

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.	Suganti Devi / 6388193947
2	Vehicle No. / वाहन संख्या	UP57BZ3261
3	Policy No. / पालिसी संख्या	252400/31/2026/36789
4	Period of Insurance / बीमा अवधि	29/09/25 to 21/09/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/26 6:00 PM
6	Place of Accident / दुर्घटना का स्थान	Lathwa Chatti
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Deepak Kumar Yadav / 8423072803 UP5720230015161
8	Estimated Loss / अनुमानित हानि	12893/-
09.	Cause of Accident / दुर्घटना का कारण :	Tamkuhi Road jaate samay jankwan se takkra gya .
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA/-
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA/-
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Yash Automobiles . Salempark, 7897481257 .

Date / दिनांक : 08/01/26.
हस्ताक्षर

Suganti Devi
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. 252400/31/2026/36789

Tel No _____

Period of Insurance 29/09/25 to 21/09/26

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 : Suganti Devi
 (b) Address for correspondence : Vill- Faguchaban, Po- Baghachaur, PS-Taryasujan
 (c) Telephone : 6388193947

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F6SHJK1394</u> Chassis No. <u>MBLHA047SSH551609</u>	Registration No. <u>UP57BZ</u> <u>3261</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
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NO
 1. Was a side-car attached
 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 _____
- NO

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Deepak Kumar Yadav
(b) Age : 20
(c) Address : Faguchhapur - Faguchhapur Kushinagar
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Son
(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 : UP57 20230015161
(h) Issuing Authority : Kushinagar
(i) Date of Expiry : 31-12-2044
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any : NO
(l) Has he been involved in any accident before? : NO
(m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 05/01/26 - 6:00PM
(b) Place : Lithwa Chatti
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : Frost Damage
(e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Tamkuhi Road jaate samay janwar se de Akra gye.
(b) Estimated cost of repairs : 12913/-
(c) When and where can the damaged vehicle be inspected : Na

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 : NA
(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? _____ / NA
- (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? _____ NA
- (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 Policy 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 08/01/2026

Signature of the insured Suganti Dewi



भारत सरकार
Government of India



सुगंती देवी
Suganti Devi
जन्म तिथि / DOB : 01/01/1992
महिला / Female



6177 1473 6151

मेरा आधार, मेरी पहचान



भारतीय पहचान प्रणाली प्राधिकरण

Unique Identification Authority of India

पता: अर्धागिनी: वालाल खंदर,
फागुछापर, फागु छपरा, कुशीनगर,
बघाचौर, उत्तर प्रदेश, 274409

Address: W/O: Valal Khandar,
faguchhapar, Fagu Chhapra, Kushinagar,
Baghachaur, Uttar Pradesh, 274409

6177 1473 6151



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help@uidai.gov.in

www

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

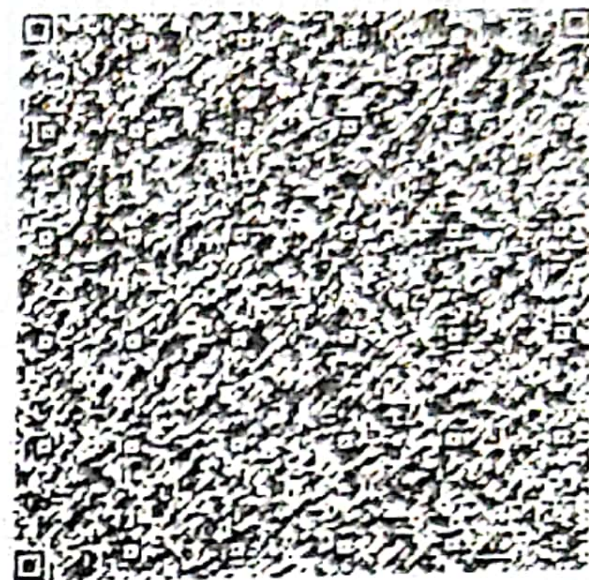
KOFPD9934H



नाम / Name
SUGANTI DEVI

पिता का नाम / Father's Name
SUKHADEV SHARMA

जन्म की तारीख /
Date of Birth
01/01/1992



14092025

PAN Application Digitally Signed. Card Not
Valid unless Physically Signed

Indian Union Driving Licence
Issued by Uttar Pradesh

DL No: UP57 20230015161

UPDL571000031008

UP57 20230015161



Issue Date 14-10-2025
Validity (NT) 31-12-2044
Validity (TR)* 13-10-2030



Holder's Signature

Organ Donor: N

DEEPAK KUMAR YADAV
Birth: 01-01-2005
Blood Group:
Daughter/Wife of: RAMCHANDRA YADAV

Address:
CHHAPAR FAGU CHHAPRA KUSHINAGAR
Pradesh 274409



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Date of First Issue

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP57	06-10-2023	NT			
	LMV	UP57	06-10-2023	NT			
	TRANS	UP57	14-10-2025	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR
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