

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

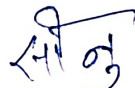
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Deenoo 7428247647
2	Vehicle No. / वाहन संख्या	UP36Y7906
3	Policy No. / पालिसी संख्या	252400/32/2026/26777
4	Period of Insurance / बीमा अवधि	8/07/2025 to 07/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/25 शाम के 5:30 बजे
6	Place of Accident / दुर्घटना का स्थान	इ-घटना निम्न
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BAJAJ UP3620150001066
8	Estimated Loss / अनुमानित हानि	12560
09.	Cause of Accident / दुर्घटना का कारण :	भेटी गड़ी भेटी याचो जी निम्न इन्सुरेंस मॉडल इन्सुरेंस के पास अचानक से रोक निम्न गारु आ गया और भेटी गड़ी उल्टे टर्न कर के सड़क पर खड़े हो चली गयी!
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 / फोन नं.	Kishan Auto Mobile Shukul Bazar 7007407856

Date / दिनांक : 18/01/26  
हस्ताक्षर

  
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. 252400/3L/2020/26777

Tel. No. \_\_\_\_\_

Period of Insurance 08/07/2025 to 07/07/2026  
 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 : SONOO  
 (b) Address for correspondence : No 201 Ali Purawa Ahomad pur Ja Kail Kabazar Amethi  
 (c) Telephone : 7428247647

2. THE INSURED VEHICLE

Make & Year <u>2025 Hero</u>	Engine No. <u>HA11E7SHC40297</u> Chassis No. <u>MBLHAIN224SHC45716</u>	Registration No. <u>UP36Y7906</u>
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(a) Was the vehicle in proper working condition? NA  
 (b) For what purpose was the vehicle being used at the time of accident? Personal use  
 (c) Was trailer attached? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 2. Was a pillion rider carried NA

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 : \_\_\_\_\_

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : BOJAJ  
 (b) Age : 43  
 (c) Address : Ahmadpur Kishni, Bhukul Bazaar Anethi  
 (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 : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NA  
 (g) Driving Licence Number : UP36 20150001066  
 (h) Issuing Authority : Anethi  
 (i) Date of Expiry : 31/12/2031  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NA  
 (l) Has he been involved in any accident before?: NA  
 (m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 21/12/2025 शाम के 5:30 बजे  
 (b) Place : इ-ए-ए-ए  
 (c) Speed of vehicle at the time of accident : 30 km  
 (d) Give a short description of the accident : मेरी गाड़ी में पांच पी पी के ड्राइवर गार नॉ रस्ता  
 (e) If any third party was responsible for this accident give the name and address : मैं ड्राइवर के पास अचानक एक तिन गार भाग गया।  
 और भी गार 222 खोल गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Es Per Estimate  
 (b) Estimated cost of repairs : 12560  
 (c) When and where can the damaged vehicle be inspected : Kishan Auto Mobiles

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? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_ NA

9. WITNESS

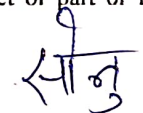
- (a) Give names and addresses of passengers/other  
Witness, if any : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : \_\_\_\_\_ NA  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary 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? : \_\_\_\_\_ NA  
(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 18/01/26 200

Signature of the insured 

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

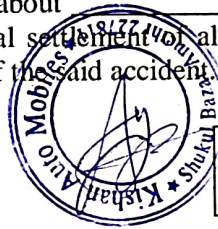
Issuing Office



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/-

Witness  
Name .....  
Signature .....  
Address .....

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

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



# Global Path. Lab

• The best Equipped Clinical Chemistry Laboratory •

Address : Kursi Road Opp.Gudamba  
Police Station, Phool Baag Colony, Lko  
Mob.: 9935943422, 8840299717, 7271060360  
CMO Registration No: RMEE2111079

## LABORATORY TEST REPORT

PATIENT ID : GPL/18089	REGISTRATION DATE: 22-Dec-2025
PATIENT NAME : Mr BAJAJ	AGE \ SEX : 40 Yrs \ MALE
REFERRED BY : DR. THE MANNAT HOSPITAL & MATERNITY	REPORTING DATE : 22-Dec-2025

