

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.	Abhishek Kumar, 7275260232
2	Vehicle No. / वाहन संख्या	UP57BC5746
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/395072
4	Period of Insurance / बीमा अवधि	10/01/25 to 09/01/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026, 04.00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Bazharj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720250014219 9341094934, Sabir Ali
8	Estimated Loss / अनुमानित हानि	9415/-
09.	Cause of Accident / दुर्घटना का कारण:	मेश दोस्त साबीर अली बाईक लेकर किसी काम से जा रहा था तभी एक बाईक वाले ने पिछे से धक्कर मार दिया मेरी बाईक बाधे साईड गिरने से क्षतिग्रत 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 Geptor automobile workshop

अभिषेक कुमार

Signature of Insured / बीमाधारक के

Date / दिनांक : 08/01/2026
हस्ताक्षर



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. ms/2025/7001/0/46575/395672

Tel. No. _____

Period of Insurance 10/01/25 to 09/01/26

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 : Abhishek kumar
(b) Address for correspondence : _____
(c) Telephone : 7275260232

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11EXM9A03104</u> Chassis No. <u>MBLHAW108M9A03038</u>	Registration No. <u>UP57BC</u> <u>5746</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 : Sabis Ali
(b) Age : _____
(c) Address : Kushinagar Padmaon.
(d) Is the Driver : _____
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : Friend
(e) If paid driver, how long has he been in your employment : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720250014219
(h) Issuing Authority : _____
(i) Date of Expiry : 07/01/2047
(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 : 06/01/26 to 04.00 P.M.
(b) Place : Bahaj
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक बाईक वाले ने पिछे से अकर मार दिया
(e) If any third party was responsible for this accident give the name and address : बाईक वाले सार्ड गिरने से डेमेज हो गई

6. DAMAGE TO INSURED VEHICLE

- a) Full details of damage : Rear, Side, Front
b) Estimated cost of repairs : 9915/-
c) When and where can the damaged vehicle be inspected : Gupta automobile Padmaon

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? : _____
- ~~PIA~~

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(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 03/08/20 200

Signature of the insured अभिषेक कुमार

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/-

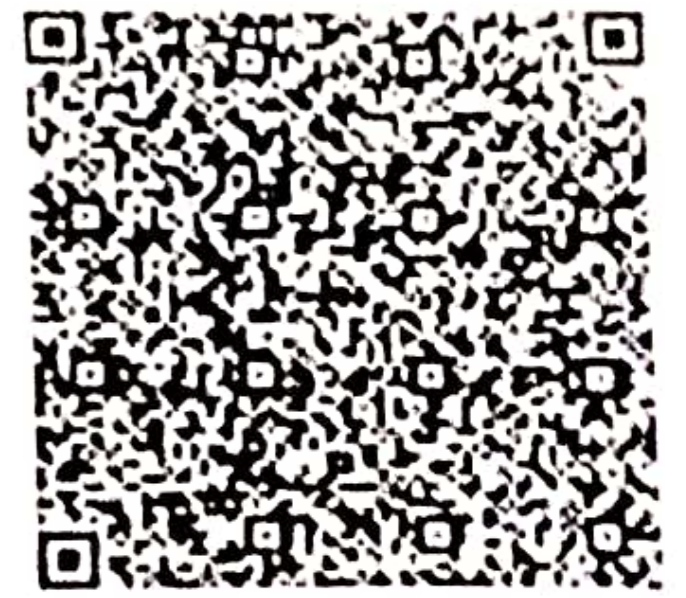
Witness
Name
Signature
Address

Signature उमिषक कुमार
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 : UP57BC5746 Registration Date : 27-Oct-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
 Owner Name : ABHISHEK KUMAR Son/wife/daughter of : S/O UMESH PRASAD
 Full Address: (Permanent) : VILL- BARAHAJ, PO- HORLAPUR, THANA- KUBERSTHAN, KUSHINAGAR, UTTAR
 PRADESH-274402
 Full Address: (Temporary) : VILL- BARAHAJ, PO- HORLAPUR, THANA- KUBERSTHAN, KUSHINAGAR-UTTAR
 PRADESH-274402

Fitness UpTo : 26-Oct-2036 Tax UpTo : One Time
 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 : AA2041128479 Rear HSRP No : AA2039730381
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2021
 No of Cylinders : 1 Chassis No : MBLHAW108M9A03038
 Engine No : HA11EXM9A03184 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (I3S-SELF-DRU Wheel base : 1235
 M-CAST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Grey Black Laden/GV Wt (kgs) : 242
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM CITY UNION FINANCE LTD, PADRAUNA, PADRAUNA, , Kushinagar, Uttar Pradesh-274305 w.e.f. 10-Oct-2021.

