

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.	Manju Devi 9305434905
2	Vehicle No. / वाहन संख्या	UP57 CA 2890
3	Policy No. / पालिसी संख्या	252400/31/2026/52576
4	Period of Insurance / बीमा अवधि	26/10/2025 to 25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/01/2026, 1:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Farid
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vivik Subhash Yadav, DL No 120 9327996736 240005576
8	Estimated Loss / अनुमानित हानि	5425/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरा ठेक विवेक सुभाष भाग्य लेजर मारकर जा रहे थे। लकी अचानक सामने से एक वाहन वाला टक्कर मार दिया तो वाहन मेरी डायरेक्शन 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 Crypta automobile Pachwara

Date / दिनांक : 10/01/26
हस्ताक्षर

Signature of Insured / बीमाधारक के



मंजू देवी



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. 252400/31/2026/52576

Tel. No. _____

Period of Insurance 26/10/2025 to 25/10/2026
 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 : Manju Dixi
 (b) Address for correspondence : _____
 (c) Telephone : 9305434905

2. THE INSURED VEHICLE

Make & Year <u>Hiero/2025</u>	Engine No. <u>HA11F6S4J17152</u> Chassis No. <u>MBLHAW46754J074</u> <u>80</u>	Registration No. <u>UP57CA</u> <u>2890</u>
----------------------------------	---	--

- (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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vivek Subhash Yadav
 (b) Age : _____
 (c) Address : Kushinagar
 (d) Is the Driver
 1. Owner : _____
 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 : DD0120240005576
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29/02/2040
 (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 : 2/01/2026, 1:00 P.M
 (b) Place : Kashid
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मिस्ट्री वाडिम मेरा बेटा लेकर मारके जा रहे थे मैंने रोकर रोकर मार दिया वो
 (e) If any third party was responsible for this accident give the name and address : समय से समय वाडिम वाला लेकर मार दिया वो वाडिम मेरी डीमेल है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 5425/-
 (c) When and where can the damaged vehicle be inspected : crystal automobile Polsonna

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 : N/A
 (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? : _____ N/A _____
(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? : _____ N/A _____
(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? : _____ N/A _____
(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 10/02/200

Signature of the insured



मि. प्र. देवा

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/-



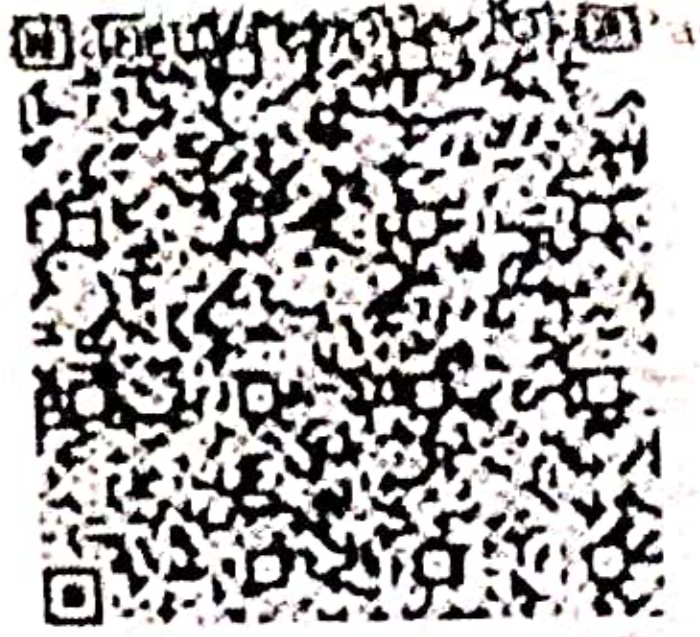
मंगू देवी

Witness
Name
Signature
Address

Signature
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 : UP57CA2890 Registration Date : 26-Oct-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 : MANJU DEVI Son/wife/daughter of : SURENDRA, YADAV
 Full Address: (Permanent) : SARGATIYA SAPAHA KASYA, SARGATIYA SAPAHA, KASYA, KUSHINAGAR, UTTAR
 PRADESH-274402
 Full Address: (Temporary) : SARGATIYA SAPAHA KASYA, SARGATIYA SAPAHA, KASYA, KUSHINAGAR-UTTAR
 PRADESH-274402
 Fitness UpTo : 25-Oct-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 : AA2142495609 Rear HSRP No : AA2141829157
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW467S4J07480
 Engine No : HA11F6S4J17152 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) 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 HERO FINCORP LIMITED
 DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 20-Oct-2025.

