



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.	Sudhir Patel , 7379227750
2	Vehicle No. / वाहन संख्या	UP57CA6948
3	Policy No. / पालिसी संख्या	252400/31/2026/53649
4	Period of Insurance / बीमा अवधि	29/10/25 to 28/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/01/2026 , 06.30 P.M.
6	Place of Accident / दुर्घटना का स्थान	Khisodia A&Hm.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720250019210 8874534392, Ajay Kumar Patel
8	Estimated Loss / अनुमानित हानि	15320/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे भतीजा अजय कुमार पटेल बईक लेकर किसी काम से जा रहा था तभी अचानक सामने से एक गाड़ी वाला आ गया उसी की वजह से मेरी बईक साईड में रखे हुये ईट से चरने की वजह क्षतिग्रस्त 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. Gupta automobile Repairing.

Date / दिनांक : 16/01/26  
हस्ताक्षर

Sudhir Patel  
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. 252400/31/2026/53649  
 Tel. No. \_\_\_\_\_ Period of Insurance 29/10/25 to 28/10/26  
 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 : Sudhir Patel  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7379227750

2. THE INSURED VEHICLE

Make & Year <u>Huay/2025</u>	Engine No. <u>HA11F2SHK13270</u> Chassis No. <u>MBLHAW413SHK09</u> <u>307</u>	Registration No. <u>UP57CA</u> <u>6948</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 : Ajay Kumar Patel  
 (b) Age : \_\_\_\_\_  
 (c) Address : Krushinagar  
 (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 : UP57 CA 6948  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 2/06/2042  
 (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 : 14/02/2026, 6:30 P.M  
 (b) Place : Rheedia ashra  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : \_\_\_\_\_  
 (e) If any third party was responsible for this accident give the name and address : मेरा भतीजा लेकव बर्षक जा रहा आतेभी अचानक सामने से एक गाड़ी आता था वजह उसी की वजह से दुर्घटना हुई है मेरी बर्षक में शक है दुर्घटना से ठीक होने में दिमाग ही गड़

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side  
 (b) Estimated cost of repairs : 15320/-  
 (c) When and where can the damaged vehicle be inspected : crup to automobile Poolraur

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? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_ N/A

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? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_ N/A  
(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 16/07/20 200

Signature of the insured Sudhir Patel

Discharge Voucher

Account No. \_\_\_\_\_

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 *Sudhir Patel* .....  
Occupation .....  
Address .....  
.....  
.....

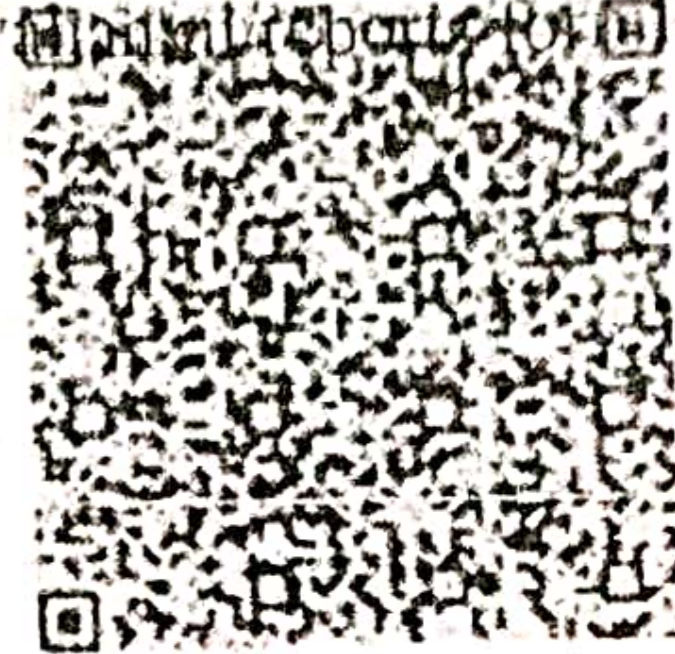
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57CA6948 Registration Date : 03-Nov-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 : SUDHIR PATEL Son/wife/daughter of : KUNDAN PATEL  
 Full Address: (Permanent) : VILL-VISHUNPURA JANGLE BISHUNPURA, KATHKUIYAN POST-LAXMIPUR, THANA-VISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274303  
 Full Address: (Temporary) : VILL-VISHUNPURA JANGLE BISHUNPURA, KATHKUIYAN POST-LAXMIPUR, THANA-VISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274303  
 Fitness UpTo : 02-Nov-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 : AA2140321702 Rear HSRP No : AA2141824274  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLHAW413SHK09307  
 Engine No : HA11F2SHK13270 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : PASSION+ LED (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 116  
 Colour : INDUSTRIAL DARK GREY Laden/GV Wt (kgs) : 246  
 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. 29-Oct-2025.  
 Purchase dt : 29-Oct-2025 Sale Amt : 78018/-  
 OTT Date : 29-Oct-2025 Amount/Rcpt No : 7802 / UP57D25110000832  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-Dec-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 03-Nov-2025 to 02-Nov-2040

