



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.	Mnish 9559585927
2	Vehicle No. / वाहन संख्या	VP57BY1305
3	Policy No. / पालिसी संख्या	252400/31/2026/17777
4	Period of Insurance / बीमा अवधि	26/05/2025 to 25/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/25, 9:00 A.M
6	Place of Accident / दुर्घटना का स्थान	Bulwasudama
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Pradeep Kumar, VP57202000 9695201625 12193
8	Estimated Loss / अनुमानित हानि	9900/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाइफ मेरी जीजा प्रदिप कुमार लेकर मारते जा रहे थे। तभी अचानक बाएँ साइड से ट्रक्टर वाला ट्रक्टर मार दिया तो वाइफ मेरी दाएँ साइड गिर गई और डैमेज 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.	9125197118 Gupta automobile Pool

मानव

Date / दिनांक : 26/12/25  
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. 252400/31/2026/1777-

Tel. No. \_\_\_\_\_

Period of Insurance: 26/05/2025 to 25/05/2026

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
- (b) Address for correspondence
- (c) Telephone

Mish  
9559505927

2. THE INSURED VEHICLE

Make & Year <u>HA 20/2025</u>	Engine No. <u>HA11F7SHE08066</u> Chassis No. <u>MBLHAW485SHE036</u> <u>44</u>	Registration No. <u>UP57BY</u> <u>1305</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 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 : N/A
- (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_
- (h) Number of passengers carried : \_\_\_\_\_
- (i) Number of Passenger permitted : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pradeep Kumar  
 (b) Age : \_\_\_\_\_  
 (c) Address : Sec 26/2, Indraprastha  
 (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 : UP5720200012193  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 31/12/2035  
 (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 : 24/12/2025, 9:00 A.M  
 (b) Place : Belwa Sudama  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरी गाड़ी में जीप ने टकरा जा रही थी। लकी अचानक  
 (e) If any third party was responsible for this accident give the name and address : मैंने साइड से टक्कर मारी। तब मार दिया। लकी  
साइड गिरने से प्रेम  
जोषी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 9900/-  
 (c) When and where can the damaged vehicle be inspected : Crupta automobile Padsauna

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

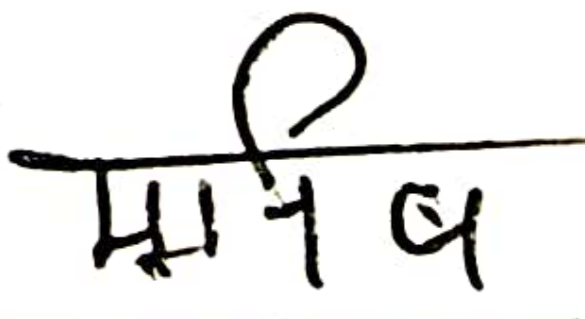
- (a) Give names and addresses of passengers/other Witness, if any : \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? : N/A
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

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? : 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 26/12/25 200

Signature of the insured 

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/-

*[Handwritten Signature]*

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



Registration No : UP57BY1305 Registration Date : 29-May-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
Owner Name : MNISH Son/wife/daughter of : CHOTN
Full Address: (Permanent) : VILL- LALA SIKTIYA, POST- LANGARI, PS- HATA, KUSHINAGAR, UTTAR PRADESH-274203
Full Address: (Temporary) : VILL- LALA SIKTIYA, POST- LANGARI, PS- HATA, KUSHINAGAR-UTTAR PRADESH-274203

Fitness UpTo : 28-May-2040 Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : MAYA
Relationship with the : Sister Norms : BHARAT STAGE VI
Nominee
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2128977504 Rear HSRP No : AA1042387522
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
No of Cylinders : 1 Chassis No : MBLHAW485SHE03644
Engine No : HA11F7SHE08066 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
Other Criteria : AC Filled
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf. : 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 HERO FINCORP LIMITED, 34 BASANT LOK, VASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 26-May-2025.

Purchase dt : 26-May-2025 Sale Amt : 78776/-
OTT Date : 26-May-2025 Amount/Rcpt No : 7878 / UP57D25050005729
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 06-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-May-2025 to 28-May-2040

Date : 21-Jun-2025 10:39:15

Taxation Particulars / Advance Registration Mark Fee Details

Q 3764262

Signature of Registering Authority
Date: 21 JUN 2025



**INDIAN UNION DRIVING LICENCE**  
ISSUED BY GOVERNMENT OF UTTAR PRADESH



**UP57 20200012193**

Issue Date  
**29-10-2020**

Validity ( NT )  
**31-12-2035**

Validity ( TR )



*Pradeep*

Date of First Issue 29-10-2020

Name : **PRADEEP KUMAR**

Holder's Signature

Date Of Birth : **01-01-1996** Blood Group:

Organ Donor:

Son/Daughter/Wife of : **NATHUNI BHARTI**

Address : **POST GAUNARIA KAPTANGANJ AZIZ NAGAR, KUSHINAGAR, UP 274301**

**DL No. UP57 20200012193**



ADPVEH No.(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
	LMV	UP57	29-10-2020	NT			
	MCWG	UP57	29-10-2020	NT			

Form 7 Rule 16 (2)

Mobile Number:

Licencing Authority

**ASST.RTO, PADRAUNA (KUSHINAGAR)**

This duplicate card, generated from publicly accessible data for personal use only.