Purchase dt : 08-Oct-2021 Sale Amt : 63410/-
 OTT Date : 08-Oct-2021 Amount/Rcpt No : 6341 / UP57D21100000706
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 27-Oct-2021
 Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 27-Oct-2021 to 26-Oct-2036

Signature of Registering Authority
 Date : 12-Nov-2021

Date : 12-Nov-2021 14:15:58

Taxation Particulars / Advance Registration Mark Fee Details



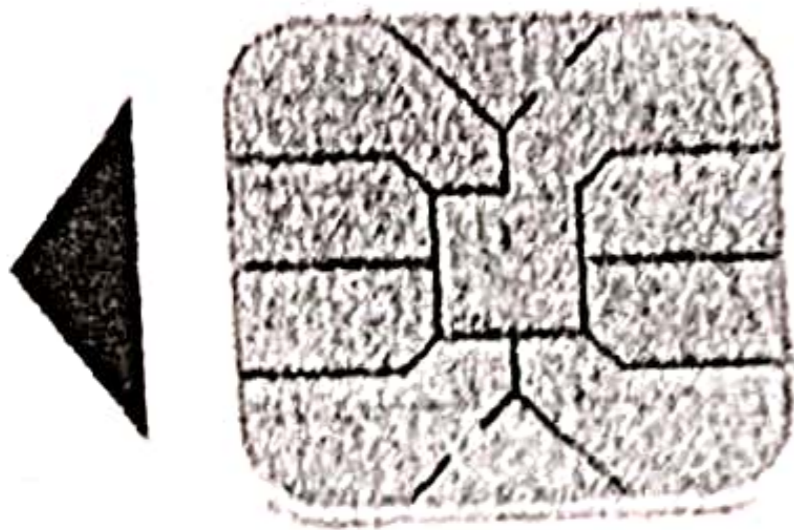
Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20250014219



Issue Date: 01-08-2025 Validity (NT): 07-01-2047 Validity (TR):



Holder's Signature

Name: **SABIR ALI**
 Date of Birth: **08-01-2007** Blood Group: **MAHFUL ALAM**
 Son/Daughter/Wife of:

Organ Donor: **N**

Address:
 GRAM BARAHAJ POST HORLAAPUR HORLAPUR
 BARAHAJ PADRAUNA KUSHINAGAR UTTAR
 PRADESH 274303

01-08-2025

Date of First Issue

DL No: **UP57 20250014219**

UPDL571000022041



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP57	01-08-2025	NT			
	LMV	UP57	01-08-2025	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India



अभिषेक कुमार

Abhishek Kumar

जन्म तिथि / DOB : 01/02/1997

पुरुष / MALE



8988 7698 2634

मेरा आधार, मेरी पहचान

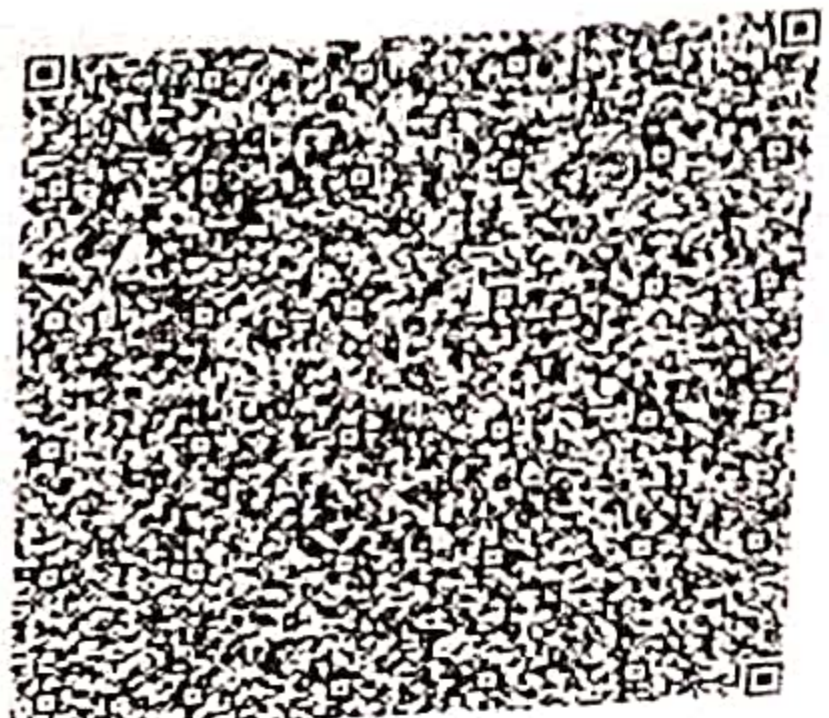


आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O उमेश प्रसाद, - , - , ग्राम- बरहज,
पोस्ट- होरलापुर, कुशीनगर, बरहज, कुशीनगर,
उत्तर प्रदेश, 274303

