

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.	Rm Archana Chaurasiya 9277122008
2	Vehicle No. / वाहन संख्या	UP52CE0092
3	Policy No. / पालिसी संख्या	252400/31/2026/2764
4	Period of Insurance / बीमा अवधि	11/04/2025 to 10/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/2025, 11:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Dhobaha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anil Kumar Chaurasiya, UP5720 9118636969 1400216
8	Estimated Loss / अनुमानित हानि	4720/-
9	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे माते अनिल कुमार चौरसिया लिमिटेड कार रहे थे। तभी अचानक सामने ट्रैक्टर आ रहा था तभी सामने आ रही वाहन को घुसने वक्त ट्रैक्टर मे लड़ गई और वाहन मेरी डायरेक्शन 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.	912597148 Urepta automobile Padrauna

कुमारी अर्चना चौरसिया

Signature of Insured / बीमाधारक के

Date / दिनांक : 24/12/25
हस्ताक्षर



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. 252400/31/2026/2764

Tel. No. _____

Period of Insurance 11/04/2025 to 10/04/2026
 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 : Shri Ardhana Chaudhary
 (b) Address for correspondence : _____
 (c) Telephone : 9277122006

2. THE INSURED VEHICLE

Make & Year <u>Hu70/2022</u>	Engine No. <u>HAITE05GB13654</u> Chassis No. <u>MBLHAW2375GB13841</u>	Registration No. <u>UP57CE</u> <u>8892</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 : Anil Kumar Chaurasiya
 (b) Age : _____
 (c) Address : Kushinagar
 (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 : UP57 20140020716
 (h) Issuing Authority : _____
 (i) Date of Expiry : 19/10/2034
 (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 : 21/12/2025, 11:00 A.M
 (b) Place : Phobaha
 (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 : मेरी ड्राइम में मेरी कार में सवार सवारों का बड़े ब्रैक में सामान का बड़ी ड्रैक्टर में पार करने से कार में मेरी ड्राइम में

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 7720/-
 (c) When and where can the damaged vehicle be inspected : computer automobile Panchauna

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 24/12/25 200

Signature of the insured कुमारी अर्चना चरसिमा

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 or future arising directly/indirectly in respect of the said accident.

S. _____

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

Witness
Name
Signature
Address

Signature ... कुमारी अर्चना - पारलिया
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52GE8892 Registration Date : 15-Apr-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, 190-274001
Owner Name : KM ARCHANA CHAURASIA Son/wife/daughter of : UMESH CHAURASIA
Full Address: (Permanent) : VILL-BABHANI, PO+PS-DEORIA, DEORIA, UTTAR PRADESH-274001
Full Address: (Temporary) : VILL-BABHANI, PO+PS-DEORIA, DEORIA-UTTAR PRADESH-274001
Fitness UpTo : 14-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 : AA1039727574 Rear HSRP No : AA2121564858
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLHAW237SGB13841
Engine No : HA11E8SGB13654 Fuel : PETROL
Bore Power(BHP) : 7.91 Cubic Capacity : 97.20
Motor'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 : AC Fitted : NO
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)
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- 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	: 11-Apr-2025	Sale Amt	: 77026/-
OTT Date	: 11-Apr-2025	Amount/Rcpt No	: 7703 / UP52D25040001778
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-Apr-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Apr-2025 to 14-Apr-2040

Date : 22-Apr-2025 12:00:59

taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी

Signature of Registering Authority

देवप्रताप : 22-Apr-2025

Q 2663998

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BQAPC1596A

नाम / Name
ARCHANA CHAURASIA

पिता का नाम / Father's Name
UMESH CHAURASIA

जन्म की तारीख / Date of Birth
12/09/2000

हस्ताक्षर / Signature



MINOR



भारत सरकार
Government of India



Download Date: 03/12/2020



कुमारी अर्चना चौरसिया
Km Archana Chaurasia
जन्म तिथि/DOB: 12/09/2000
महिला/ FEMALE

