

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.	Asha Devi
2	Vehicle No. / वाहन संख्या	0795782735
3	Policy No. / पालिसी संख्या	UP57 AD 3382
4	Period of Insurance / बीमा अवधि	ms/2025/7001/0/46575/109741
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/02/2025 to 23/02/2026
6	Place of Accident / दुर्घटना का स्थान	11/01/2026, 3:00 P.M Sarpatahi fahard
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	0795782735, UP572020 Dinash Singh 0000165
8	Estimated Loss / अनुमानित हानि	5465/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाइम मेरे माते गिनेश सिंह लेमर मारनेट से धर जा रहे थे। लभी अचानक सामने से बाड़ी वाला आ गया उसी मो वचारे वक्त साईड मे वाळ मे वाने साईड लेमर गिरने से वाइम मेरी डामन होई
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 Crupto automobile Poolxeno

Date / दिनांक : 14/02/26
हस्ताक्षर

अशा देवी
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. MG/2025/7001/0/48575/1097+1

Tel. No. _____

Period of Insurance 24/02/2025 to 23/02/2026
 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 : Asha Devi
 (b) Address for correspondence : _____
 (c) Telephone : 87.95782735

2. THE INSURED VEHICLE

Make & Year <u>Hero/2017</u>	Engine No. <u>JAI2ABGGL01107</u> Chassis No. <u>MBLJAI2AEGGL01107</u>	Registration No. <u>UP57AD 3382</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 : 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 : Dinosh Singh
 (b) Age : _____
 (c) Address : Kushenagar
 (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 : UP5720200000165
 (h) Issuing Authority : _____
 (i) Date of Expiry : 2/01/2030
 (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 : 11/05/2026, 3:00 PM
 (b) Place : Harpatdikhurd
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मेरी गाड़ी में मोटर साइकिल का टक्कर मारा गया और गाड़ी में मोटर साइकिल का ड्राइवर घायल हो गया।
 (e) If any third party was responsible for this accident give the name and address : गाड़ी वाला आशुतोष कुमार, मोटर साइकिल चालक, मोटर साइकिल चालक, मोटर साइकिल चालक

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Side
 (b) Estimated cost of repairs : 5465/-
 (c) When and where can the damaged vehicle be inspected : Crubta automobile Padsauna

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? : N/A

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? : _____
(f) Has theft been reported to Police? : N/A
(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 14/07/2020

Signature of the insured

आशा देवी

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 आशा देवी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

ASSISTANT REGIONAL TRANSPORT OFFICE, KUSHINAGAR

Registration Number (पंजीकरण संख्या)	UP57AD3382	Registration Date (पंजी. तिथि)	17-Feb-2017
Owner's Name & Address (वाहन स्वामी का नाम एवं पता)	ASHA DEVI Daughter of DINSH SINGH Full Address (Permanent) VILL-JUNGAL JAGDISH PUR POST-SARPA TAHI KHURD KUSHINAGAR	Owner's Serial (वाहन स्वामी क्रमांक)	1
Dealer's Name & Address (विक्रेता का नाम)	GUPTA AUTOMOBILES RAM KOLA ROAD PADRAUNA	Manufacturing Year (निर्माण का वर्ष)	11-2016
Vehicle Class (श्रेणी)	MOTOR CYCLE	Nc. of Cylinders (सिलिन्डर की संख्या)	
Chassis Number (चेसिस. संख्या)	MBLJA12AEGGL01107	Unladen Weight (खाली भार)	109 kgs
Engine Number (इंजन संख्या)	JA12AEGGL02607	Laden Weight (भरा हुआ भार)	265 kgs
Type of Body (बाड़ा का प्रकार)	SOLO	Seating Capacity (सीट क्षमता)	2 (including driver)
Maker's Name (निर्माता का नाम)	PASSION XPRO	Colour (रंग)	GEK
HP / Lease Agreement with (हाइपोथेक/लीज समझौता किससे)	HERO MOTOCORP LTD	Horse Power (अश्व शक्ति)	1 HP / 103 CC
Description and Size of Tyres (टायरों का विवरण एवं आकार)		Fuel Used (इंधन)	PETROL
(a) Front Axle (फ्रन्ट एक्सल)		Tax paid upto (कर भुगतान)	Life Time
(b) Rear Axle (रियर एक्सल)		Tax Rate (कर-दर)	Life Time (RT- Rs. 5423/-)
(c) Any other Axle (अन्य कोई एक्सल)		Fitness Valid upto (पंजीयन की वैधता)	16-Feb-2032
(d) Tandem Axle (टेन्डम एक्सल)		Wheel Base (व्हील बेस)	1230
	Vehicle Registered Against NEW VEHICLE Case Air Conditioner (A.C.) Fitted- Standing Capacity - 0 Sleeper Capacity - 0	Registered Axle Weight (पंजीकृत एक्सल भार)	
	Issued By: SINGH 00-Mar-2017	(a) Front Axle (फ्रन्ट एक्सल)	
		(b) Rear Axle (रियर एक्सल)	
		(c) Any other Axle (अन्य कोई एक्सल)	
		(d) Tandem Axle (टेन्डम एक्सल)	