Purchase dt : 20-Oct-2025 Sale Amt : 77982/-
 OTT Date : 20-Oct-2025 Amount/Rcpt No : 7799 / UP57D25100008993
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 05-Jan-2026
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 26-Oct-2025 to 25-Oct-2040

Date : 08-Jan-2026 13:33:24

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 08-Jan-2026

Q 7169094

Administration of DNH & DD (U.T)

Union of India DRIVING LICENCE



DD01 20240005576

जारी करने की तिथि
Date of First Issue

13-12-2024

जन्म तिथि
Date of Birth

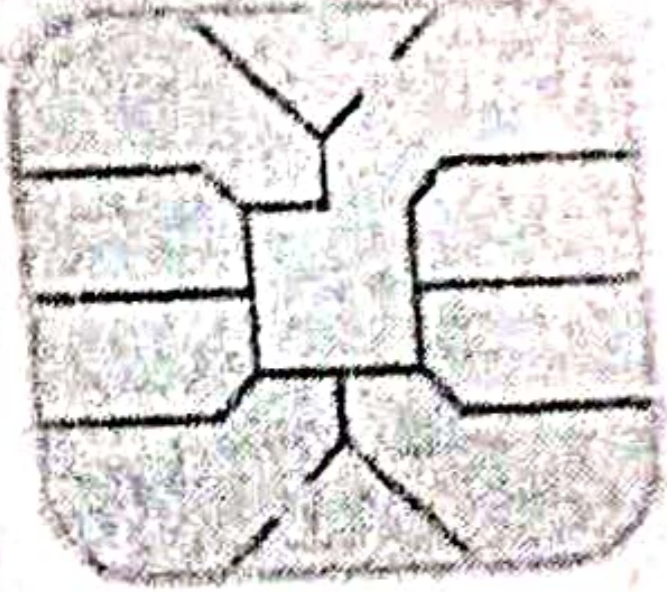
01-03-2000

वैधता / Validity

29-02-2040

00-00-0000
Blood Group

AB+



नाम / Name

VIVEK SUBHASH YADAV

पिता/पति का नाम / Son/Daughter/Wife of

SUBHASH YADAV

DD01 20240005576

Aadhaar No.



MCWG

13-12-2024



LMV

13-12-2024



DL0123847

पता / Permanent Address

ROOM NO-1 PRABHUBHAI KI CHAL ULTAN FALIYA OPP SUBJAIL
SILVASSA Dadra & Nagar Haveli, Dadra & Nagar H, DD 396230

Holder's Signature

Emergency Contact No.

