



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.	Rabita 9125295006
2	Vehicle No. / वाहन संख्या	UP57BW3799
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575
4	Period of Insurance / बीमा अवधि	3/02/2026 to 2/02/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/02/2026 , 11.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Rambag Patsalpump
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anil Sahani, UP57201800016 9935490969 36
8	Estimated Loss / अनुमानित हानि	7975/-
09.	Cause of Accident / दुर्घटना का कारण : मेरे पति के बड़े भाई बार्डिक लेकर शिवतेदार के यहां जा रहे थे तभी रामबाग पेट्रोल पम्प के पास एक बार्डिक वाले ने सामने से धक्कर मार दिया जिससे मेरी बार्डिक 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 Patsauma.

Date / दिनांक : 11/02/26  
हस्ताक्षर

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

Certificate/Policy No. MS/2026/7001/0/46575  
 Period of Insurance 3/02/2026 to 2/02/2027  
 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 : Rabita  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9125295006

2. THE INSURED VEHICLE

Make & Year <u>H100/2025</u>	Engine No. <u>JA07AVRGL26755</u> Chassis No. <u>MBLJAV025RGL25922</u>	Registration No. <u>UP57BW 3799</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  
 (g) If Lorry/Jeep/Tractor, was trailer attached?  
 (h) Number of passengers carried  
 (i) Number of Passenger permitted

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Anil Sahani  
 (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 : UP5720100001636  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 18/02/2038  
 (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 : 10/02/2026, 11:00 AM  
 (b) Place : Rambag Petrol pump  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : मेरे मोटर के गाइलेमर टूट रहे और तभी यमम के मोटर के  
 (e) If any third party was responsible for this accident give the name and address : बाइम वाले ने सामने से टक्कर मार दिया जिससे मेरी बाइम डमेज हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side  
 (b) Estimated cost of repairs : ₹ 75/-  
 (c) When and where can the damaged vehicle be inspected : crupla automobiles Podanura

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? : \_\_\_\_\_
- ~~PIA~~

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(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 11/02/26 200

Signature of the insured राजि

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 ..... रबीता .....  
Occupation .....  
Address .....  
.....  
.....

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



**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number enters into any transaction specified in rule 114B**

1. Full name and address of the declarant Rabita
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 11/02/26  
Place : Padrauna

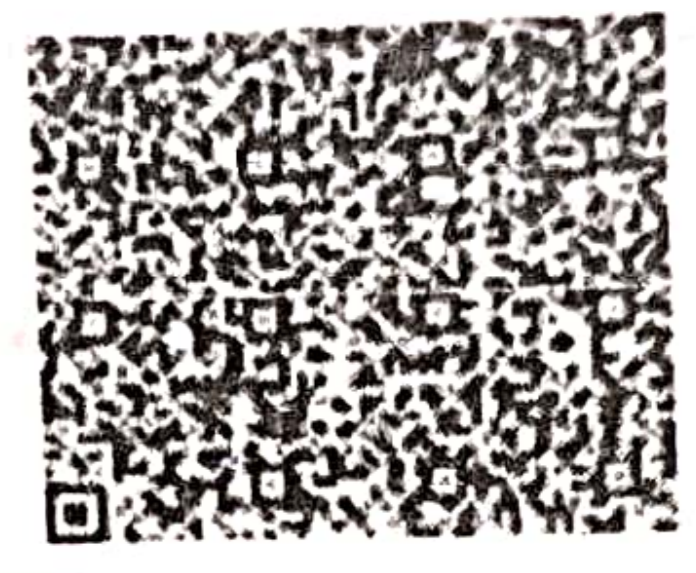
Rabita  
Signature of the declarant

- Instructions :** Documents which can be produced in support of the address are :-
- (a) Ration Card
  - (b) Passport
  - (c) Driving licence
  - (d) Identity Card issued by any institution
  - (e) Copy of the electricity bill or telephone bill showing residential address
  - (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
  - (g) Any other documentary evidence in support of his address given in the declaration.

GOVERNMENT OF UTTAR PRADESH  
Transport Department PADRAUNA(KUSHI NAGAR)  
FORM 23  
CERTIFICATE OF REGISTRATION

GSTN: A  
5642452

Date: AM.  
Rs.