Issue Date: 22/10/2020

5238 3297 6720

VID : 9119 3395 6508 8589

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

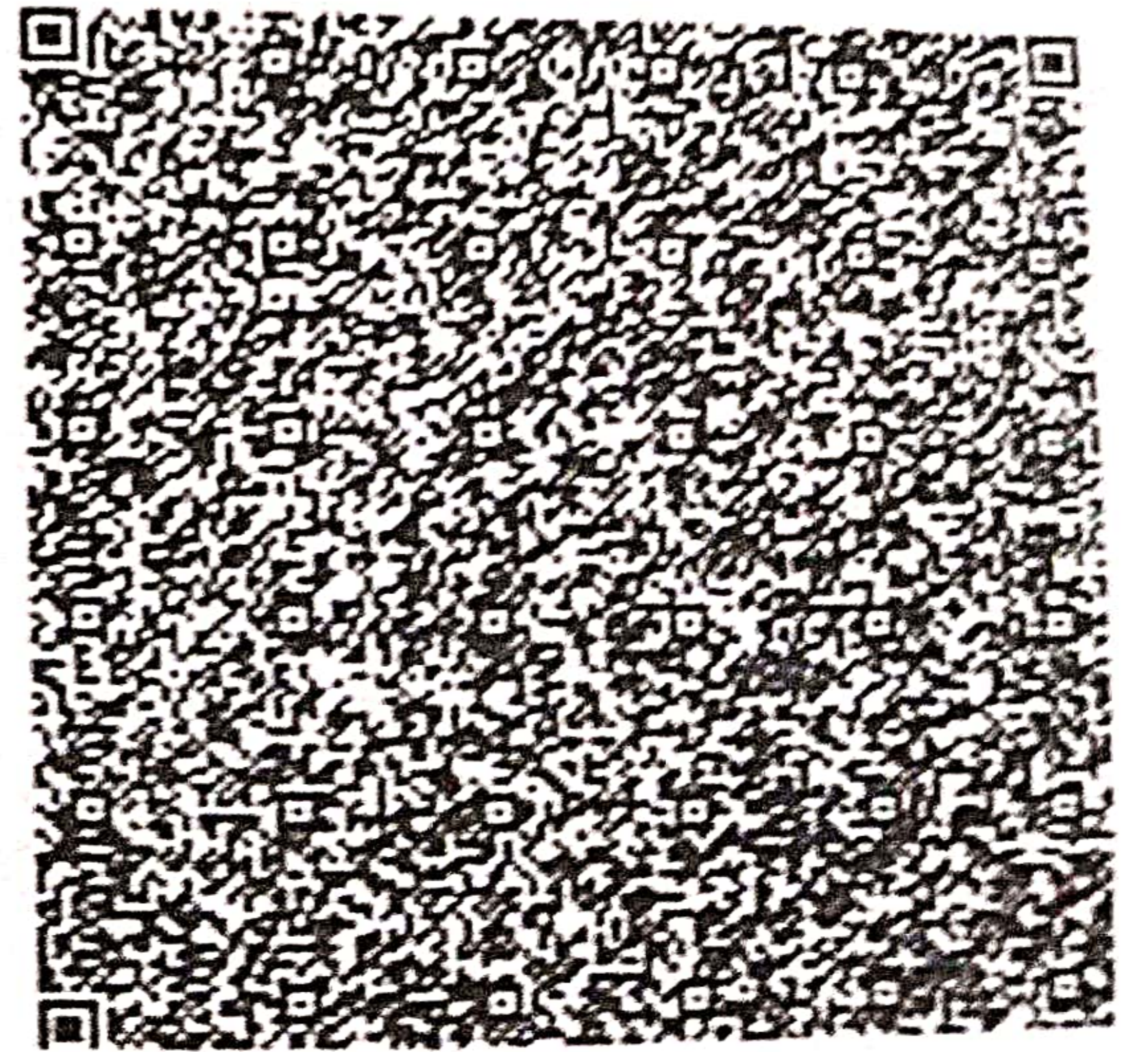


पता:

आत्मजा: उमेश चौरसिया, गांव-बभनी, पोस्ट-देवरिया,
बभनी, देवरिया,
उत्तर प्रदेश - 274001

Address:

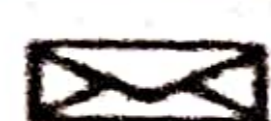
D/O: Umesh Chaurasia, Village-Babhani,
Post-Deoria, Babhani, Deoria,
Uttar Pradesh - 274001



5238 3297 6720

VID : 9119 3395 6508 8589

1947



help@uidai.gov.in



www.uidai.gov.in

UNION OF INDIA Driving Licence (UP) (NT)

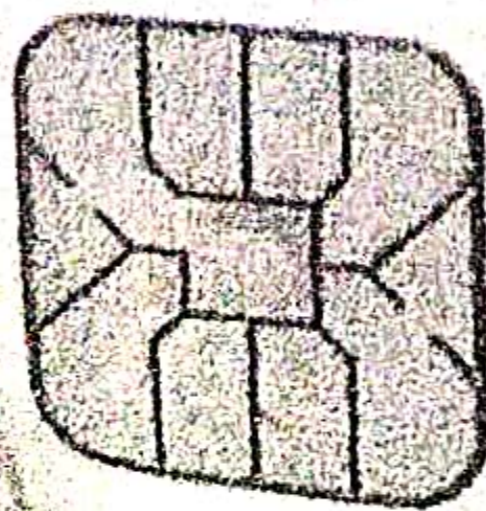
UP57 20140020716

जारी करने की तिथि
Date of Issue
20/10/2014

वैधता / Validity
19/10/2034

जन्म तिथि
Date of Birth
04/07/1995

Blood Group
UNKNOWN



नाम / Name

ANIL KUMAR CHAURASIA

ता/पति का नाम / Son/Daughter/Wife of

MERIKA CHAURASIA

UP57 20140020716



LMV



MCWG

20/10/2014 20/10/2014

पता / Address

VILL-RAMDHAM JUNGLE VISHUNPURA

PO+PS-PADKAUNA

KUSHINAGAR 274304

हस्ताक्षर / Signature

Holder's Signature

अधिकारी / Issuing Authority Sign

KUSHINAGAR



UP021731948E