



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.	7704850476 Aman Nath Paswan,
2	Vehicle No. / वाहन संख्या	UP57BX0923
3	Policy No. / पालिसी संख्या	252400/31/2026/13573
4	Period of Insurance / बीमा अवधि	14/5/2025 to 13/5/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/06/2026 , 05:00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Chisgaoda
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	0604994418 Nikhil Sharma, UP5720230012002
8	Estimated Loss / अनुमानित हानि	11325/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरा दोस्त बसक लेकर किसी काम से जा रहा था तभी अचानक एक बच्चा बसक के सामने आ गया उसी को बचाने हुये मेरी बसक एक गुमती से छूटा कर दायाे साइड गिरने से क्षतिग्रस्त हो गयी।
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.	Greeta automobile Padsauna

Date / दिनांक : 07/02/2026.  
हस्ताक्षर

अमरनाथ पासवान  
Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nikhil Sharma  
 (b) Age : \_\_\_\_\_  
 (c) Address : Kushinagar Padsauna  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend?  : Friend  
 (e) If paid driver, how long has he been in your employment : No  
 (f) Was he under the influence of intoxication Liquor or drugs? : No  
 (g) Driving Licence Number : UP5720230012009  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 01/04/2045  
 (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 : 05/6/2026, 05.00 P.m.  
 (b) Place : Chisgoda  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : बन्धे को बचाते हुये कार्डक गुमती से चकरा कर  
 (e) If any third party was responsible for this accident give the name and address : बाधे साईड गिरने से कतिबत हो गयी!

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage. : Front and side.  
 (b) Estimated cost of repairs : 11325/-  
 (c) When and where can the damaged vehicle be inspected : Gupta 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? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_

~~N/A~~

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? : \_\_\_\_\_  
(h) Which Policy Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_

~~N/A~~

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 07/02/26 200

Signature of the insured बिहारी प्रसाद

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 ..... *बिप्लव चौरास*  
Occupation .....  
Address .....  
.....  
.....

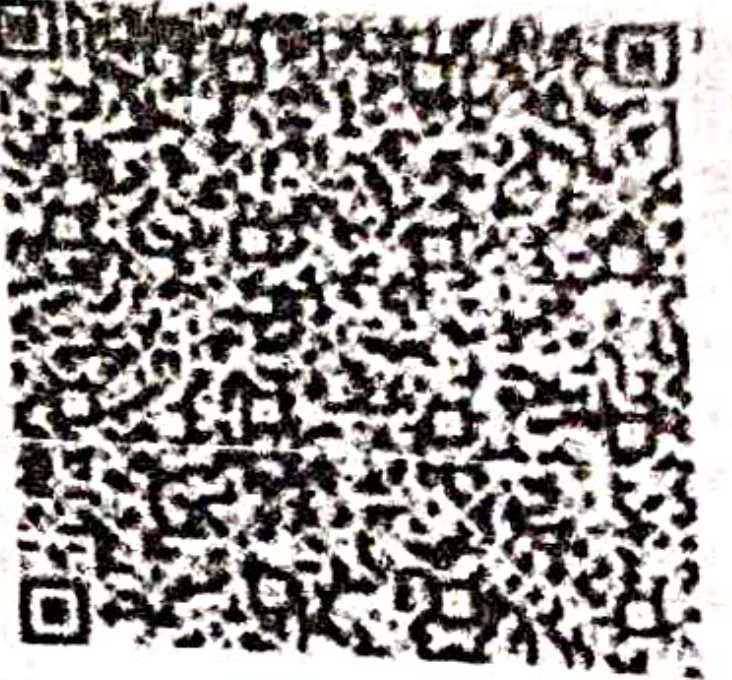
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX8923 Registration Date : 16-May-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 : AMARNATH PASWAN Son/wife/daughter of : SHATRUDHAN PASWAN  
 Full Address: (Permanent) : VILL-BALKUDIA, POST -BALKUDIA, THANA -NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-BALKUDIA, POST -BALKUDIA, THANA -NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 15-May-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 : AA1042683476 Rear HSRP No : AA2124895197  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLHAW230SHBB0916  
 Engine No : HA11E8SHB61300 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 109  
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239  
 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 w.e.f. .