Registration No : UP57BW3799  
Description of Vehicle : M-CYCLE/SCOOTER  
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
Owner Name : RABITA  
Full Address: (Permanent) : VILL- PAGAR MURLI CHHAPRA, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306  
Full Address: (Temporary) : VILL- PAGAR MURLI CHHAPRA, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274306  
Fitness UpTo : 03-Feb-2040  
Detailed Description :  
Class of Vehicle : M-CYCLE/SCOOTER  
Ownership : INDIVIDUAL  
Relationship with the Nominee : Spouse  
Owner Serial No : 1  
Link Vehicle No :  
Nominee Name : RAHUL NISHAD  
Norms : BHARAT STAGE VI  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA1038982767  
Type of Body : SOLO WITH PILLION  
No of Cylinders : 1  
Engine No : JA07AVRGL26755  
Fuel : PETROL  
Horse Power(BHP) : 11.39  
Cubic Capacity : 124.70  
Maker's Classification : XTREME 125 R ABS  
Wheel base : 1319  
Seating Cap(in all) : 2  
Standing Cap : 0  
Sleepar Cap : 0  
Unladen Wt (kgs) : 137  
Colour : BLACK  
Lad. r/CV Wt (kgs) : 267  
Other Criteria :  
A/C 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 : 03-Feb-2025  
OTT Date : 03-Feb-2025  
Vehicle is Govt./ Pvt. : PRIVATE  
Date of Approval : 07-Mar-2025  
Other State/Transfer/Conversion/Reassign Details :  
Previous Owner :  
Old State :  
Transfer Date :  
Sale Amt : 101439/-  
Amount/Rcpt No : 10144 / UP57D25020000352  
Tax Exempted or Not : NOT EXEMPTED  
Previous RegNo :  
Entry Date :  
Conversion Date :

This certificate is valid from 04-Feb-2025 to 03-Feb-2040

Signature of Registering Authority  
Date : 11-Mar-2025

Date : 11-Mar-2025 14:42:55  
Taxation Particulars / Advance Registration Mark Fee Details

Q 1914616

3/11/2025, 2:43

Aadhaar no. Issued: 24/01/2026



भारत सरकार  
Government of India



रवीता  
Ruhita  
जन्म तिथि/DOB: 01/01/2002  
लिंग/ GENDER: FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

4401 4337 3139

भारत सरकार, अर्थ प्रणाली



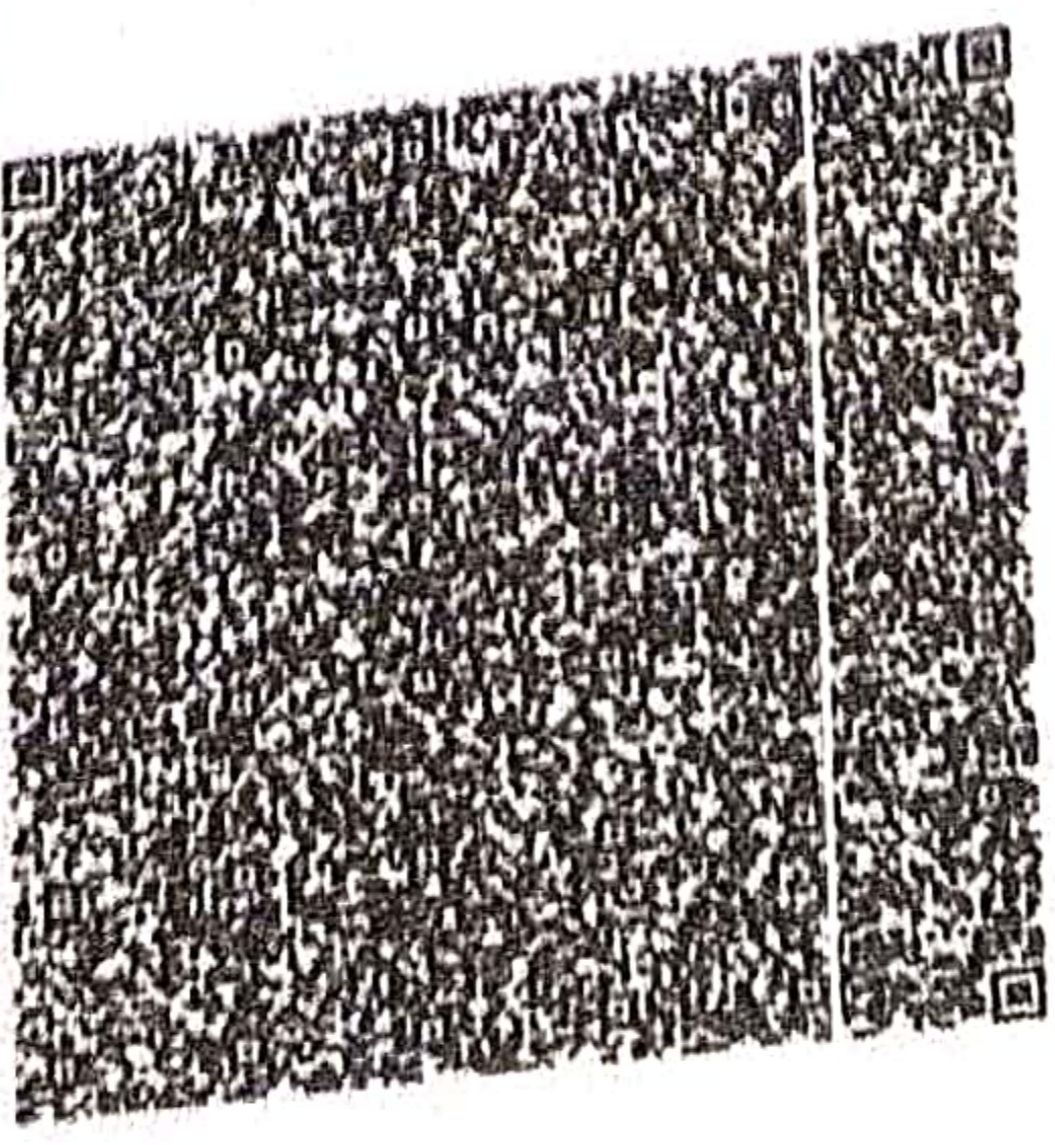
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
C/O राहुल साहनी, 40, बरवा टोला, पच फेरा, खानु अमरा,  
कशीनाथ,  
उत्तर प्रदेश - 274306

