

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.	Kunhaiya Yadav 7042852908
2	Vehicle No. / वाहन संख्या	UP57BW7608
3	Policy No. / पालिसी संख्या	252400/31/2025/90919
4	Period of Insurance / बीमा अवधि	1/03/2025 to 28/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025, 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	Baasi pu
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Harisal Yadav, UP5720190000 7294927677 862
8	Estimated Loss / अनुमानित हानि	5290/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे भाई हरिलाल यादव लेकर मार्केट से घर जा रहे थे। तभी अचानक मिट्टी के बल्ले आते वाहन टकरा कर मार दिया तो दावे साईड लेकर गिरने से वाहन मेरी डायरेक्ट 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.	9125197148 Gupta automobile Reprovision

Date / दिनांक : 29/12/25
हस्ताक्षर

कृपया यादव
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Harilal Yadav
 (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 : UP5720190000862
 (h) Issuing Authority : _____
 (i) Date of Expiry : 20/01/2039
 (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, 3:00 P.M
 (b) Place : Bareilly
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मुझे ब्रेक फेल होकर जा रहा था तभी मुझे
 (e) If any third party was responsible for this accident give the name and address : संजय शर्मा बारा बस स्टैंड
बरेilly
बरेilly

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back and Side
 (b) Estimated cost of repairs : 5290/-
 (c) When and where can the damaged vehicle be inspected : Crupra automobile Padawan

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? : _____
(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 29/12/25 200

Signature of the insured _____ 4159

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/-

Witness
Name
Signature
Address

Signature *Chandani 4199*
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	: UP57BW7608	Registration Date	: 03-Mar-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	: KANHAIYA YADAV	Son/wife/daughter of	: BASANT YADAV
Full Address: (Permanent)	: VILL-BELWA JUNGLE, POST-BELWA JUNGLE, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	: VILL-BELWA JUNGLE, POST-BELWA JUNGLE, THANA-PADRAUNA, KUSHINAGAR- UTTAR PRADESH-274304		
Fitness UpTo	: 02-Mar-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2120675093
Front HSRP No	: AA2120214676	Month/Year of Manuf.	: 02/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW217SHB04162
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E7SHB08367	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK TORNADO GREY	AC Fitted	: NO
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 WHEELS EMI PVT LTD, PADRAUNA, . . . Kushinagar, Uttar Pradesh-274304 w.e.f. 01-Mar-2025.

Purchase dt	: 28-Feb-2025	Sale Amt	: 81601/-
OTT Date	: 28-Feb-2025	Amount/Rcpt No	: 8161 / UP57D25030000321
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 07-Apr-2025		
Other State/Transfer/Conversion/Reassign Details	:	Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

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

Date : 22-Apr-2025 16:36:36

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
 Signature of Registering Authority
 Date : 22-Apr-2025

Q 2708852

DL No: UP57 20190000862



Invalid Carriages (Regn. Numbers)

Hazardous Validity Hill Validity

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Validity
	MCWG	UP57	21-01-2019	NT			
	LMV	UP57	21-01-2019	NT			
	TRANS	BR22	12-11-2022	TR			

Emergency Contact Number

Licensing Authority
DLD-UPS



Indian Union Driving Licence

Issued by Government of Bihar



UP57 20190000862



Issue Date Validity(NT) Validity(TR)
17-11-2022 20-01-2039 11-11-2027

Name: HARILAL YADAV

Date of Birth 01-01-1994

Blood Group A+

Organ Donor N

Son of KISHUN YADAV

Address: AT-RANGLALAH I WARD NO-12 PO MADHUBANI PS DHANAH
MADHUBANI, BETTIAH, BR 845404



भारत सरकार
Government of India



Aadhaar no. issued: 15/06/2024



कन्हैया यादव
Kanhaiya Yadav
जन्म तिथि/ DOB: 10/01/1988
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)