Date : 29-Dec-2025 17:14:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 29-Dec-2025  
**ARTO (U)**  
**Kushinagar (U.P.)**



# Indian Union Driving Licence Issued by Uttar Pradesh



UP57 20250019210

Issue Date 17-10-2025 Validity (NT) 02-06-2042  
Validity (TR)\*



Holder's Signature

Name: AJAY KUMAR PATEL

Date of Birth: 03-06-2002 Blood Group:

Son/Daughter/Wife of: YOGENDRA PATEL

Organ Donor: N

Address:

GOSAI PATTI KATH KUIYAN JANGLE  
BISHUNPURA TAMKURI RAI KUSHINAGAR UTTAR  
PR 274303

Date of First Issue 17.10.2025

DL No: UP57 20250019210

UPDL571000030416



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	LMV	UP57	17-10-2025	NT			
MVSD							

Emergency Contact Number

Issuing Authority  
UP57 KUSHINAGAR



भारत सरकार

Government of India

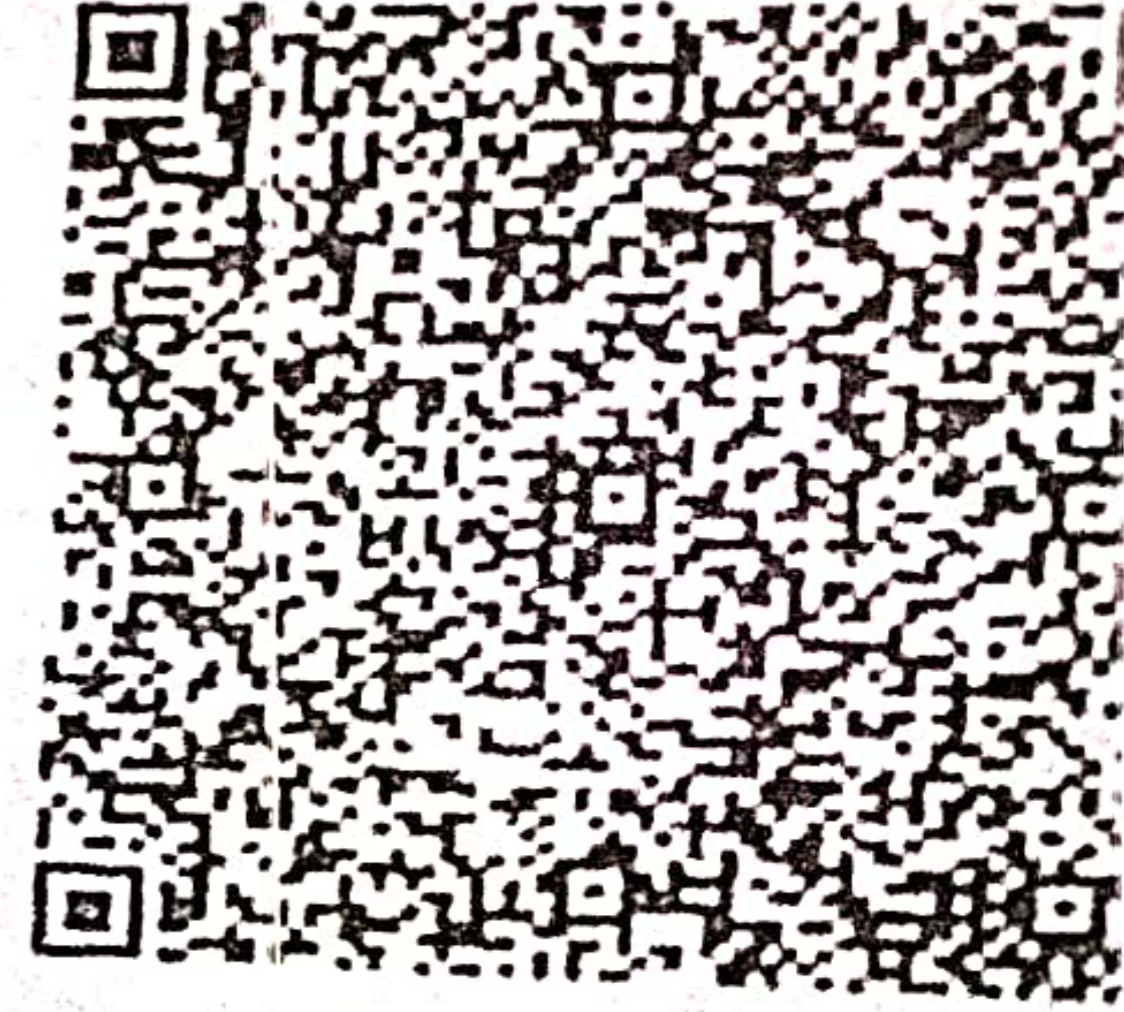


सुधीर पटेल

Sudhir Patel

जन्म तिथि / DOB : 01/01/1992

पुरुष / Male



4004 1879 4771

मेरा आधार मेरी पहचान

www.uidai.gov.in



1947



4004 1879 4771

पता:

आत्मज: कुंदन पटेल, जंगल  
विशुनपुरा, जंगल विशुनपुरा,  
कुशीनगर, कत कंडिया, उत्तर प्रदेश,  
274303

Address:

S/O: Kundan Patel, Jangal  
vishunpura, Jangle Bishunpura,  
Kushinagar, Kath Kuyian, Uttar  
Pradesh, 274303

Unique Identification Authority of India

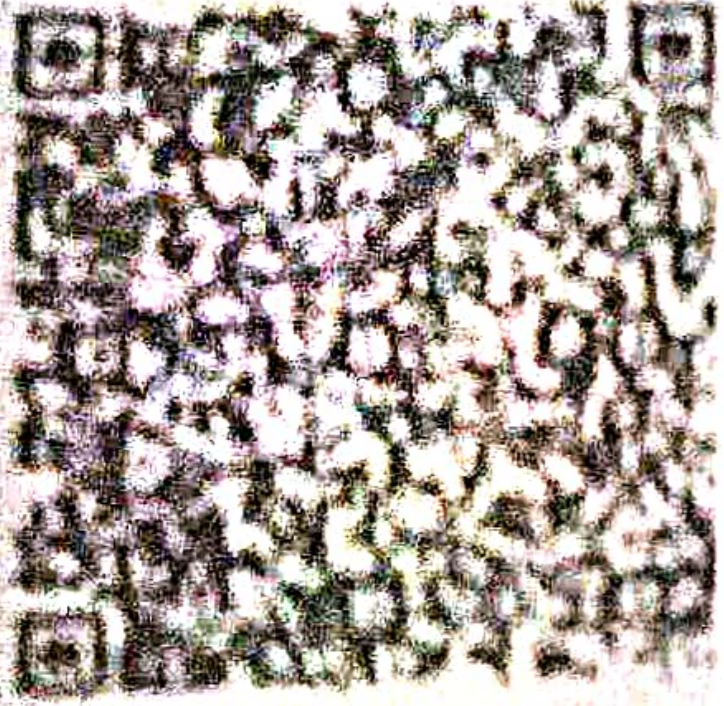
भारतीय विशुन पहचान प्राधिकरण



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BVLPP6519C

नाम / Name  
SUDHIR PATEL

पिता का नाम / Father's Name  
KUNDAN PATEL

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

*Sudhir Patel*  
हस्ताक्षर / Signature



24062017