

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.	विजय 9140761255
2	Vehicle No. / वाहन संख्या	UP31CJ0352
3	Policy No. / पालिसी संख्या	252400/31/2025/77419
4	Period of Insurance / बीमा अवधि	13/01/2025 To 12/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	समैसा मोड़ पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9140761255 विजय
8	Estimated Loss / अनुमानित हानि	RS. 17372
09.	Cause of Accident / दुर्घटना का कारण :	मैं कमरिभा से अपने घाटापस लाल फुल जा रहा था तभी शस्त्रे में समैसा मोड़ पर अन्यायक गाथु आग पडी जिससे मेरी गाडी असन्वुलित होकर पास में लगे लैस के फेड से टकरा गयी और बायें तरफ गिरकर क्षति भस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANSH AUTO SALES BASADHIYA LAKHIMPUR KHURD 9696131312

Date / दिनांक : 03/01/2026
हस्ताक्षर

विजय
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : VIJAY
 (b) Age : 01/01/1990
 (c) Address : Vill - LALPUR
 (d) Is the Driver
 1. Owner : SELF
 2. paid driver? :
 3. Owner's relative or friend? : SELF
 (e) If paid driver, how long has he been in your employment :
 (f) Was he under the influence of intoxication Liquor or drugs? : No
 (g) Driving Licence Number : UP31201800006963
 (h) Issuing Authority : ARTO LAKHIMPUR
 (i) Date of Expiry : 15/04/2025 To 19/06/2030
 (j) Was the licence temporary/permanent :
 (k) Details of endorsement/suspension, if any :
 (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 : 01/01/2026 2:00PM
 (b) Place : SAMARSA MOD PER
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेकमरिमा से अपनै वा कापस लालपुर जा रहा था व
 तभी रास्ते मे लमैसा मोड पर अचानक झाड़ू भाग पड़े जिससे
 मेरी गाड़ी असन्वयित होकर वास मिलगे सेमा कपेड
 से टकरा गयी और बायें तरफ गिरक (दाहिने घुलत
 हो गयी।
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

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

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? :
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- विजय



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. 252400/31/2025/77419
 Tel. No. _____ Period of Insurance 13/01/2025 To 13/01/2026
 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 : VIJAY
 (b) Address for correspondence : VILL- LALPUR, LALPUR
 (c) Telephone : 9140761255

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HAI20RHL75316</u>	Registration No.
	Chassis No. <u>MBLHAW233RHL00059</u>	<u>UP31CJ</u> <u>0352</u>

- (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 NO
 1. Was a side-car attached NO
 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? : NO
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

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8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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 03/02/2026

विजय
Signature of the insured _____

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 विजय

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ8352 Registration Date : 17-Jan-2025
 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 : VIJAY Son/wife/daughter of : SIYARAM
 Full Address: (Permanent) : VILL LALPUR LALPUR, POST AIRA ESTATE KHERI, PS KHAMARIYA PANDIT, KHERI
 UTTAR PRADESH-262722
 Full Address: (Temporary) : VILL LALPUR LALPUR, POST AIRA ESTATE KHERI, PS KHAMARIYA PANDIT, KHERI-
 UTTAR PRADESH-262722

Fitness UpTo : 16-Jan-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 Rear HSRP No : AA1039287040
 Front HSRP No : AA1038955051 Month/Year of Manuf. : 11/2024
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW233RHLC0059
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11E8RHL75316 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1236
 Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 109
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 239
 Colour : BLACK GREY STRIPE AC Fitted : NO
 Other Criteria :
 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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 13-Jan-2025.

Purchase dt : 13-Jan-2025 Sale Amt : 77027/-
 OTT Date : 13-Jan-2025 Amount/Rcpt No : 7703 / UP31D25010002717
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Jan-2025 to 16-Jan-2040

Date : 30-Jan-2025 11:08:27

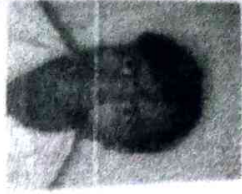
Taxation Particulars / Advance Registration Mark Fee Details

पंजीसन अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग
 लखीमपुर-खीरी
 30 Jan-2025

Q 1571368

- विषय

Aadhaar no. issued: 12/03/2017



भारत सरकार
Government of India



पिता
Vijay
जन तिथि/DOR: 01/01/1998
लिंग/ GENDER
MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल को स्कैन) 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).

8303 5674 5970

शेरा आधार, शेरा पहचान

शेरा

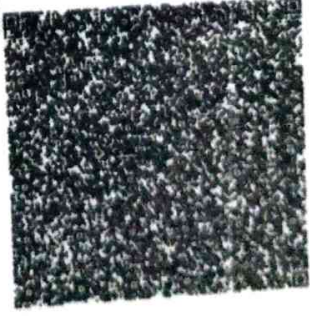
Details as on: 25/10/2025



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India



पता:
शेरा, शिवरा, लालपुर, लालपुर, शेरा स्टेट, ओडिशा,
उत्तर प्रदेश - 262722
Address:
S/O: Shivaram, Lalpur, Lalpur, PO: Agra Estate, DIST:
Kherai,
Uttar Pradesh - 262722



8303 5674 5970

VID : 9182 3041 3011 6263

1947

help@uidai.gov.in

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