

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.	Bikau Hajom 6206313817
2	Vehicle No. / वाहन संख्या	VP57 BW3760
3	Policy No. / पालिसी संख्या	252400/31/2025/81722
4	Period of Insurance / बीमा अवधि	31/01/2025 to 30/04/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/2025, 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Baasi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Narash Kushwaha, BR 222021 9876742352 0002307
8	Estimated Loss / अनुमानित हानि	16500/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे दोस्त नरेश कुशवाहा के साथ सड़क से घुस जा रहे थे। तभी अचानक सामने गुल्ला आ गया तो उसी को बचाने के लिए वाहन मेरी इमिज हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	912519 नं 148 Gupta Automobile Pachraunda

Date / दिनांक : 16/12/25
हस्ताक्षर

— बिकाउ हाजम
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. 252400/31/2025/81722

Tel. No. _____

Period of Insurance 31/01/2025 to 30/01/2025
 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 : Bikram Majum
 (b) Address for correspondence : _____
 (c) Telephone : 6206313 AIF

2. THE INSURED VEHICLE

Make & Year <u>M20/2025</u>	Engine No. <u>MA11E7RHL19472</u> Chassis No. <u>MBLHAW226RH10791</u>	Registration No. <u>VP57BW</u> <u>3760</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? _____
 (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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Narash Kushwaha
(b) Age : _____
(c) Address : 1 Kushnagar
(d) Is the Driver
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Relative
(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 : BR 22 20210002307
(h) Issuing Authority : _____
(i) Date of Expiry : 31/12/2033
(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 : 13/02/2025, 7:00 P.M
b) Place : Buadi
c) Speed of vehicle at the time of accident : _____
d) Give a short description of the accident : मेरी गाड़ी में दोस्त ने कार का रूई में तभी अचानक से
e) If any third party was responsible for this accident give the name and address : मृतक महिला को उसी को बचाते वक्त कार सड़ि गिर
सो बर्लमेरी काम

6. DAMAGE TO INSURED VEHICLE

a) Full details of damage : Front and side
b) Estimated cost of repairs : 18500/-
c) When and where can the damaged vehicle be inspected : Crupra automobile Pachauri

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? : _____ 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? : _____
(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? : _____ N/A
(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 16/12/25 200

Signature of the insured Tomis Echi

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/-

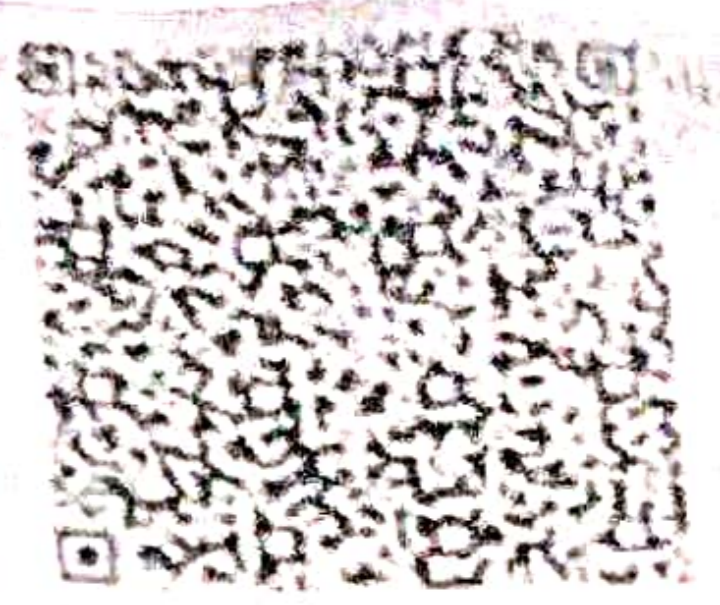
Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

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

https://vahan.parivahan.gov.in/vahan



Registration No : UP57BW3760
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : BIKAU HAJAM
 Full Address: (Permanent) : VILL-DAHAWA KHOTAHAWA, POST-TAULAHA, , PASHCHIM CHAMPARAN, BIHAR-845404
 Full Address: (Temporary) : TRILOKPUR BUJURG, SINGHAPATTI, , KUSHINAGAR-UTTAR PRADESH-274804
 Fitness Up To : 02-Feb-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1038982841
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E7RHL19472
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ I3S (DRS)
 Seating Cap(in all) : 2
 Sidepar Cap : 0
 Colour : MATT GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 03-Feb-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : HAMID HAJAM
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1039321660
 Month/Year of Manuf. : 11/2024
 Chassis No : MBLHAW226RHL07091
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 111
 Laden/GV Wt (kgs) : 241
 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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 03-Feb-2025.

Purchase dt : 31-Jan-2025
 Sale Amt : 79866/-
 OTT Date : 31-Jan-2025
 Amount/Rept No : 7987 / UP57D25020000312
 Vehicle Is Govt/ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Mar-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Previous RegNo :
 Old State :
 Entry Date :
 Transfer Date :
 Conversion Date :

This certificate is valid from 03-Feb-2025 to 02-Feb-2040

Date : 04-Apr-2025 17:16:15
 Location Particulars / Advances Registration Mark Fee Details

A.R.T.O. (A)
 Kushinagar (UP)
 Signatory of Registering Authority
 Date : 04-Apr-2025