Sr. No. RC.-AB 0891638
(क्र.सं.)

Specimen Signature of the Owner
वाहन स्वामी के हस्ताक्षर

Specimen Signature of Financier
वित्त पोषक के हस्ताक्षर

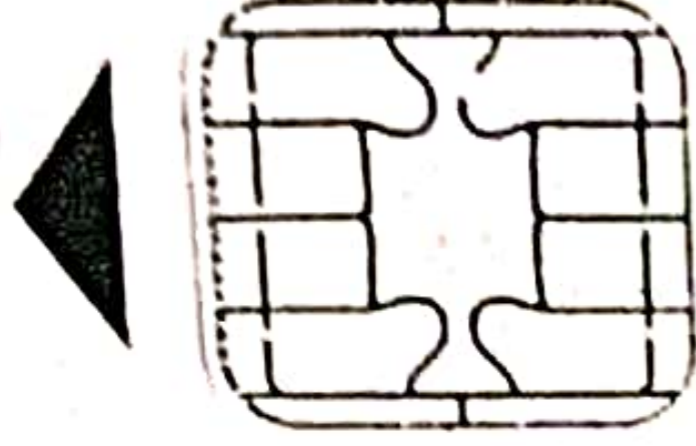
A.R.T.O.A.
Assistant Registration Authority
पंजीयन अधिकारी के हस्ताक्षर



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP

UP57 20200000165



Issue Date **03-01-2020** Validity (NT) **02-01-2030**

Validity (TR)* _____



Holder's Signature

Name: **DINESH SINGH**
Date of Birth: **02-06-1977** Blood Group: _____
Son/Daughter/Wife of: **KALIKA SINGH**

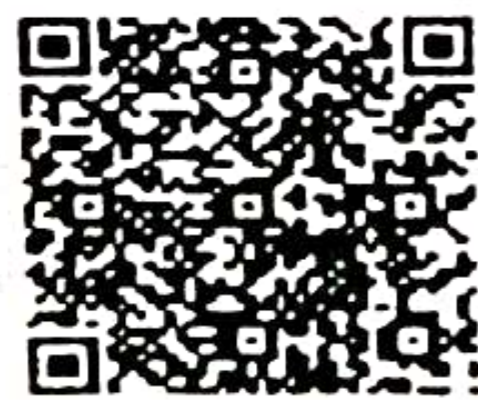
Organ Donor: **N**

Address:
**VILL-JUNGLE JAGDISHPUR PO-SAROATI KHURD
PS NEBUANAVRANGIYA
PADRAUNA, KUSHINAGAR, UP 274304**

Date of First Issue **(03-01-2020)**

DL No: UP57 20200000165

UPDL000002115919



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	MCWG	UP57	03-01-2020	NT			
LMV	LMV	UP57	03-01-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India



आशा

Asha

जन्म तिथि/ DOB: 01/01/1981

महिला / FEMALE



5761 6044 6795

मेरा आधार, मेरी पहचान



भारतीय विविध पहचान प्राधिकरण

Unique Identification Authority of India

पता:

W/O दिनेश सिंह, जंगल जग्दिशपुर,
पडरौना, कुशीनगर *,
उत्तर प्रदेश - 274304

Address:

W/O Dinesh Singh, jangal
jagdishpur, Padrauna,
Kushinagar *,
Uttar Pradesh - 274304

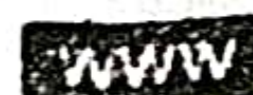
5761 6044 6795



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

CBSPA1794C

नाम / Name
ASHA

पिता का नाम / Father's Name
DINESH SINGH

जन्म की तारीख / Date of Birth
01/01/1981

आशा देवी

हस्ताक्षर / Signature



06032017