

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.	TRILOKI MATH GAUR 9936048415
2	Vehicle No. / वाहन संख्या	UPS3 FF7137
3	Policy No. / पालिसी संख्या	252400/31/2026/311
4	Period of Insurance / बीमा अवधि	01/04/2026 -
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/2026 & 9:00 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	TRILOKI MATH GAUR UPS320060000561
8	Estimated Loss / अनुमानित हानि	6000/-
09. Cause of Accident / दुर्घटना का कारण : 2 क्रशहल से डाल नार्थ सपल ड्राइवर एक ब्रेकवाइक वाला ट्रक को मार दिया जिससे गाड़ी क्षतिग्रस्त हो 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 SARIAR GORAKHPUR

Date / दिनांक : 08/01/2026.
हस्ताक्षर

Signature of Insured / बीमाधारक के

- *Molank*



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. 252400/31/2026/311

Tel. No. _____

Period of Insurance 01/04/2026.

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 : TRILOK NATH GAUR
 (b) Address for correspondence : 9936049415
 (c) Telephone : PAC CAMP GORAKHPUR

2. THE INSURED VEHICLE

Make & Year <u>Hero & 2025</u>	Engine No. <u>04327</u> Chassis No. <u>03440</u>	Registration No. <u>UPS3 FR7137</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 : 245
 (b) Unladen Weight : 115
 (c) Weight of goods carried/Load Challan No. : NO
 (d) Nature of permit : NO
 (e) Nature of goods carried : NO
 (f) Was the vehicle plying for hire : Yes
 (g) If Lorry/Jeep/Tractor, was trailer attached? : NO
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : TRILOKI NATH GAUR
(b) Age : 40
(c) Address : BICUPXA GORAKHPUR
(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 : UPS3 20260000561
(h) Issuing Authority : RTO - GKP.
(i) Date of Expiry : 16/11/2026.
(j) Was the licence temporary/permanent : 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 : 07/11/2026 4:00 Pm.
(b) Place : GORAKHPUR
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident : 231 नं. के वाहन से टक्कर मिला
(e) If any third party was responsible for this accident give the name and address : डॉ. राजेश कुमार सिंह, 231 नं. का पता

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front & Right Panel
(b) Estimated cost of repairs : _____
(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
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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
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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 8/10/2026

Signature of the insured [Signature]

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/-

T. N. B. G. W. A. H.

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

U.P. STATE GOVT. VEHICULAR REPORTS/FORM PAPER 'C'

47

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53FF7137	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	: TRILOKI NATH GAUR	Son/wife/daughter of	: RAM DAWAN GAUR
Full Address: (Permanent)	: 347-B JAIL ROAD BAIPAS MARHA, GOKULI SHARSHWATIPURAM, JANGALMATADIN		
Full Address: (Temporary)	: 347-B JAIL ROAD BAIPAS MARHA, GOKULI SHARSHWATIPURAM, JANGALMATADIN		
	: 02-Apr-2040		

Fitness UpTo	: 02-Apr-2040	Owner Serial No	: 1
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Detailed Description	: M-CYCLE/SCOOTER	Link Vehicle No	:
Class of Vehicle	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Ownership	: HERO MOTOCORP LTD		
Maker's Name	: AA2124460099	Rear HSRP No	: AA1040186097
Front HSRP No	: SOLO WITH PILLION	Month/Year of Manuf.	: 03/2025
Type of Body	: 1	Chassis No	: MBLJFW644SGC03440
No of Cylinders	: JF17ESSGCC04327	Fuel	: PETROL
Engine No	: 8.98	Cubic Capacity	: 124.60
Horse Power(BHP)	: DESTINI 125 ZX+	Wheel base	: 1302
Maker's Classification	: 2	Standing Cap	: 0
Seating Cap(In all)	: 0	Unladen Wt (kgs)	: 115
Sleepar Cap	: PEARL FADELESS WHITE	Laden/GV Wt (kgs)	: 245
Colour	: Fully Built	AC Fitted	: NO
Other Criteria			
Vehicle Purchase As			

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

By Manuf.		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 FINANCE LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 02-Apr-2025.

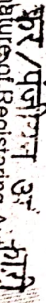
Purchase at	: 02-Apr-2025	Sale Amt	: 91685/-
OTT Date	: 02-Apr-2025	Amount/Rept No	: 9169 / UP53D25040000727
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-Apr-2025		

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 13:29:51
Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Reg. Starting Authority
 Date: 06-May-2025

Q 3101659



सि.ओ. राम दान गौर
ट्रिपल पथ गौर
श्री १०८००८ ०००८१००८
११११११

7198 0184 6674

भारत सरकार, नई दिल्ली



Unique Identification Authority of India

Address:

S/O Ram Daman Gaur, 347-b, Jail
Road Bapna, Rampur Mandi,
Shahjahanpuram Jangalmatoda,
Maha Gokul, Gorakhpur,
Uttar Pradesh - 273014

पता:

श्री १०८००८ ०००८१००८
सि.ओ. राम दान गौर, ३४७-बी, जेल
राजमंडी रोड, शाहजहाँपुरम
महा गोकुल, गोरखपुर,
उत्तर प्रदेश - २७३०१४

7198 0184 6674



आयकर विभाग

INCOME TAX DEPARTMENT

TRILOKI NATH GAUR

RAM DAWAN GAUR

08/05/1985

Permanent Account Number

ANAPG7150J

[Handwritten Signature]

Signature

भारत सरकार

GOVT. OF INDIA