जारीकर्ता / Issuing Authority Sign
परिवहन विभाग दादरा एवं नगर हवेली

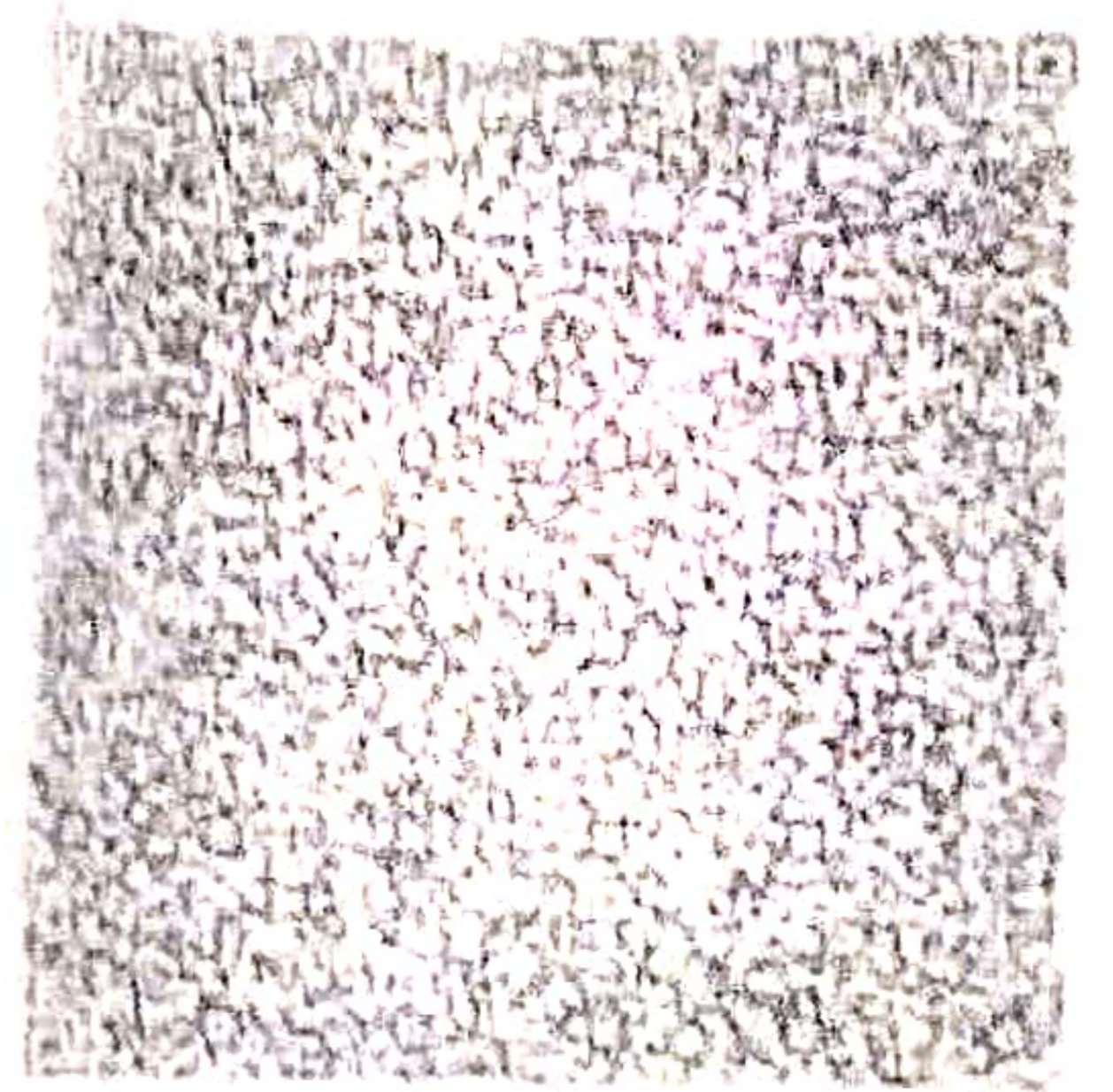
Form / Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FMAPD7355A