Q 2678855

DL: BR22 20210002307

Original LA BR22
Old DL No

Date of Issue : 13-02-2021

Class of Vehicles

Vehicle Class	Issue Date
LMV	13-02-2021
MCWG	13-02-2021

INDIAN DRIVING LICENCE

GOVERNMENT OF BIHAR

FORM-7

DL: BR22 20210002307

Name : NARESH
KUSHWAHA
S/WID of : TRIVENI
KUSHWAHA

Address : AT-DAHUA PO-TAULAHA PS-DARANGA

Machubani, Pashchim Champar, BR

Valid Till (Transport)
00000000

DOB : 01-01-1994 BG : O+

Valid Till (Non-Transport)
31-12-2033

Badge No :

*Authorisation to drive the following vehicle
class throughout India

Signature of Holder

Type of Vehicles : LMV MCWG only

Sign. Of Licencing Authority
Bettiah

Issued on 13-02-2021



भारत सरकार
Unique Identification Authority of India

पता:

आत्मज: हमीद हजाम, दहवा,
खोलहवा, तुलाहा, पश्चिमी चम्पारण,
मधुबनी, बिहार, 845404

Address:

S/O: Hamid Hajam, Dahawa,
Kholahawa, Taulaha, West
Champaran, Madhubani, Bihar,
845404

7782 2854 0533

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार

Government of India



बिकाऊ हजाम

Bikau Hajam

जन्म तिथि / DOB : 01/01/1991

पुरुष / Male



7782 2854 0533

आधार - आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

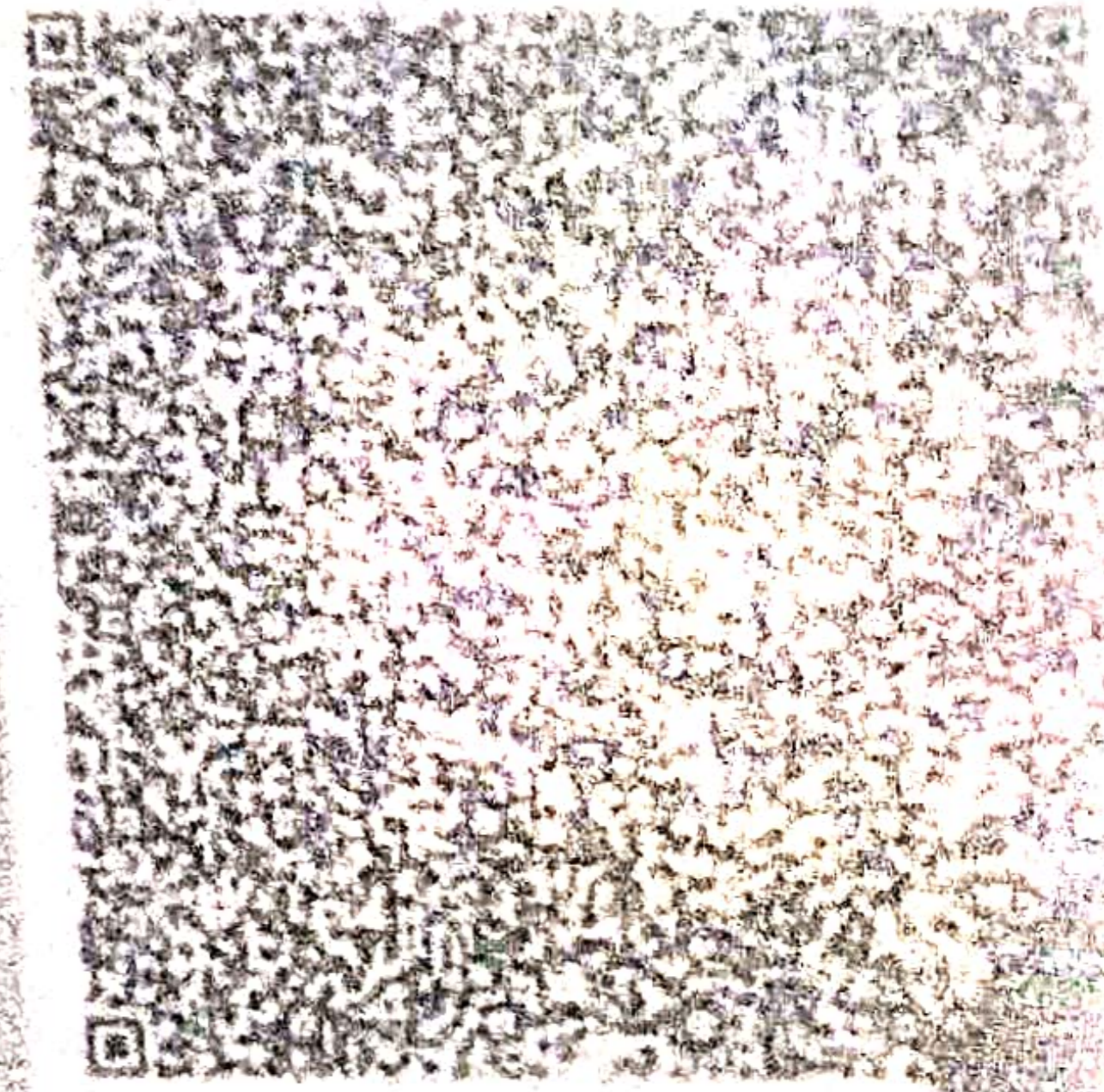


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ALTPH7765B



नाम / Name
BIKAU HAJAM

पिता का नाम / Father's Name
HAMID HAJAM

जन्म की तारीख /
Date of Birth
01/01/1991

हस्ताक्षर / Signature