9766 2150 2322

मेरा आधार, मेरी पहचान

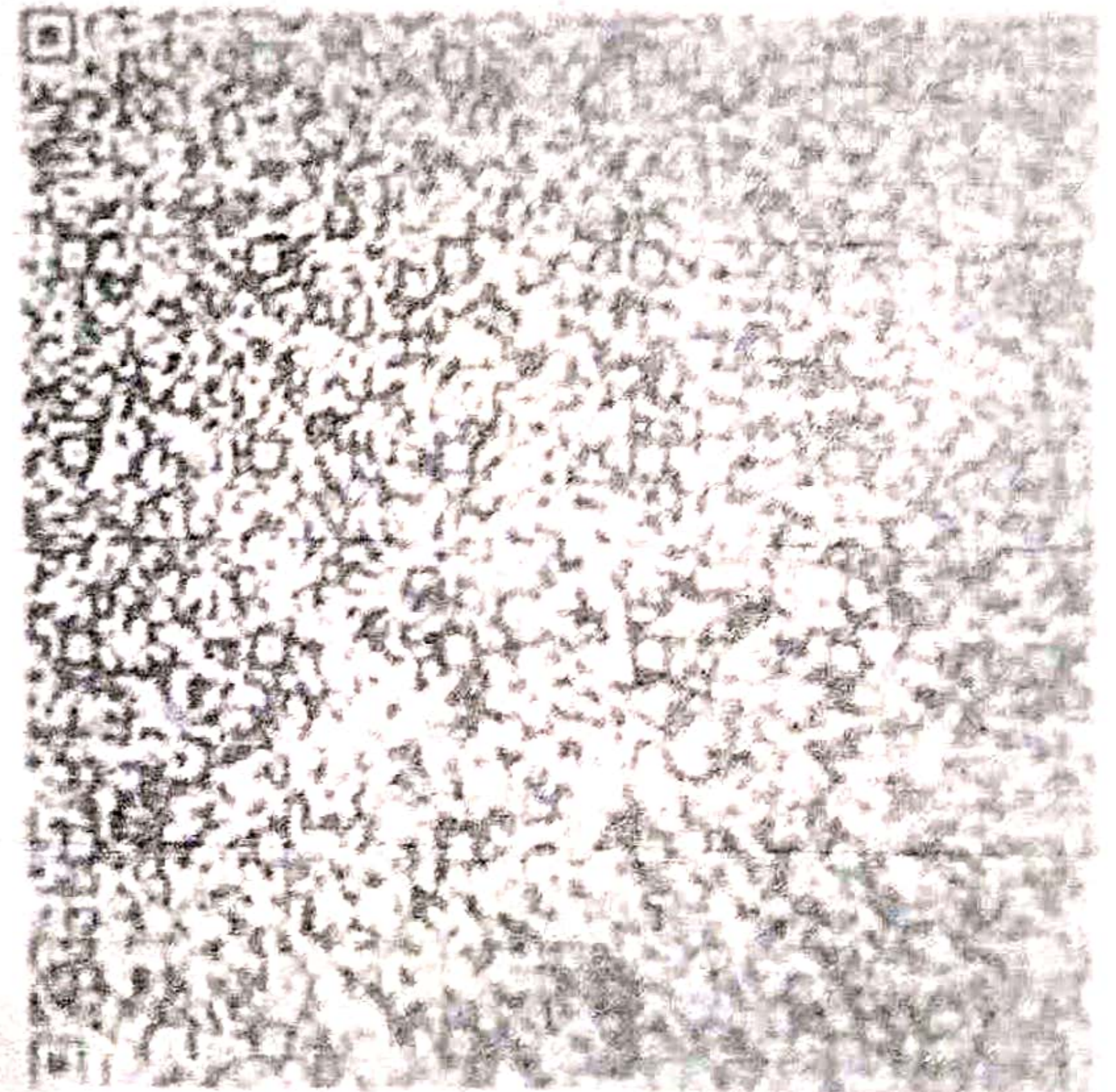


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O बसंत यादव, बेलवा जंगल पोस्ट-बेलवा जंगल,
इपडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O Basant Yadav, Belwa Jngal Post-Belwa
Jngal, Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304