भारत सरकार  
Government of India



Aadhaar no. issued: 10/08/2016



मनीष

Mnish

जन्म तिथि/DOB: 07/03/2000

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**3182 5675 3513**

मेरा आधार, मेरी पहचान



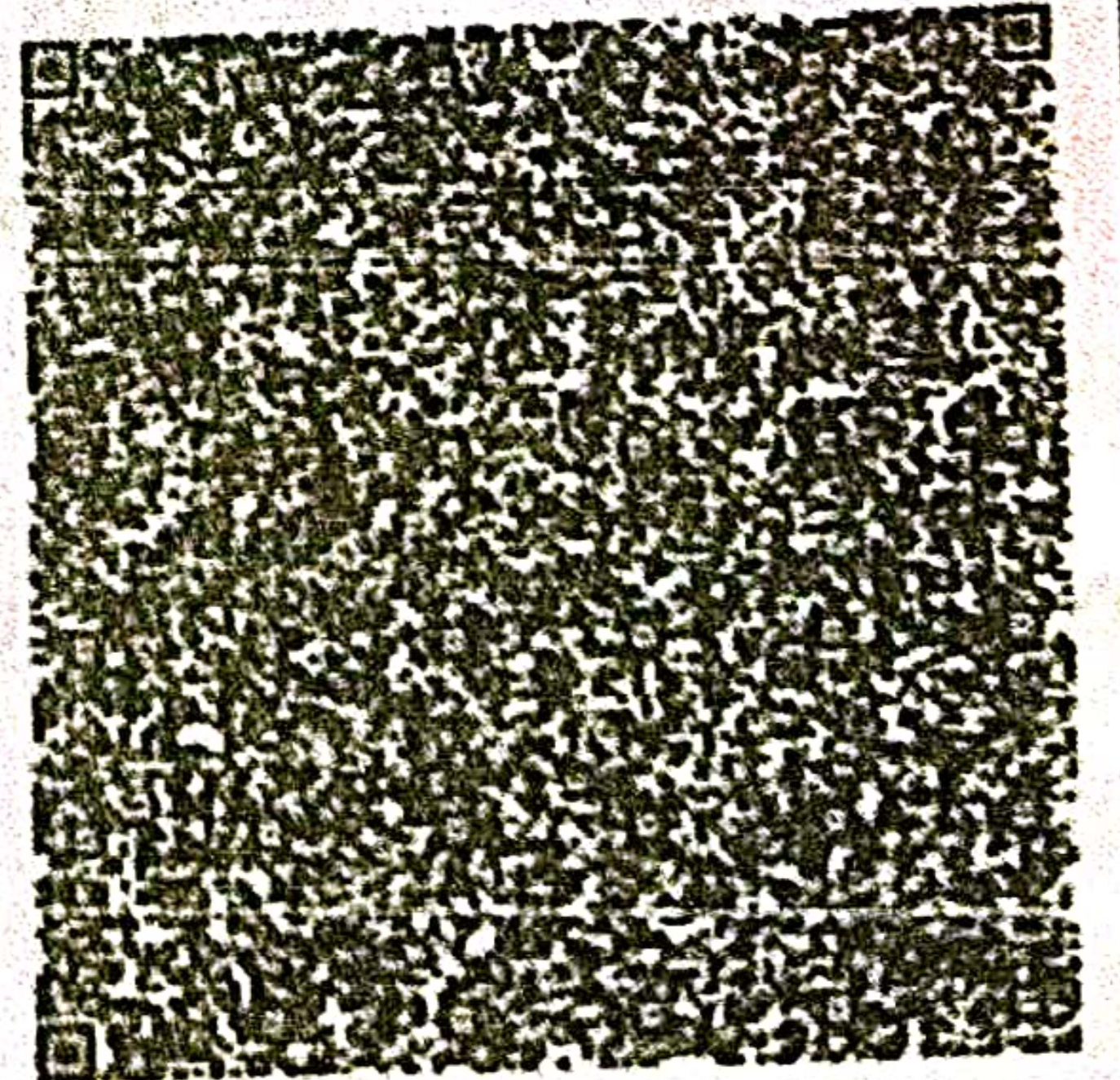
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मज: छोटन, लाला सिकटिया, सिकटिया, लांगरी, लांगरी,  
कुशीनगर,  
उत्तर प्रदेश - 274203