Purchase dt : 14-May-2025 Sale Amt : 77026/-  
 OTT Date : 14-May-2025 Amount/Rcpt No : 7703 / UP57D25050003140  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 26-May-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 16-May-2025 to 15-May-2040

Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20230012002

Issue Date 10-08-2023 Validity (NT) 01-04-2045 Validity (TR)\*



Holder's Signature

Name: NIKHIL SHARMA  
Date of Birth: 02-04-2005 Blood Group: Organ Donor: N

Son/Daughter/Wife of: SHAILESH SHARMA

Address: Balkuda Kushnagar Uttar Pradesh 274304

Date of First Issue (10-08-2023)

DL No: UP57 20230012002

UPDL 0000 11529841

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*
car	MCWG	UP57	10-08-2023	NT			
LMV	LMV	UP57	10-08-2023	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP57 KUSHNAGAR



भारत सरकार

Government of India



अमरनाथ पासवान

Amar Nath Paswan

जन्म तिथि / DOB : 16/08/1996

पुरुष / Male

8426 1705 3013



मेरा आधार, मेरी पहचान



भारत सरकार  
Unique Identification Authority of India

पता:

शत्रुघ्न पासवान, बलकुडिया,  
बलकुरिया, कुशीनगर, उत्तर प्रदेश,  
274304

Address:

C/O, Shatrudhan Paswan,  
Balkudia, Balkuria, Kushinagar,  
Uttar Pradesh, 274304

8426 1705 3013



1927



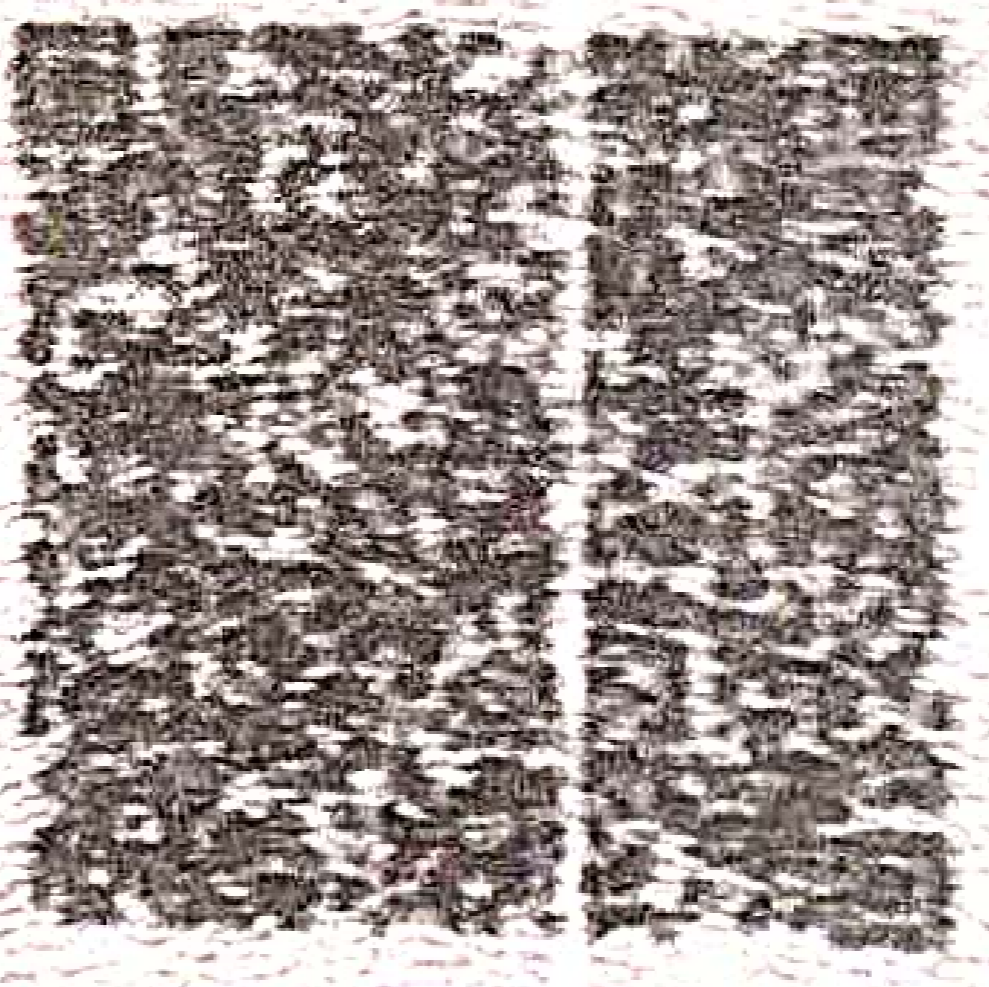
help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



