

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Tahira Khatun, 9838775050
2	Vehicle No. / वाहन संख्या	UP57BY5235
3	Policy No. / पालिसी संख्या	252400/31/2026/24274
4	Period of Insurance / बीमा अवधि	23/06/2025 to 22/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026 ; 11.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Balkhandi aatham.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720250014133 9565523076 , Raj Vesima
8	Estimated Loss / अनुमानित हानि	9505/-
09.	Cause of Accident / दुर्घटना का कारण :	पड़ोस का लड़का राज वर्मा मेरी बाईक लेकर अलखन्ती स्थान की तरफ जा रहा था तभी एक बर्ड वाला ने सामने से चक्कर मार दिया मेरी बर्ड बायें साईड गिरे से क्षतिग्रस्त हो गई उसी वक़्त एक बर्ड वाला भी आ गया और मेरी
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.	Gupta automobile Probhawa.

बर्ड का घट गया

Date / दिनांक : 06/01/2026
हस्ताक्षर

ताहीरा खातून
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. 252400/31/2026/24274

Tel. No. _____

Period of Insurance 23/06/25 to 22/6/26

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 : Tahira Khatun
 (b) Address for correspondence : _____
 (c) Telephone : 9830775050

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>HA11F6S9F21031</u> Chassis No. <u>MBLHAW52139F00652</u>	Registration No. <u>UP57BY</u> <u>5235</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 _____

PIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Raj Verma
(b) Age : _____
(c) Address : Kushimaga Palsama.
(d) Is the Driver
1. Owner : Relative.
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 : UP5720250014133
(h) Issuing Authority : _____
(i) Date of Expiry : 04/08/2044
(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 : 05/01/2026, 11.00 A.M.
(b) Place : Balkhondi station
(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 : बाइक वाले ने सामने से चक्कर मार दिया और बाइक बाधे साईट गिरने से क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side.
(b) Estimated cost of repairs : 9505/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Palsama.

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 : _____
(e) Full details of property damaged : _____
(f) Has notice of any claim been given to you? : _____

N/A

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

~~N/A~~

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? : _____
(g) When? : _____
(h) Which Police Station? : _____
(i) C.R. diary Number : _____

~~N/A~~

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 06/01/2026 200

Signature of the insured

अश्विनी रावत

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 *राधीरा रावत*
Occupation
Address
.....
.....

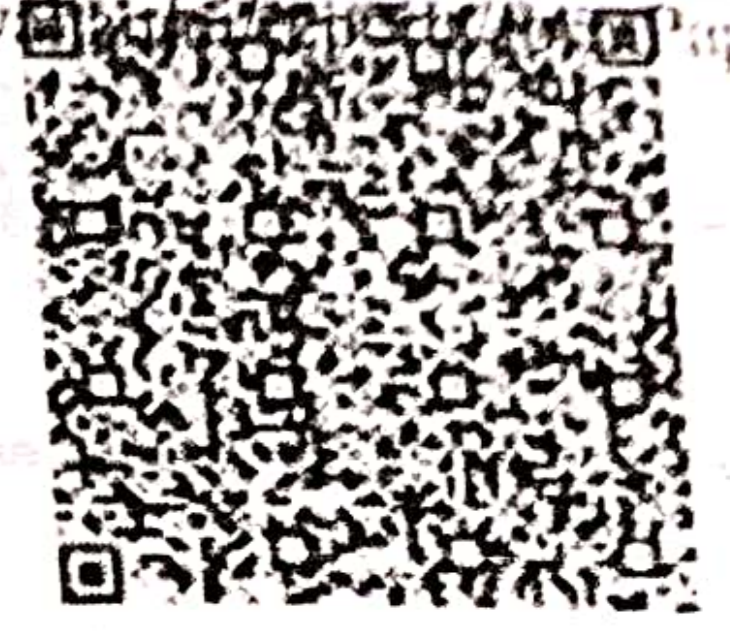
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY5235 Registration Date : 24-Jun-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 : TAHIRA KHATOON Son/wife/daughter of : MANEER ALI
 Full Address: (Permanent) : VILL-BADWALIYA, POST-MATHIA NARAIPUR, THAHA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-BADWALIYA, POST-MATHIA NARAIPUR, THAHA-KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274304
 Fitness UpTo : 23-Jun-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 : AA2132808997 Rear HSRP No : AA1043059164
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW521S9F00652
 Engine No : HA11F6S9F21031 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DSS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243
 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)
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 : 23-Jun-2025 Sale Amt : 86651/-
 OTT Date : 23-Jun-2025 Amount/Rcpt No : 8666 / UP57D25060003548
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 26-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 24-Jun-2025 to 23-Jun-2040

