature of the insured Raj Kumar Jaiswal

DL No: UP53 20240009842

UPDL0000129996



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	16-03-2024	NT			
	LMV	UP53	16-03-2024	NT			
MVSD							

Emergency Contact Number
9621138211

Licensing Authority
UP53 GORAKHPUR



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP53 20240009842

Issue Date Validity (NT) Validity(TR)
16-03-2024 02-01-2043 -----



(16-03-2024)

Holder's Signature

Name: **RAJKUMAR JAISWAL**

Date of Birth: **03-01-2003** Blood Group **B+ VE** Organ Donor: **N**

Son/Daughter/Wife of: **VIKRAM JAISWAL**

Address:
**Village Dawarpar Post Dawarpar Davarpar
Davarpar Bansaon Gorakhpur Uttar
Pradesh 273016**

Date of First Issue



भारत सरकार
Government of India



Aadhaar no. issued: 03/06/2014



राजकुमार जायसवाल
Rajkumar Jaiswal
जन्म तिथि/DOB: 03/01/2003
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship
or date of birth.** It should be used with verification (online
authentication, or scanning of QR code / offline XML).

3185 6442 6776

मेरा आधार, मेरी पहचान

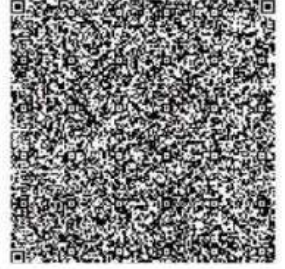


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 01/03/2024

पता:
विक्रम जायसवाल, ग्राम/पोस्ट - डवरपार, डवरपार, डवरपार,
गोरखपुर,
उत्तर प्रदेश - 273016
Address:
Vikram Jaiswal, Vill/Post - Dawarpar,
Davarpar, PO: Davarpar, DIST: Gorakhpur,
Uttar Pradesh - 273016



3185 6442 6776

VID : 9134 3041 8782 6116



1947



help@uidai.gov.in



www.uidai.gov.in