Address:  
C/O Rahul Sahani, 40, barwa tola, Pach Phera, PO:  
Khanu Chhapara, DIST: Kushinagar,  
Uttar Pradesh - 274306

Details as on: 20/01/2026



4401 4337 3139

VID : 9190 8039 9087 9732

1947

help@uidai.gov.in

www.uidai.gov.in

UNION OF INDIA Driving Licence (UP) (NT)

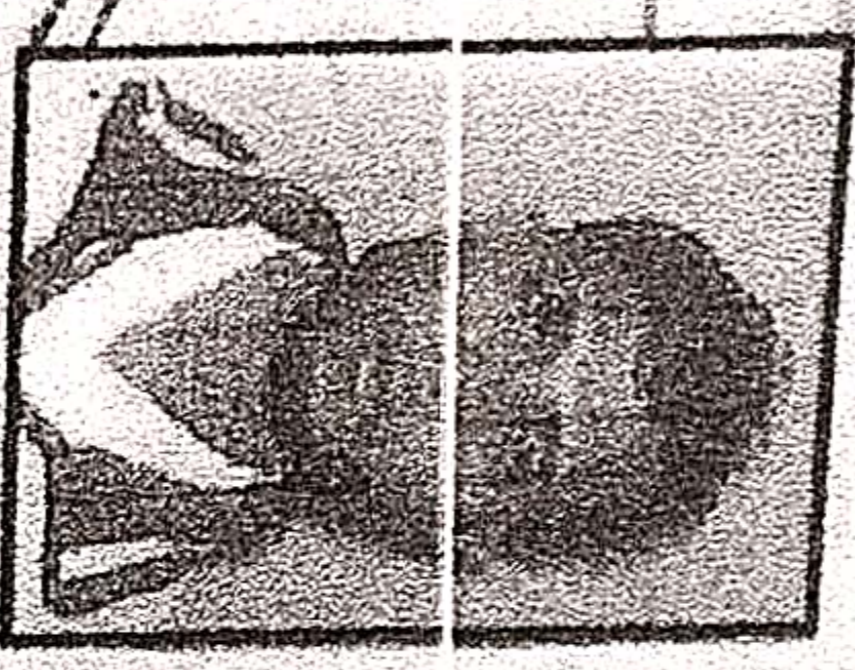
UP57 20180001636



जारी करने की तिथि  
Date of Issue  
19/02/2018

वैधता की तिथि  
Validity  
(NT) 18/02/2038

रक्त समूह  
Blood Group  
UNKNOWN



नाम / Name

ANIL SAHANI

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

GOVIND SAHANI

UP57 20180001636

LMV 19/02/2018



MCWG 19/02/2018



पता / Address

VILL-PACHFEDA  
PO-KHANU-CHHAPRA,PS-NERUA NAURANGYA  
KUSHINAGAR

Holder's Signature

UP04083765RS



UP  
KUSHINAGAR