

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.	PRINCE KUMAR Mob. No. 7388861352
2	Vehicle No. / वाहन संख्या	UP57CB1063.
3	Policy No. / पालिसी संख्या	2524000/31/2026/58824.
4	Period of Insurance / बीमा अवधि	13/11/2025-70-12/11/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/2025 - 7:00 PM.
6	Place of Accident / दुर्घटना का स्थान	जोरी कोराम (मेरठ)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAKESH SINGH UP57 20220011679, 9794423303
8	Estimated Loss / अनुमानित हानि	906800
9	Cause of Accident / दुर्घटना का कारण : मेरी गाड़ी जोरी कोराम में जाकर ठोकर खाई और गाड़ी का दायाँ पहलू टूट गया। गाड़ी के ड्राइवर को भी चोट लगी। मेरी गाड़ी का दायाँ पहलू टूट गया और गाड़ी का दायाँ पहलू टूट गया। गाड़ी के ड्राइवर को भी चोट लगी। जोरी कोराम के पास एक गाड़ी का टकराव हुआ और गाड़ी का दायाँ पहलू टूट गया। गाड़ी के ड्राइवर को भी चोट लगी। उपरोक्त तथ्यों के तहत दावा कागजात तैयार करने के लिए गाड़ी के ड्राइवर को भी चोट लगी।	
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 / फ़ोन नं.	ANNU MOTORS TAMKUNJI RAJ. KUSHI NAGAR-9415278119

Date / दिनांक : 18/12/2025
हस्ताक्षर

Prince Kumar
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 Mumbai
 Tel. No. _____

Certificate/Policy No. 252400/31/2026/58824
 13/11/2025 - 12/11/2026
 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 : PIRINCE KUMAR
 (b) Address for correspondence : VILL: BIRATYI, KUMHAWOLKIA
 (c) Telephone : Post - D. H. DEYAL, Dist. - K. B. SHIMBARGAR

2. THE INSURED VEHICLE 7388861352

Make & Year <u>2025</u>	Engine No. <u>HANFB5HL60708</u>	Registration No. <u>UP57BL</u>
	Chassis No. <u>MBLHAU0333SHL0079</u>	<u>1663</u>

- (a) Was the vehicle in proper working condition? YES
- (b) For what purpose was the vehicle being used at the time of accident? HD
- (c) Was trailer attached? NO
- (d) If a Motor Cycle/scooter YES
 - 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 : RAKESH SINGH
 (b) Age : 27
 (c) Address : NHCC - BIRYAT KONA WALIYA
 Post - JAWAHAR HADAYAL. DIST - KUSHI NAGAR
 (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 : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP5720220011679.
 (h) Issuing Authority : KUSHI NAGAR
 (i) Date of Expiry : 19/08/2038
 (j) Was the licence temporary/permanent : HO
 (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 policy? 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 : 16/12/2025 - 7:00 PM
 (b) Place : शिवपुरी जिला
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : अज्ञात कार के टकराव के कारण हुए
 (e) If any third party was responsible for this accident give the name and address : शिवपुरी जिला के 427 नम्बर पर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : रॉक, वाइपर टूट गये, ग्राइंडिंग किया,
 (b) Estimated cost of repairs : 9068200
 (c) When and where can the damaged vehicle be inspected : ANNU 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 : 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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

N/A

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

N/A

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 18/12/2020

Signature of the insured Prince Kumar

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. UP57BC1063 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. 9068200

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

Witness

Name शिवशंकर...

Signature शिवशंकर...

Address शिवशंकर...

शिवशंकर...
शिवशंकर...

Signature Prince Kumar

Occupation _____

Address शिवशंकर...

शिवशंकर...
शिवशंकर...

Bank Account Number _____

Name of the Bank _____

GOVERNMENT OF UTTAR PRADESH
[PADRAUNA(KUSHI NAGAR)]

DISCLAIMER

REGISTRATION NO : UP57CB1063



Printed Date: 18-12-2025 12:40:11

Application No: UP25111513412000
Applicant Name: PRINCE KUMAR
Son/wife/daughter of: OMPRAKASH
Ownership Type: INDIVIDUAL
Purchase Date: 13-Nov-2025
Engine No: HA11FBShL00728
Pan No:
Voter Id:
Full Address (Permanent):

Chassis No:
Passport No:
Aadhaar No:

MBLHAW333SHL00757

VILL- BIRAWAT KONHAWALIA, PO- JABAHI DAYAL, P.S- TARYA SUJAN, KUSHINAGAR, UTTAR PRADESH-274409

VILL- BIRAWAT KONHAWALIA, PO- JABAHI DAYAL, P.S- TARYA SUJAN, KUSHINAGAR-UTTAR PRADESH-274409

GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . .

HERO MOTOCORP LTD

SPLENDOR+ XTEC 2.0 (DRS)

Rs. 80517/-

BHARAT STAGE VI

2

8.17

1

M-CYCLE/SCOOTER

PETROL

112

N

N

720

1

Registration Type: NEW
Month/Year of Manuf: 11/2025
Standing Cap: 0
Cubic Capacity: 97.20
Wheel base: 1235
Type of Body: SOLO WITH PILLION
Colour: Black Heavy Grey
GVW(In kgs): 242
Audio Fitted: N
Length (In mm): 1998
Height (in mm): 1048

Hypothecation Details: SHRIRAM FINANCE LIMITED, RAVINDRA NAGAR PADRAUNA, . . . Kushinagar, Uttar Pradesh, 273304

Insurance Details: THIRD PARTY Insurance From ORIENTAL INSURANCE COMPANY LTD. vide policy certificate/covernote no 252400/31/2026/58824 is valid from 13-Nov-2025 to 12-Nov-2030.

Taxation / Fees Particulars:

Sr.No	Description	Amount	Fine	Total
1	New Registration (RTO Si de)	300	25	325
2	Hypothecation Addition	500	0	500
3	MV Tax	8052	806	8858

Grand Total Rs: 9683

Date:

Signature of Acceptor After Particulars Verification

Note: The Registration is subject to Registering Authority Approval. In case of disapproval, Vehicle Registration Mark will not be valid.

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20220011679

Issue Date: 25-10-2021 Validity (NT): 13-08-2030 Validity (TRU): 24-10-2028

Name: **RAKESH SINGH**
 Date of Birth: 14-08-1998 Blood Group: O+ VE Organ Donor: N
 Son/Daughter/Wife of: **DHARM SINGH**

Address:
 VILL. BHINAT BICHHWALIYA PO- JAINAH DAYAL
 PS TARIYA SILLAH TAMBHUR BALKUSHMUNAGAR, UP
 274409

Center of Issue: (13-08-2022)

DL No: UP57 20220011679 UPL 000012022827

Invalid Carriage (Regn Numbers)
Hazardous Validity **Hill Validity**

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
Auto	MC204	UP57	13-08-2021	MT			
Auto	L201	UP57	13-08-2021	MT			
Auto	10000	UP57	25-08-2021	MT			

Emergency Contact Number

Issuing Authority
UP57 BIKHAR

Form 7 (Rev. 14.07)

