

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.	Hasantara, 7408263107
2	Vehicle No. / वाहन संख्या	UP57BY 7716
3	Policy No. / पालिसी संख्या	252400131/2026/28267
4	Period of Insurance / बीमा अवधि	16/07/25 to 15/7/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/06/2026, 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	रमकुही रोड
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AFTAB, UP5720140017122
8	Estimated Loss / अनुमानित हानि	12194 -
09.	Cause of Accident / दुर्घटना का कारण : ने ड्राइवर से मातृ दिया जिसने वाइक Right side नी गये ।	वाइक चलते समय एक वाइकवाले
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RISHABH - MOTORS, 63065 95464

04/06/25

Date / दिनांक :  
हस्ताक्षर

हस्ताक्षर  
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. 252400/31/2026/2826

Tel. No. 7408263107

Period of Insurance 16/07/25 to 15/02/26  
 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 : Hasantara  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7408263107

2. THE INSURED VEHICLE

Make & Year <u>H200/2025</u>	Engine No. <u>36582</u> Chassis No. <u>56461</u>	Registration No. <u>UP57BY</u> <u>7716</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 use  
 (c) Was trailer attached? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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 : AFTAB  
(b) Age : \_\_\_\_\_  
(c) Address : \_\_\_\_\_  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend? : yes  
(e) If paid driver, how long has he been in your employment : \_\_\_\_\_  
(f) Was he under the influence of intoxication Liquor or drugs? : NA  
(g) Driving Licence Number : UP5720140017122  
(h) Issuing Authority : 28-08-14  
(i) Date of Expiry : 27-08-2034  
(j) Was the licence temporary/permanent : permanent  
(k) Details of endorsement/suspension, if any : \_\_\_\_\_  
(l) Has he been involved in any accident before?: NA  
(m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 26/05/26, 2:00 pm  
(b) Place : वसुदेवगढ़  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : वाइक चलाते समय ड्राइवर अचानक रुक गया  
(e) If any third party was responsible for this accident give the name and address : एक वाइक वाला न. म. दिवा/दिवा  
वाइक माला Rishabh Motors

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate  
(b) Estimated cost of repairs : 12194  
(c) When and where can the damaged vehicle be inspected : RISHABH - MOTORS

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? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(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? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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 12/10/2006

Signature of the insured हरमन लारा

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(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? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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 04/05/2016

Signature of the insured हरजन लारा

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 .....  
Occupation .....  
Address .....  
.....  
.....

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

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BY7716 Registration Date : 18-Jul-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : M/S RISHAB MOTORS, TAMKUHI ROAD SEWRAHI, KUSHINAGAR, . . , 189-274406  
 Owner Name : HASANTARA Son/wife/daughter of : AFTAB  
 Full Address: (Permanent) : NAGAR PANCHAYAT SEWRAHI,, AZAD NAGAR, WARD 10,, TAMKUHI ROAD, SEWRAHI, KUSHINAGAR, UTTAR PRADESH-274406  
 Full Address: (Temporary) : NAGAR PANCHAYAT SEWRAHI,, AZAD NAGAR, WARD 10,, TAMKUHI ROAD, SEWRAHI, KUSHINAGAR-UTTAR PRADESH-274406

Fitness UpTo : 17-Jul-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 : AA2132810145 Rear HSRP No : AA2131527412  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025  
 No of Cylinders : 1 Chassis No : MBLHAW489SHE56461  
 Engine No : HA11F7SHE36582 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FIN CORP LTD., NEW DELHI, NEW DELHI, , New Delhi, Delhi-110044 w.e.f. 16-Jul-2025.

Purchase dt : 16-Jul-2025 Sale Amt : 78776/-  
 CTI Date : 16-Jul-2025 Amount/Rcpt No : 7878 / UP57D25070001990  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 26-Jul-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

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

Date : 29-Aug-2025 16:34:04  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 29-Aug-2025

**A.R.T.O. (A)**  
**Kushinagar (U.P.)**

Q 5078394



Unique Identification Authority of India

पत्ता:  
अर्धगिनी: अफलाव, नगर पंचायत  
सेवरही, आजाद नगर, बॉर्ड 10,  
तमकुही रोड, सेवरही, कुशीनगर,  
उत्तर प्रदेश - 274406

Address:  
W/O: A/Tab, Nagar Panchayat  
Sevrathi, Azad Nagar, Ward 10,  
Tamkuhi Road, Sevrathi,  
Kushinagar,  
Uttar Pradesh - 274406

9519 4969 0437



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार  
Government of India



हसनतारा  
Hasantara  
जन्म तिथि/ DOB: 01/01/1985  
महिला / FEMALE

9519 4969 0437

मेरा आधार, मेरी पहचान



आयकर विभाग  
INCOME TAX DEPARTMENT

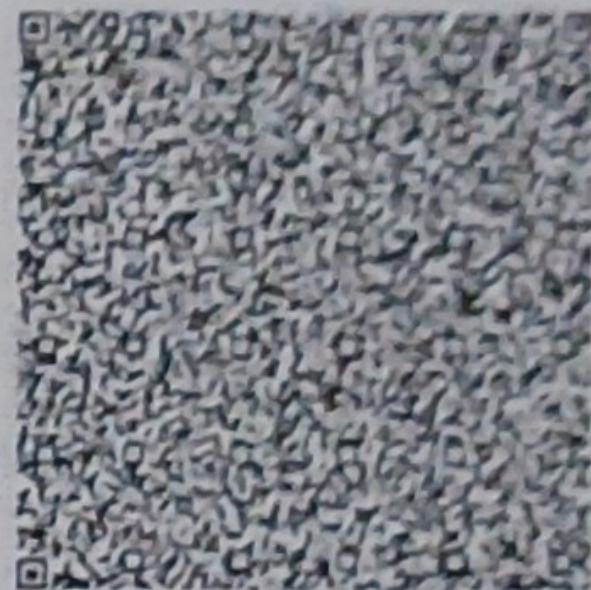


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BTJPH7579G**



नाम / Name  
HASANTARA

पिता का नाम / Father's Name  
YASIN

जन्म की तारीख /  
Date of Birth  
01/01/1985

हस्ताक्षर / Signature

17072023