

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	RAJESH KUMAR 84237 3068
2	Vehicle No. / वाहन संख्या	UPS3FF7132
3	Policy No. / पालिसी संख्या	252400/31/2026/275
4	Period of Insurance / बीमा अवधि	01/04/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04.01.2026 @ 8:15 PM
6	Place of Accident / दुर्घटना का स्थान	GOPAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUNIL KUMAR GAUTAM
8	Estimated Loss / अनुमानित हानि	UPS3 20/00032280 8000/-
09.	Cause of Accident / दुर्घटना का कारण : संगम अचानक एक शाहवांगल से घट जाते वक्र गलत दिशा में निकल वाला बैक ब्रेक 2 नंबर के वाहन से टकरा हुआ था उसे	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SRLP 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 P.P. MOTOR SUMER SAHAR GOPAKHPUR

Date / दिनांक : 06/01/2025
हस्ताक्षर

राजेश कुमार
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 _____
 Tel. No. _____

Certificate/Policy No. 252400/31/2028/295
 Period of Insurance 01/01/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

(a) Name : 1. INSURED
 (b) Address for correspondence : RATESH KUMAR
 (c) Telephone : 8423773088 GICP

2. THE INSURED VEHICLE

Make & Year <u>Hero & 2025</u>	Engine No. Chassis No. <u>52164</u> <u>62146</u>	Registration No. <u>UP33</u> <u>PP 2132</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
 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 : 241
 (b) Unladen Weight : 111
 (c) Weight of goods carried/Load Challan No. : No
 (d) Nature of permit : GICP
 (e) Nature of goods carried : No
 (f) Was the vehicle plying for hire : No
 (g) If Lorry/Jeep/Tractor, was trailer attached? : Yes
 (h) Number of passengers carried : No
 (i) Number of Passenger permitted : 01
02

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 06/01/2026
200

रतन रत रत
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/-

Witness
Name
Signature
Address

Signature रविशंकर
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Ex 7

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FF7132 Registration Date : 03-Apr-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, . . 188-273010
 Owner Name : RAJESH KUMAR Son/wife/daughter of : SHRI RAM
 Full Address: (Permanent) : NARSINGPUR GORAKHPUR THAKUR DWARA, MANDIR. . GORAKHPUR, UTTAR PRADESH-273005
 Full Address: (Temporary) : NARSINGPUR GORAKHPUR THAKUR DWARA, MANDIR. . GORAKHPUR-UTTAR PRADESH-273005
 Fitness Up To : 02-Apr-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 : AA2124460057 Rear HSRP No : AA1040186055
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW221SHB62146
 Engine No : HA11E7SHB52164 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Builit

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

By Manuf.	Description	As Regd.	Weight(in kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of UJJIVAN SMALL FINANCE BANK. GORAKHPUR, . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 02-Apr-2025.

Purchase dt : 02-Apr-2025 Sale Amt : 78366/-
 OII Date : 02-Apr-2025 Amount/Rcpt No : 7837 / UP53D25040000722
 vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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



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

Date : 06-May-2025 13:31:28



Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar
 मोटर वाहन विभाग
 गोरखपुर
 Date: 06-May-2025

Q 3101666





UNION OF INDIA Driving Licence


UP53 20100032280

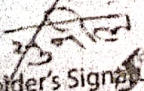
	जारी करने की तिथि Date of Issue 04/12/2010	
जन्म तिथि Date of Birth 01/01/1990	वैधता / Validity 03/12/2030	Blood Group Unknown

नाम / Name
SUNIL KUMAR GAUTAM
 पिता/पति का नाम / Son/Daughter/Wife of
RAM SEWAK

UP53 20100032280
UP05692752MT

		
LMY 04/12/2010	MCWG 04/12/2010	

पता / Address
**CHAKSA HUSSAIN
 PANCHFEEDWA
 GORAKHPUR -**


 Holder's Signature

जारीकर्ता / Issuing Authority Sign
GORAKHPUR

Form 7 Rule 13(B)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FDJPK9919M

नाम / Name
RAJESH KUMAR

पिता का नाम / Father's Name
SHRI RAM

जन्म की तारीख / Date of Birth
04/11/1974

राजेश कुमार
हस्ताक्षर / Signature



29032017



भारत सरकार
Government of India



राजेश कुमार
Rajesh Kumar
जन्म तिथि/ DOB: 04/11/1974
पुरुष / MALE



4939 9727 5978

मेरा आधार, मेरी पहचान



भारतीय पहचान प्रणाली प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: श्री राम, नरसिंहपुर, ठाकुर
द्वारा मंदिर, गोरखपुर, गोरखपुर,
उत्तर प्रदेश - 273005

Address:
S/O: Shri Ram, narsingpur,
thakur dwara mandir,
Gorakhpur, Gorakhpur,
Uttar Pradesh - 273005

4939 9727 5978



1947



help@uidai.gov.in



www.uidai.gov.in