Address:  
S/O: Chotn, lala Siktiya, Siktiya, Langari, PO:  
Langari, DIST: Kushinagar,  
Uttar Pradesh - 274203

Details as on: 22/09/2025



**3182 5675 3513**

VID : 9192 9878 1627 7194

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in

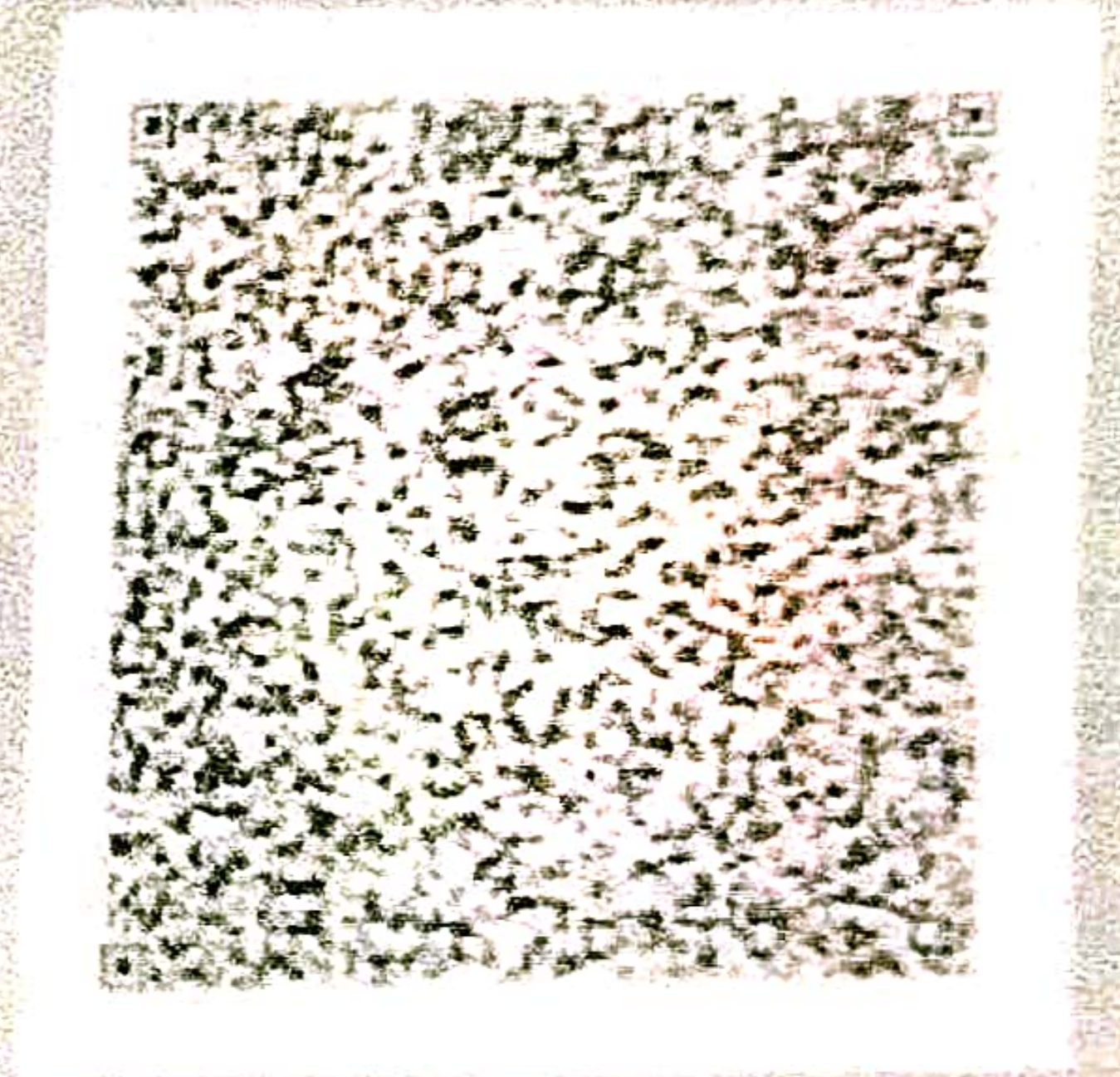
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
**GDXPM3428L**



नाम / Name

**MINISH**

पिता का नाम / Father's Name

**CHOTN**

जन्म की तारीख / Date of Birth

**07/03/2000**

**मनिष**

हस्ताक्षर / Signature

66530