Permanent Account Number Card

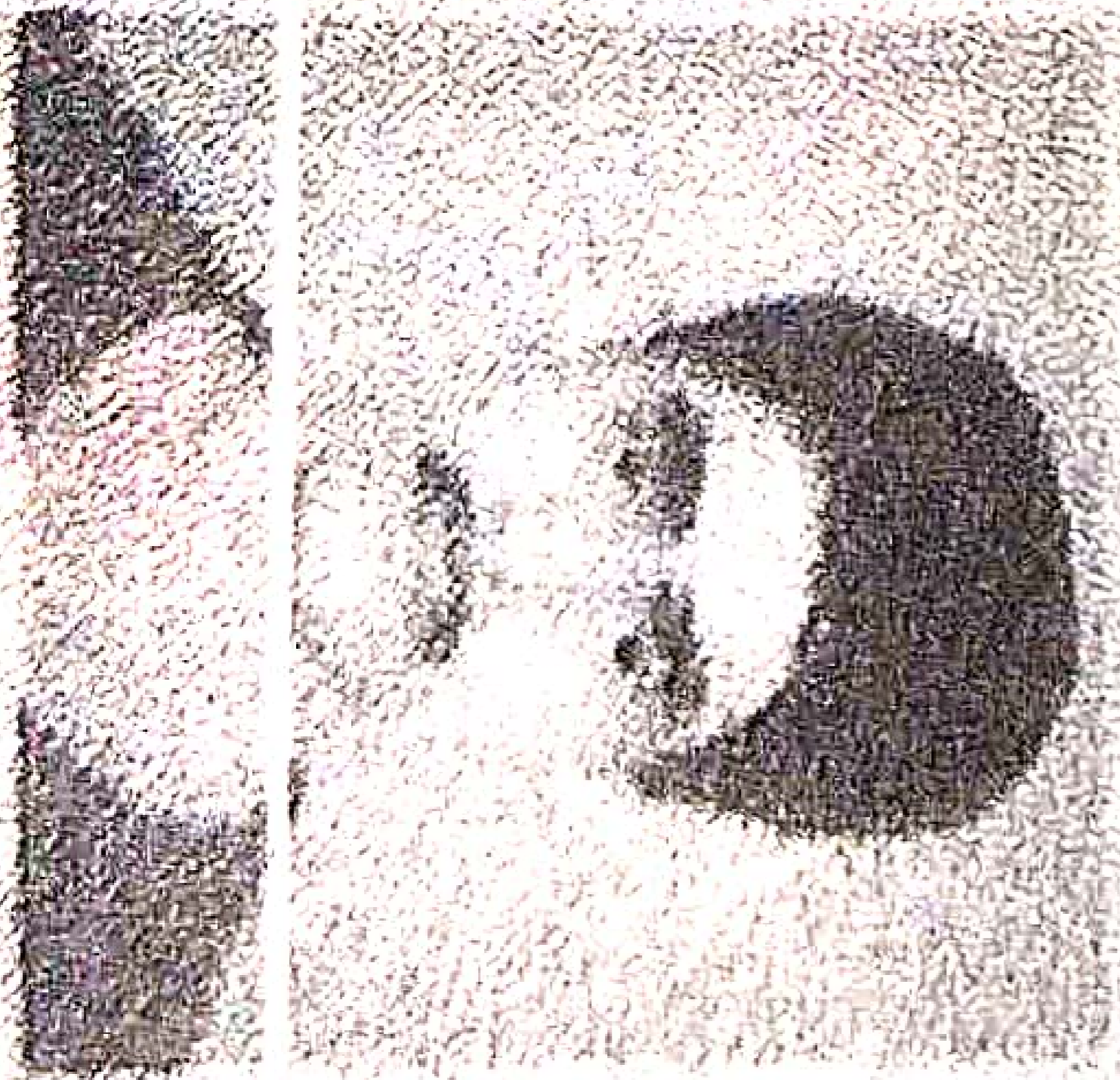
EEWPP3216P

नाम / Name  
ANANATH PASWAN

पिता का नाम / Father's Name  
SHATRUJHAN PASWAN

16/08/1996

1411/2017



1411/2017