

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.	NISHA KANNOJIA 7651850792
2	Vehicle No. / वाहन संख्या	UPS3 FE 4724
3	Policy No. / पालिसी संख्या	252460/31/2025/81110
4	Period of Insurance / बीमा अवधि	27/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/01/2025 @ 11:30 pm
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ROHIT KUMAR KANNAJIA UPS3 20150017475
8	Estimated Loss / अनुमानित हानि	4000/-
09.	Cause of Accident / दुर्घटना का कारण :	Accident गुलरिया बाजार से रोडकल के वल्ल (बटि अलमन) के साथ गलत बनिमिह लेकट गिर गया.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Hero D.P. Motor SUMER SAGAR GORAKHPUR

Date / दिनांक : 02/01/2025
हस्ताक्षर

निशा कन्नोजिया
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. 252960/BI/205/0110

Tel. No. _____

Period of Insurance 27/01/2026

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 : NEISHA KANNOTIYA
 (b) Address for correspondence : KOTWALI GORAKHPUR
 (c) Telephone : 7657850792

2. THE INSURED VEHICLE

Make & Year <u>Hero A</u> <u>2025</u>	Engine No. <u>12354</u> Chassis No. <u>13A18</u>	Registration No. <u>OPS3</u> <u>FE 4724</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 239
 (b) Unladen Weight : 109
 (c) Weight of goods carried/Load Challan No. : Nil
 (d) Nature of permit : Nil
 (e) Nature of goods carried : Nil
 (f) Was the vehicle plying for hire : Yes
 (g) If Lorry/Jeep/Tractor, was trailer attached? : Nil
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ROHIT KUMAR KANNAOTIYA
(b) Age : 33
(c) Address :
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number :
(h) Issuing Authority :
(i) Date of Expiry :
(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 : 03/01/2025 4:11:30 PM
(b) Place : GOVATKHPUR
(c) Speed of vehicle at the time of accident : 20
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : NO
(b) Estimated cost of repairs : NO
(c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NO
(b) Address : NO
(c) Full Details of personal injury sustained : NO
(d) Name and address of any person/hospital giving medical attention to injured person : NO
(e) Full details of property damaged : NO
(f) Has notice of any claim been given to you? : NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NO
(b) If yes, give full details NO

9. WITNESS

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

10. THEFT

- (a) Date and Time : NO
(b) Place : NO
(c) What was stolen? : NO
(d) Estimated cost of replacement? : NO
(e) By whom discovered and reported? : NO
(f) Has theft been reported to Police? : NO
(g) When? : NO
(h) Which Policy Station? : NO
(i) C.R. diary Number : NO

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 _____ 200

Signature of the insured

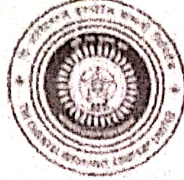
निशी कव्वा/रिडी

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 ... निशा कौनिसा

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank



CERTIFICATE OF REGISTRATION

Registration No : UP53FE4724 Registration Date : 29-Jan-2025
 Description of Vehicle : M CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENJ. COLLEGE, DEORIA ROAD, GORAKHPUR, . . 188-273010
 Owner's Name : NISHA KANNOJIYA Son/wife/daughter of : D/O: DILIP
 Full Address: (Permanent) : 63/2 KHOONIPUR GORAKHPUR WARD, NO.67 . . , GORAKHPUR, UTTAR
 PRADESH-273005
 Full Address: (Temporary) : 63/2 KHOONIPUR GORAKHPUR WARD, NO.67 . . , GORAKHPUR-UTTAR PRADESH 273005
 Fitness Up To : 28-Jan-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
 Iron/HSRP No : AA2120210427 Rear HSRP No : AA2118318703
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No. of Cylinders : 1 Chassis No : MBLHAW230SGA13418
 Engine No : HA11E8SGA12354 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Contact Cap(In all) : 2 Standing Cap : 0
 Contact Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 Colour Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

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

As Manufact	Description	As Regd	Weight (in kgs)
a) Motor			
b) Trailer			
c) Trailer			
d) Trailer			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, GORAKHPUR, . . New Delhi, Delhi-110001 w.e.f. 28-Jan-2025.