नाम / Name
MANJU DEVI

पिता का नाम / Father's Name
RUPY YADAV

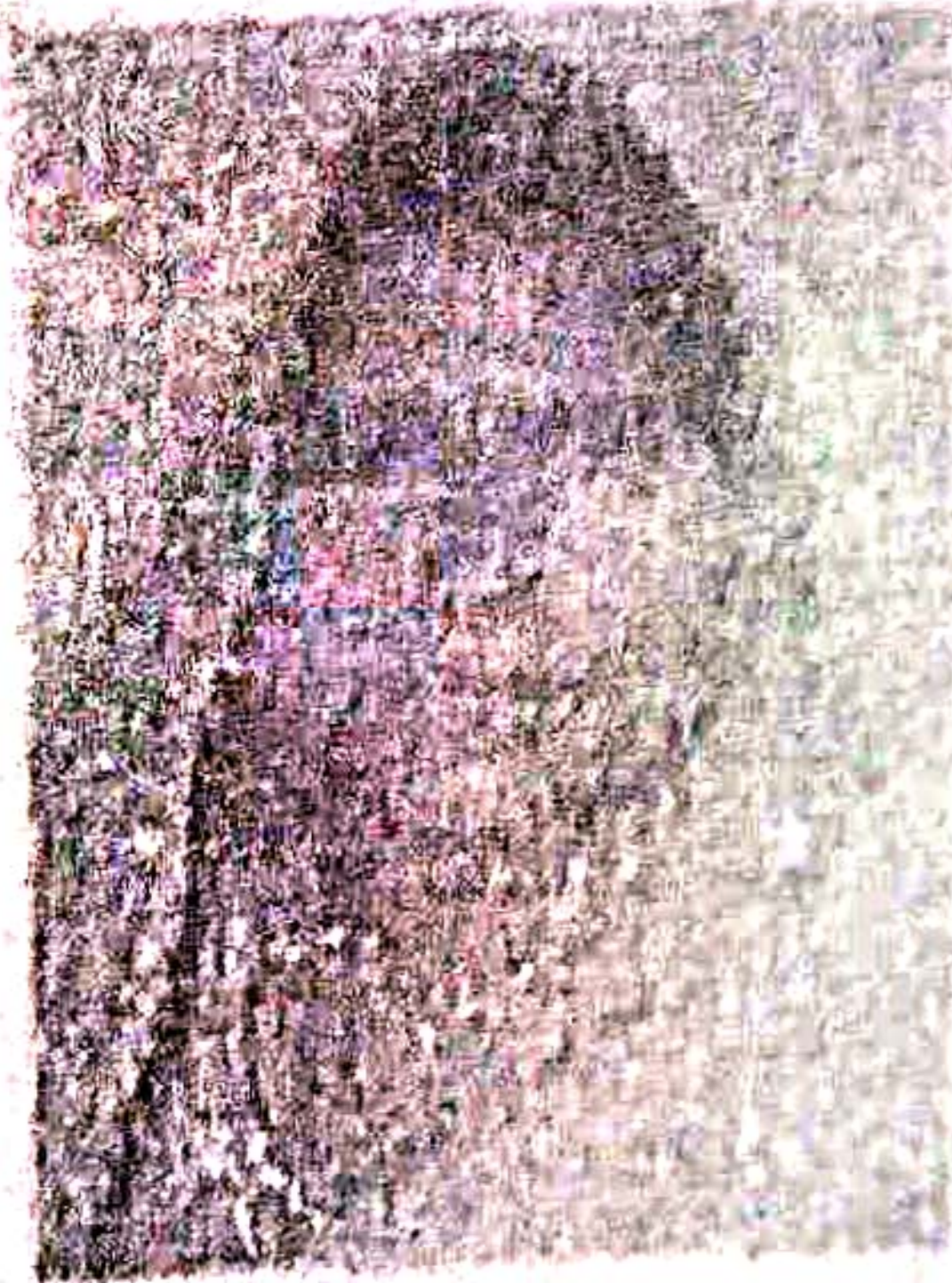
कार्ड का दिनांक / Date of Issue
01/01/1981

हस्ताक्षर / Signature



भारत सरकार

Government of India



मजू देवी

Manju Devi

जन्म तिथि / DOB 01/01/1981

महिला / Female



7575 2020 3065

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान अधिकरण

Unique Identification Authority of India

पता

अर्धांगिनी, सुरेन्द्र यादव, सरगटिया,
सपहा, सपहा, कुशीनगर, कन्नया,
उत्तर प्रदेश, 274402

Address

W/O: Surendra Yadav, sargatiya,
Sapha, Sapha, Kushinagar,
Kannya, Uttar Pradesh, 274402

7575 2020 3065



1847
1800 300 1947



भारत सरकार



www. Unique Identification Authority of India