Date : 23-Jul-2025 12:37:23

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 23-Jul-2025



Q 4494216



भारत सरकार

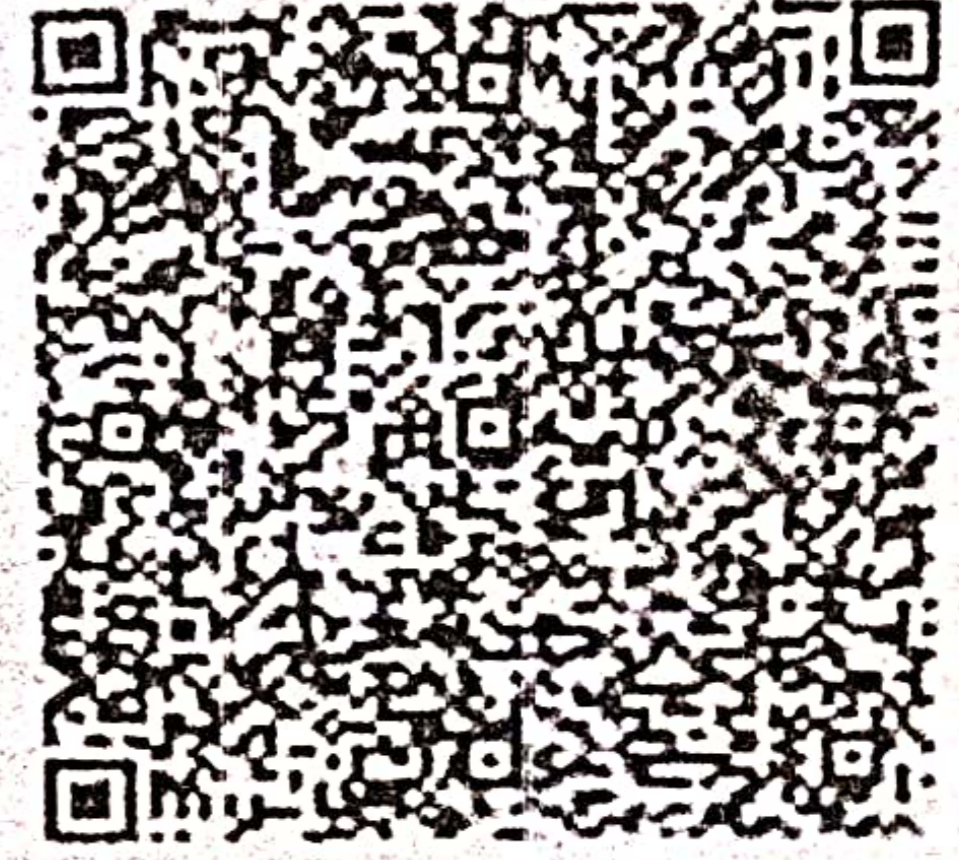
Government of India

ताहिरा खातून

Tahira Khaloon

जन्म तिथि / DOB : 06/10/1982

महिला / Female



8444 3124 1086

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: अर्धांगिनी: मनीर अली,
बढवलिया खुर्द, मठिया नरईपुर,
मठिया नरईपुर, कुशीनगर, कसया,
उत्तर प्रदेश, 274402

Address: W/O: Maneer Ali, badwaliya
khurd, Mathia Naraipur, Mathia Naraipur,
Kushinagar, Kasya, Uttar Pradesh, 274402

8444 3124 1086



1947
300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

TAHIRA KHATUN

BASIR

29/05/1982

Permanent Account Number

CWNPKE6426M

ताहीरा खतून

Signature



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