

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.	IMTIYAJ 9120134401
2	Vehicle No. / वाहन संख्या	UP34CB2052
3	Policy No. / पालिसी संख्या	252400/31/2025/99413
4	Period of Insurance / बीमा अवधि	31/03/2025 TO 30/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2026 - 9:00AM
6	Place of Accident / दुर्घटना का स्थान	निबोरी गोप के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SAGGEER 0887792409
8	Estimated Loss / अनुमानित हानि	RS. 7015
9	Cause of Accident / दुर्घटना का कारण : मेरा भाई गाड़ी चला रहा था और मैं फोहर के लहरपुर जा रहा था रास्ते में निबोरी गोप के पास अचानक गाड़ी आ गई जिससे मेरी गाड़ी असन्तुलित होकर गाड़ी से टकरा गई और बायें तरफ गिरकर टूटने लगी है।	
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.	ANSH AUTO SALES BASADHIYA LAKHIMPUR KHERI 9696131312

इतिनाज

Date / दिनांक : 06/01/2026
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 _____ Certificate/Policy No. 252400/31/2025/99413
 Tel. No. _____ Period of Insurance 31/03/2025 TO 30/03/2026
 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 : IMTIYAT
 (b) Address for correspondence : VILL- MARSANDA
 (c) Telephone : 9126134401

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HAI1E0SHC23226</u>	Registration No. <u>UP34CB</u>
	Chassis No. <u>MBLHAW236SHC47203</u>	<u>2052</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 : _____

वतिप्राण

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SAGGEER
 (b) Age : 15/10/1996
 (c) Address : VILL-MARSANDA
 (d) Is the Driver
 1. Owner : हाँ
 2. paid driver? :
 3. Owner's relative or friend? : हाँ
 (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 : UP3420210015457
 (h) Issuing Authority : ARTO SITAPUR
 (i) Date of Expiry : 13/10/2021 TO 14/10/2036
 (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 : 01/10/2026 9:00AM
 (b) Place :
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
मेरा भाई कापी-दुल्हारदावा और मेरी बहन लहरपु
 गारदा वा रास्ते में मेरी बहन गांव के पास अचानक
 गाड़ी उठा ली जिससे मेरी गाड़ी असम्बलित हो गई
 गांव से 200 मी दूर गाड़ी बंद हो गई।

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? :
NO

इतिज्ञात

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 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 06/07/2006

Signature of the insured _____

सिवाज

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/-

Signature

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34CB2052 Registration Date : 02-Apr-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 : IMTIYAJ Son/wife/daughter of : MO HAFEEJ
 Full Address: (Permanent) : VILLAGE MARSANDA MARSANDA, PS LAHARPUR, SITAPUR, SITAPUR, UTTAR PRADESH-261136
 Full Address: (Temporary) : VILLAGE MARSANDA MARSANDA, PS LAHARPUR, SITAPUR, SITAPUR-UTTAR PRADESH-261136

Fitness Up To : 01-Apr-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 : AA2130291013 Rear HSRP No : AA1042355801
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW236SHC47203
 Engine No : HA11E8SHC23226 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
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239
 Other Criteria :
 Vehicle Purchase As : Fully Built AC Fitted : NO

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 : 31-Mar-2025 Sale Amt : 77027/-
 OIT Date : 31-Mar-2025 Amount/Rcpt No : 7703 / UP34D25040000266
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Apr-2025 to 01-Apr-2040

Date : 11-Jun-2025 14:48:17

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Date : 11-Jun-2025

सिखात

2452220