9766 2150 2322

आयकर विभाग
INCOME TAX DEPARTMENT

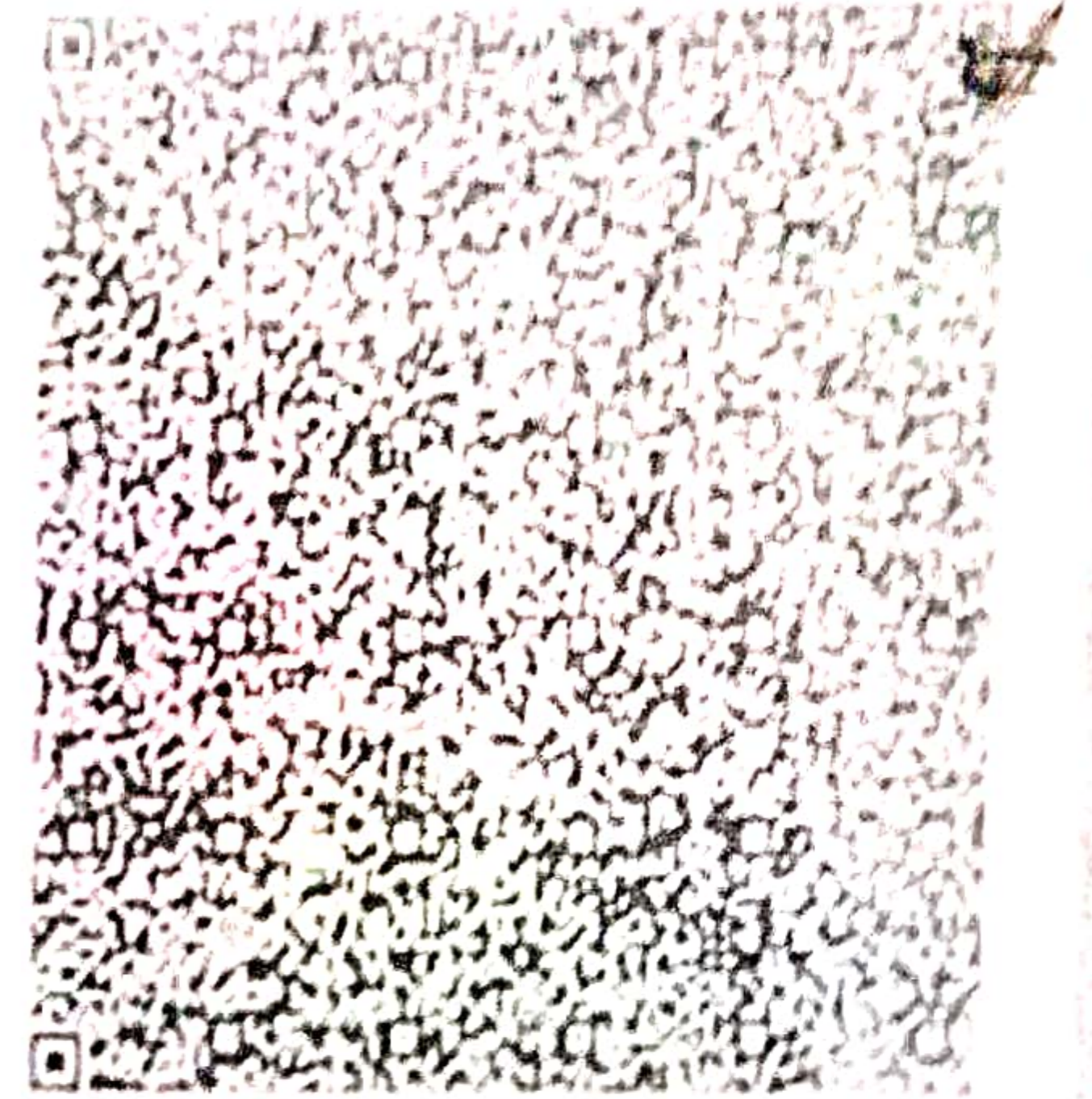


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

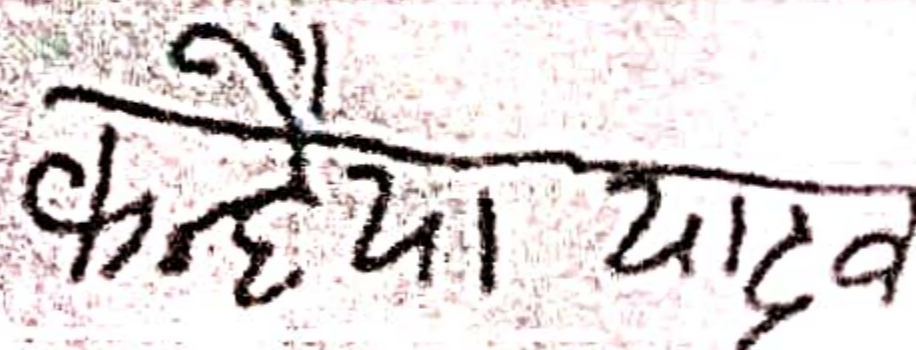
AHEPY3139P



नाम / Name
KANHAIYA YADAV

पिता का नाम / Father's Name
BASANT YADAV

जन्म की तारीख /
Date of Birth
10/01/1988


हस्ताक्षर / Signature

04072024