

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.	Rakesh 7349204631
2	Vehicle No. / वाहन संख्या	UP57BW7853
3	Policy No. / पालिसी संख्या	252400/31/2025/91816
4	Period of Insurance / बीमा अवधि	4/03/2025 to 3/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	1/01/2026, 9:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Kasid
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajay Kushwaha, UP572025000 9734 9235725081
8	Estimated Loss / अनुमानित हानि	15005/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरा क्लीन अजय मुशवद लेकर मसगा से घर आ रहे थे। तभी अचानक सामने से गुल्ला आकर वाहन मे लड़ मे धुस गया तो वाहन मेरी वाहन लेकर बागे साईड गिर गया और वाहन मेरी 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.	9125197198 Gupta automobile Pochaur

Date / दिनांक : 3/12/2025
हस्ताक्षर

— रakesh मुशवद
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. 252400/31/2025/91816
 Tel. No. _____ Period of Insurance 4/03/2025 to 3/03/2026
 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 : Rakesh
 (b) Address for correspondence : _____
 (c) Telephone : 7349204631

2. THE INSURED VEHICLE

Make & Year <u>Huay/2025</u>	Engine No. <u>HATTE8SHAB5097</u> Chassis No. <u>MBLHAW233SHAB3830</u>	Registration No. <u>UP57BW7053</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 : Ajay Keshwar
 (b) Age : _____
 (c) Address : Kashinagar
 (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 : UP5720250009734
 (h) Issuing Authority : _____
 (i) Date of Expiry : 30/04/2046
 (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 : 1/01/2026, 9:00 PM
 (b) Place : Rajid
 (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 : जुही बाईम मेरा भतीजा तेकर दार मा रहे आ तबो सभर अचानक ठहरा आ मरलस मर ठहरा मे धुका गमालो ठागु कसि बिच बागालो ठहरा मे ठागु ठहरा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 15805/-
 (c) When and where can the damaged vehicle be inspected : Crafta automobile Pachwaha

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 3/12/25 200

Signature of the insured राजेश शर्मा

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 रविश कुमार

Occupation

Address

Bank Account Number

Name of the Bank



FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant Rakesh
2. Particulars of transaction _____
3. Amount of the transaction _____
4. Are you assessed to tax? Yes/No
5. If yes,
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Date : 3/12/2025

Place : Radwara

रिनाश 2/12/25
Signature of the declarant

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BW7853
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : RAKESH
 Full Address: (Permanent) : VILL-MATIYARWA, POST-BELWA JUNGLE, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-MATIYARWA, POST-BELWA JUNGLE, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 04-Mar-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2120214811
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8SHAB5897
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK GREY STRIPE
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 05-Mar-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : RAMPYARE KUSHWAHA
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2120675228
 Month/Year of Manuf. : 01/2025
 Chassis No : MBLHAW233SHAB3838
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 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 w.e.f. .

Purchase dt : 04-Mar-2025
 OTT Date : 04-Mar-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 17-Apr-2025
 Sale Amt : 77026/-
 Amount/Rcpt No : 7703 / UP57D25030000592
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Mar-2025 to 04-Mar-2040

Date : 10-May-2025 14:46:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 10-May-2025

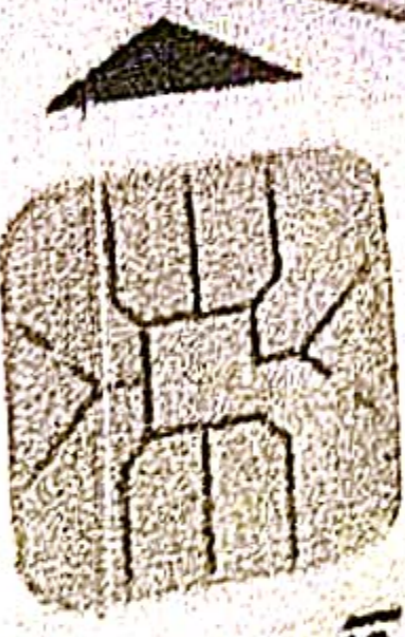
Q 3351086

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20250009734

Issue Date 28-05-2025 Validity (NT) 30-04-2046 Validity (TR) "



Holder's Signature

Name:

AJAY KUSHWAHA

Date of Birth: 01-05-2006

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

SHAMBHU

Address:

BELWA JUNGLE BELWA PADRAUNA
KUSHNAGAR UTTAR PRADESH 274304

Date of First Issue 28-05-2025

DL No: UP57 20250009734

UPDL571000015187



Invalid Carriage (Regn Numbers) *

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Issued By
LMV	LMV	UP57	28-05-2025	NT			
MVSD							

Emergency Contact Number

Licensing Autho
UP57 KUSHNAGAR



संस्था का नाम

संस्था का पता

संस्था का फोन नंबर

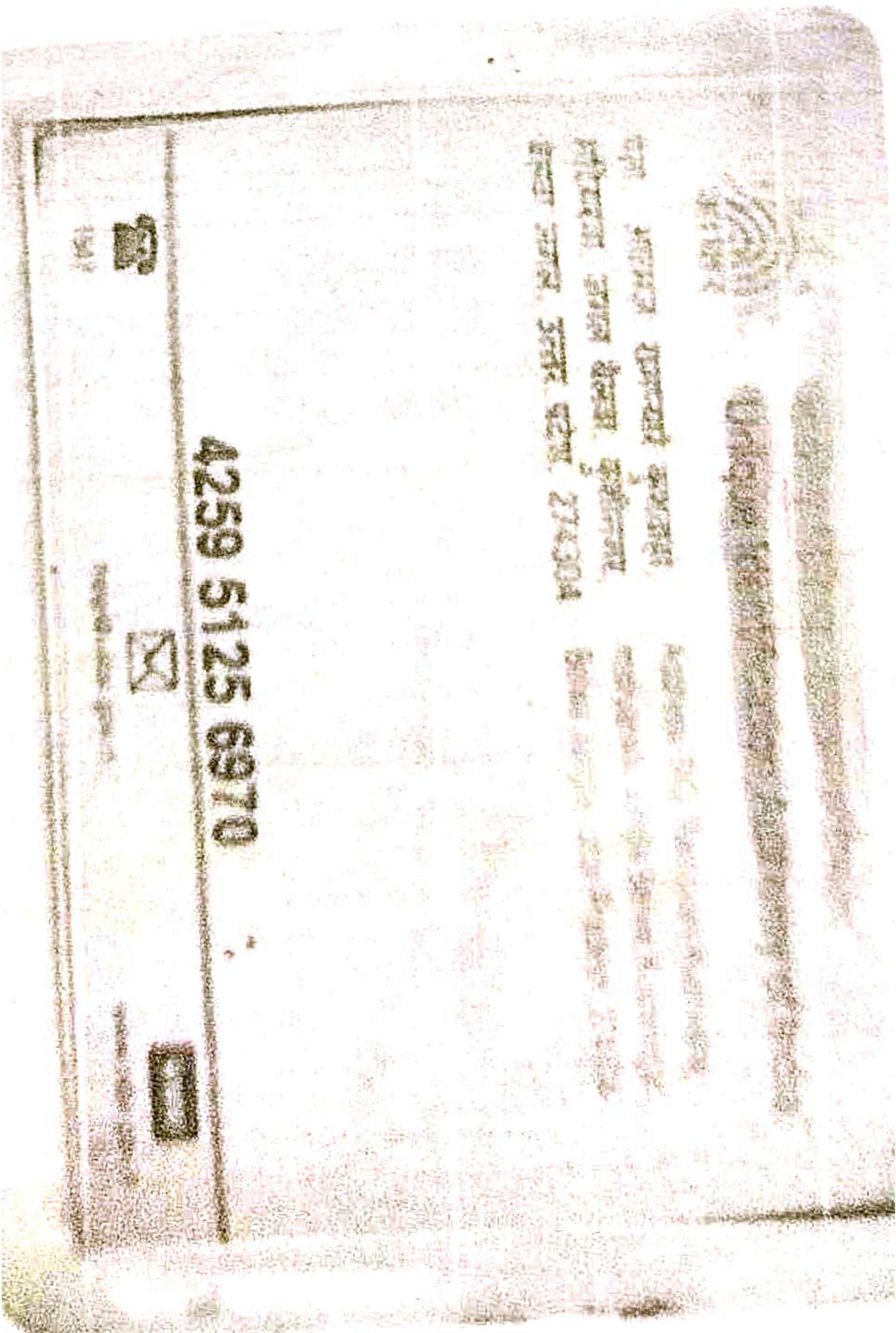
संस्था का ईमेल

संस्था का वेबसाइट

संस्था का लोगो

4259 5125 6970

संस्था का नाम, संस्था का पता



संस्था का नाम

संस्था का पता

संस्था का फोन नंबर

4259 5125 6970