Test Name	Result	Units	Ref.Range
<b>HAEMATOLOGY</b>			
<b>COMPLETE BLOOD COUNT</b>			
Haemoglobin	15.3	gm%	13.0 - 17.0
Total Leucocyte Count (TLC)	<u>12,400</u>	/cmm	4,000 - 10,000
<b>DIFFERENTIAL COUNT</b>			
Neutrophils	89	%	40 - 75
Lymphocytes	08	%	20 - 45
Eosinophils	03	%	01 - 06
Monocytes	00	%	02 - 10
Basophils	00	%	00 - 01
RBCs Count	4.55	mil/cmm	3.5 - 5.0
Platelets count	2.72	Lacs/cumm	1.50 - 4.50
Packed Cell Volume (PCV)	44	%	36 - 56
Mean Corpuscular Volume (MCV)	96.1	fl	80 - 100
Mean Corpuscular Hemoglobin (MCH)	33.6	pg	27 - 34
Mean Corpuscular Hb Con.(MCHC)	34.9	g/dL	32 - 36
<b>BLOOD GROUP (A,B,O) AND Rh FACTOR WITH REVERSE GROUPING</b>			
Blood group ( A,B,O)	"B "		
Rh factor	Positive		
<b>BLEEDING TIME CLOTTING TIME:</b>			
Bleeding Time (B.T)	03 Min 30 Sec	Minutes	01 - 04
Clotting Time (C.T)	07 Min 30 Sec	Minutes	03 - 11

Checked by

Pathologist

**Dr. Deepti Gangwar**  
M.D. (Path.)

• Biochemistry • Auto Analyser • Cell Counter • ELISA Reader • Nycocard Reader (Hba1c,D-DIMER, u-Microalbumin) • CRP-Quantitative  
• F.N.A.C./Cyto • Pathology • Electrolyte Analyser • E.C.G. • Biopsy/Histo Pathology • Endoscopy

Clinical correlation is necessary      Timing - 8AM to 8PM (Sunday 8.00AM to 2.00PM)      Not for Medico Legal Purpose



Dedicated to Accuracy

Mob.: 7800141501, 9198700680, 7238002627

# IPKA DIAGNOSTIC CENTRE

Utelwa Bypass, Industrial Area, Jagdishpur- Amelhi Pin- 227817

★ MRI ★ CT Scan (Whole Body) ★ Digital X-Ray (500 mA)

★ ECG ★ EEG ★ Fully Computerized Pathology

Name	BAJAJ 40Y/M	Age	40Y - M
Date	21/12/2025	Patient Id	21/12/20
Referring Doctor	MANOKAMNA HOSPITAL	Center	ipka diagnostic centre jagdishpur

## MRI BRAIN

### Technique

Multiplanar, multisequence MRI of the brain has been performed, including T1-weighted, T2-weighted, FLAIR, DWI with ADC mapping, and SWI sequences.

### Findings

#### Brain Parenchyma:

- Subarachnoid hemorrhage is noted as T1 isointense to mildly hyperintense and T2/FLAIR hyperintense signal within the cortical sulci along the left parietotemporal and occipital regions, with additional blood signal noted along the falx cerebri. Corresponding blooming is seen on SWI.
- A thin subdural hemorrhage is seen along the left frontoparietotemporal convexity, measuring approximately 5-6 mm in maximum thickness, appearing isointense on T1-weighted images and hyperintense on T2-weighted images, with blooming on SWI.
- No significant mass effect or midline shift is noted. No evidence of intraparenchymal hemorrhage is seen.
- Prominent Virchow-Robin (perivascular) spaces are noted in the bilateral basal ganglia.
- No areas of diffusion restriction are seen to suggest acute ischemic infarct.
- No abnormal focal T2/FLAIR hyperintense lesions are seen in the cerebral or cerebellar hemispheres.

**Ventricular System & CSF Spaces:** Ventricles are normal in size and configuration. Basal cisterns are patent. No hydrocephalus is seen.

**Posterior Fossa:** Cerebellar hemispheres, vermis, pons, and medulla appear normal.

**Sellar & Parasellar Region:** Pituitary gland and sella appear unremarkable.

**Orbits:** Visualized portions of the orbits appear normal.

**Not Valid For Medico Legal Purpose**

★ Bed Side Sample Collection Facility Available.

★ Ambulance Facility Available

★ The Film & report must be collected within one week of the examination. This Centre will not be responsible after this period, duplicate set can be provided on extra payment.

