

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	ISHA HAIR.
2	Vehicle No. / वाहन संख्या	Mob. No. 7318 443187
3	Policy No. / पालिसी संख्या	UPS7 BZ 3657
4	Period of Insurance / बीमा अवधि	252400/31/2026/38081
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/09/2025 - To - 25/09/2026 05/12/25 - 11:00 AM.
6	Place of Accident / दुर्घटना का स्थान	तमकुही रोड - (तारनई मांड)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tamkuhi Rod. NOOR MUHAMMAD
8	Estimated Loss / अनुमानित हानि	UPS7 20240018888. 7023
09.	Cause of Accident / दुर्घटना का कारण :- प्रेस तोड़ना जाते तब (बुरा मोड) एडर्स तमकुही रोड जाते समय घातक बुरा मोड कृपया समय पर एक-कुछ जांच कर आटवरीया डॉ. जांच के तमकुही रोड दापतगरी जांच के तब जांच जांच इतिहास के कारण दिनांक = 05/12/25 - 11:00 AM.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	ANNU MOTORS. TAMKUHIRAJ. KUSHINAGAR. 9415278119.

Date / दिनांक : 11-12-2025
हस्ताक्षर

इसका
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 Memard. Certificate/Policy No. 252400/31/2026/38081.
 Tel. No. 26/09/2023 - 70-25/09/2026. Period of Insurance
 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 : ISHAHAR.
 (b) Address for correspondence : VILL. KOTMADI, B6ZORG, Post - TAMRUHI
 (c) Telephone : DIST. KUCHINAGAR. RAJ.

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HAF11F6SHD 49590</u> Chassis No. <u>MBLMAW470SHDS9267</u>	Registration No. <u>UP57 B2</u> <u>3657</u>
----------------------------	--	---

- (a) Was the vehicle in proper working condition? yes
 (b) For what purpose was the vehicle being used at the time of accident? MO
 (c) Was trailer attached? MO
 (d) If a Motor Cycle/scooter yes
 1. Was a side-car attached MO
 2. Was a pillion rider carried MO

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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : NGOR MUHAMAD
- (b) Age : 19
- (c) Address : VILL - TAMKUNIKOTI HADI BUZURG
- (d) Is the Driver : TAMKUNIRAJ KUSHI NAGAR
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or friend? : Relative. -
- (e) If paid driver, how long has he been in your employment : N/A
- (f) Was he under the influence of intoxication Liquor or drugs? : N/A
- (g) Driving Licence Number : UP57 2024 0018888
- (h) Issuing Authority : KUSHI NAGAR
- (i) Date of Expiry : 31-12-2024
- (j) Was the licence temporary/permanent : HP
- (k) Details of endorsement/suspension, if any : HO
- (l) Has he been involved in any accident before? : HO
- (m) Has he been charged by the police? If so, Why? : HO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 05/12/2025 - 11:00 PM
- (b) Place : तामकुनीकोटि हदी बुजुर्ग
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : मोटर साईकल चलाते वरताना जाताना तामकुनीकोटि हदी बुजुर्ग येथे एका काराचा धडक झाला.
- (e) If any third party was responsible for this accident give the name and address : जीत रायच रावत कर्ता भायराव रायच रावत (कानूर) इतल (कानूर)

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : बाईक, मोटार, हेडी लाईट, ब्रॅकेट
- (b) Estimated cost of repairs : 7023
- (c) When and where can the damaged vehicle be inspected : AMMU MOTORS. TAMKUNIRAJ

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 : N/A
- (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? : _____
(b) If yes, give full details : _____ /N/A

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? : _____ N/A
(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? : _____ N/A
(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 11/12/2025 200

Signature of the insured [Signature]

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. UPS7B23657 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. 7023 = 00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness दिलेश्वर
Name
Signature दिलेश्वर
Address पॉस्ट तामकुली राव

Signature बहादुर
Occupation
Address विल. कोन्डी, बोडुर्ग
पोस्ट. तामकुली राव
डि.स. - कोशीनागर

Bank Account Number
Name of the Bank

पॉस्ट तामकुली राव
डि.स. - कोशीनागर



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: UP57BZ3657	Registration Date	: 28-Sep-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304	Son/wife/daughter of	: CHANARI
Owner Name	: ISHAHAK		
Full Address: (Permanent)	: VILL - KOINDI BUZURG, PO - TAMKUIH RAJ, P.S - TAMKUIH RAJ, KUSHINAGAR, UTTAR PRADESH-274407	Owner Serial No	: 1
Full Address: (Temporary)	: VILL - KOINDI BUZURG, PO - TAMKUIH RAJ, P.S - TAMKUIH RAJ, KUSHINAGAR-UTTAR PRADESH-274407	Link Vehicle No	:
Fitness UpTo	: 27-Sep-2040	Norms	: BHARAT STAGE VI
Detailed Description		Rear HSRP No	: AA2133719144
Class of Vehicle	: M-CYCLE/SCOOTER	Month/Year of Manuf.	: 04/2025
Ownership	: INDIVIDUAL	Chassis No	: MBLHAW470SHD59267
Maker's Name	: HERO MOTOCORP LTD	Fuel	: PETROL
Front HSRP No	: AA2133085974	Cubic Capacity	: 97.20
Type of Body	: SOLO WITH PILLION	Wheel base	: 1235
No of Cylinders	: 1	Standing Cap	: 0
Engine No	: HA11F6SHD49590	Unladen Wt (kgs)	: 113
Horse Power(BHP)	: 8.17	Laden/GV Wt (kgs)	: 243
Maker's Classification	: SPLENDOR+BLACK&ACCE NT I3S(DRS)	AC Fitted	: NO
Seating Cap(in all)	: 2		
Sleeper Cap	: 0		
Colour	: BLACK AND ACCENT		
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 w.e.f. .

Purchase dt	: 26-Sep-2025	Sale Amt	: 74999/-
OTT Date	: 26-Sep-2025	Amount/Rcpt No	: 7500 / UP57D25090002505
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 08-Oct-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 28-Sep-2025 to 27-Sep-2040

Date : 15-Oct-2025 15:42:36
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 15-Oct-2025

Q5874168



भारत सरकार
Government of India



इशहाक
Ishahak
जन्म तिथि / DOB : 01/01/1975
पुरुष / Male



6231 5693 8294

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:

आत्मज: चनरी, कोइन्दी बुजुर्ग,
कोइन्दी बुजुर्ग, तमकुही, कुशीनगर,
उत्तर प्रदेश, 274407

Address:

S/O: Chanari, KOINDI BUJURG,
Koindi Buzurg, Tamkuhi,
Kushinagar, Uttar Pradesh,
274407

6231 5693 8294

1947
1800 300 1947

✉
neip@uidai.gov.in

www
www.uidai.gov.in