Registration Dt : 29-Jan-2025 Sale Amt : 77026/-
 Issue Dt : 29-Jan-2025 Amount/Rcpt No : 7703 / UP53D25010007950
 Vehicle No (Old) : CHAVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 11-Feb-2025

State Transfer/Conversion/Reassign Details

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

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

REGISTRATION NO: UP53FE4724

Vehicle Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 13-Feb-2025

Q 1890437

2/13/2025, 11:41

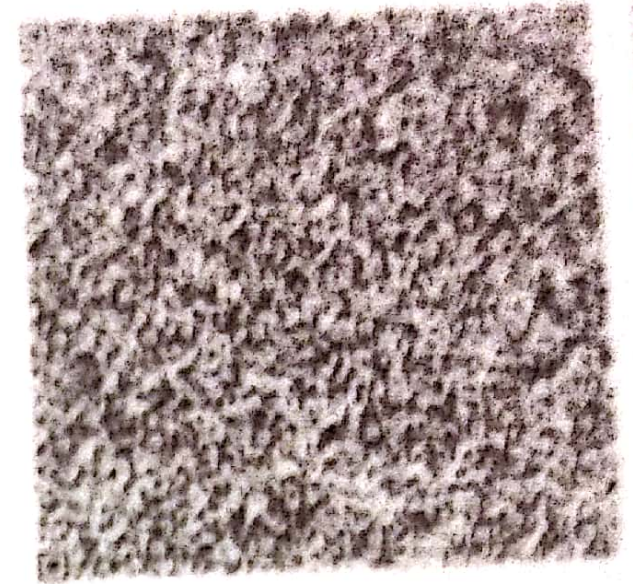
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
LFLPK0889J



नाम / Name
NISHA KANNOJIYA

पिता का नाम / Father's Name
DILIP

जन्म की तारीख /
Date of Birth
02/07/2003

निशा कन्नोजिया
हस्ताक्षर / Signature

24102021

UP53 20150017475



LMV

19/06/2015



MCWG

19/06/2015

UP02713317MT



Form 7 Rule 16(2)

पता / Address
H.NO-2783 A JATEPUR DAKSHINI
PO-GOLGHAI, PS-GORAKHNATH
GORAKHPUR

Holder's Signature

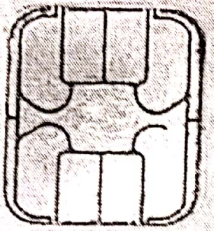
संस्थान / Issuing Auth

GORAKH

UNION OF INDIA Driving Licence



UP53 20150017475



नाम / Name

ROHIT KUMAR KANNAUJYA

पिता/पति का नाम / Son/Daughter/Wife of

MOHAN, LAL

संस्था / Issue Date

15-08-2015

वैधता / Validity

18/06/2035

संस्था / Issue Date of Birth

16/03/1990

Blood Group

Unknown



भारतीय परिवहन निगम
भारतीय परिवहन निगम

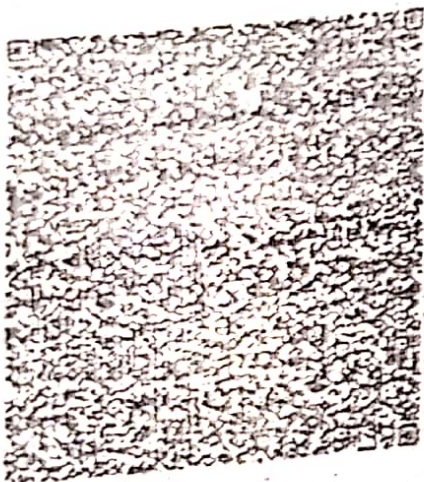


पत्ति:

D/O: दिदी, 63/2, -, -, बॉस नं.67, गोरखपुर,
गोरखपुर,
उत्तर प्रदेश - 273005

Address:

D/O: Dilip, 63/2, Khoonipur, -, ward no.67,
Gorakhpur, Gorakhpur,
Uttar Pradesh - 273005



7017 8379 9032

VID . 9176 8640 1912 4060

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