Address: S/O Umesh Prasad, - , - , Village-
Barahaj, Post- Horlapur, Kushinagar,
Barahaj, Kushinagar, Uttar Pradesh,
274303



8988 7698 2634



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

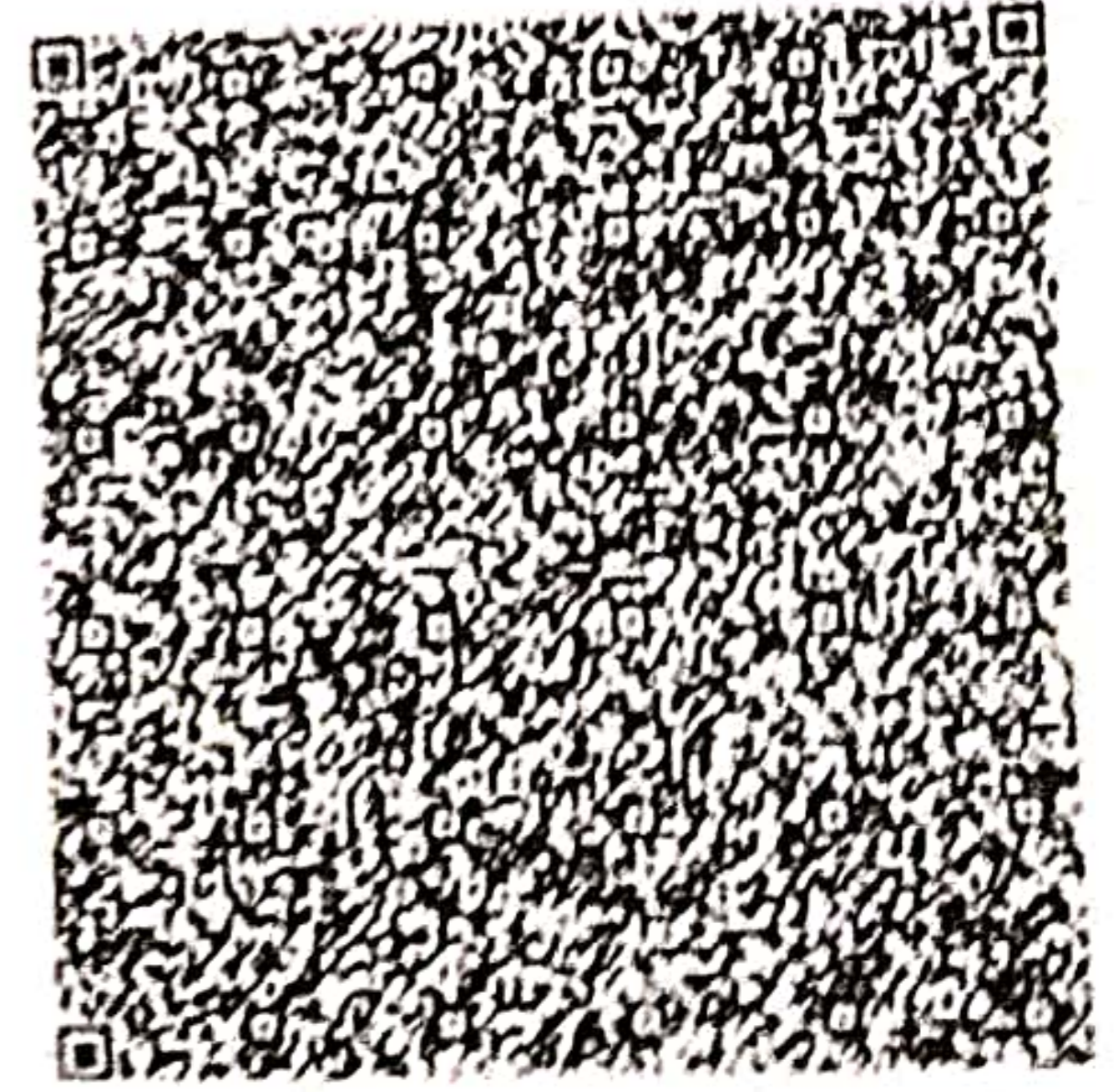


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



JQIPK6610R



नाम / Name

ABHISHEK KUMAR

पिता का नाम / Father's Name

UMESH PRASAD

जन्म की तारीख / Birth Date

01/02/1997

अभिशेक कुमार

हस्ताक्षर / Signature

29691