

Sir / महोदय,

Claim Intimation Letter / दावा सूचना पत्र.

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. | Dharmdhath mousya 8009706563 |
| 2 | Vehicle No. / वाहन संख्या | UP53FN3237 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2026/55160 |
| 4 | Period of Insurance / बीमा अवधि | 02/11/2025 to 02/11/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 19/02/2026, 5:00 P.M. |
| 6 | Place of Accident / दुर्घटना का स्थान | Hafa |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Vijay Kumar Raw, UP532023 7398913990 0027054 |
| 8 | Estimated Loss / अनुमानित हानि | 22310/- |
| 09. | Cause of Accident / दुर्घटना का कारण: | मेरी वाहन मेरे गाँव में दोस्त विजय कुमार राव लेकर रिस्केवारी जा रहे थे। तभी अचानक सामने मुझा आ गया तो उसी में बचाते वक्त वाहन साईड वाईम लेकर गिरने से वाईम जमिन 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 Upota automobile Padraunda |

Date / दिनांक : 23/02/2026
हस्ताक्षर

Dharmdhath mousya
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. 252400/31/2026/55160

Tel. No. _____

Period of Insurance 02/11/2025 to 02/11/2026

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 : Dudhnath mourya
 (b) Address for correspondence : _____
 (c) Telephone : 009706563

2. THE INSURED VEHICLE

| | | |
|---------------------------------|---|--|
| Make & Year <u>H180/2025</u> | Engine No. <u>H11F7SG1R35063</u> Chassis No. <u>MBLHAW481SG1R31485</u> | Registration No. <u>UP53FN</u> <u>3237</u> |
|---------------------------------|---|--|

(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 : Nirjay Kumar Raw
 (b) Age : 34
 (c) Address : Jaunpur
 (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 : UP53 2023 0027054
 (h) Issuing Authority :
 (i) Date of Expiry : 9/03/2039
 (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 : 19/02/2026, 5:00 P.M
 (b) Place : Highway
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : मेरी बहन ने गाड़ी के दोस्तले करवा रहे थे कि उनकी
 (e) If any third party was responsible for this accident give the name and address : अबुलक़ादिर सामने का बायां गाड़ी से उसी को बचाते वक्त
उसने साइड बाईस ले कर गिरने से बचने
शमेन हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side
 (b) Estimated cost of repairs : 22310/-
 (c) When and where can the damaged vehicle be inspected : Courta automobiles Padrauna

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? : 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 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 23/02/2025

Signature of the insured Budhmath Mishra

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 *Schuneth Mishra*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FN3237 Registration Date : 03-Nov-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , , 188-273010
 Owner Name : DUDHNATH MOURYA Son/wife/daughter of : RAMMURAT
 Full Address: (Permanent) : VILL- SARDAR NAGAR, PO- SARDAR NAGAR, PS- CHAURI CHAURA, GORAKHPUR, UTTAR PRADESH-273202
 Full Address: (Temporary) : VILL- SARDAR NAGAR, PO- SARDAR NAGAR, PS- CHAURI CHAURA, GORAKHPUR- UTTAR PRADESH-273202
 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 : AA2144465349 Rear HSRP No : AA2144992401
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW481SGK31485
 Engine No : HA11F7SGK35063 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 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 LTD, GORAKHPUR, , , New Delhi, Delhi-110001 w.e.f. 02-Nov-2025.

Purchase dt : 02-Nov-2025 Sale Amt : 73764/-
 OTT Date : 02-Nov-2025 Amount/Rcpt No : 7377 / UP53D25110001531
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-Dec-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

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

Date : 10-Dec-2025 15:48:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 10-Dec-2025

Q 6232639

DL No: **UP53 20230027054**

UPDL000011917544



Invalid Carriage (Regn Number):# _____

Hazardous Validity# Hill Validity# _____

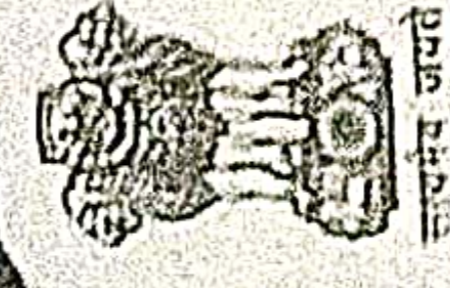
| Class of Vehicle | Code | Issued By | Date of Issue | Vehicle Category | Badge Number | Badge Issued Date | Badge Issued By |
|------------------|------|-----------|---------------|------------------|--------------|-------------------|-----------------|
| | MCWG | UP53 | 06-10-2023 | NT | | | |
| | LMV | UP53 | 06-10-2023 | NT | | | |
| | | | | | | | |
| MVSD | | | | | | | |

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

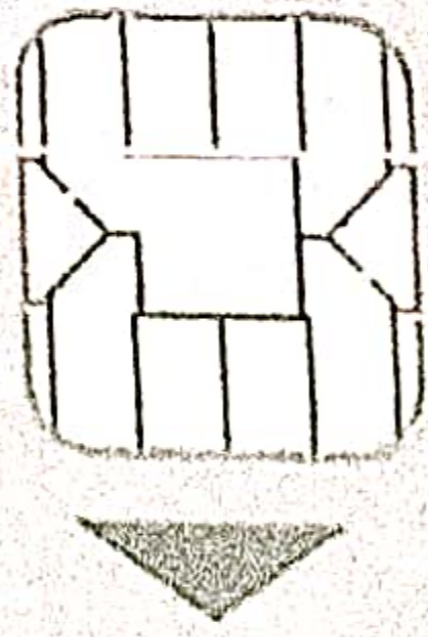
Indian Union Driving Licence
Issued by **Uttar Pradesh**



UP53 20230027054



Issue Date **06-10-2023** Validity (NT) **09-03-2039** Validity (TR) _____



Holder's Signature

Name: **VIJAY KUMAR RAW**

Date of Birth: **10-03-1999** Blood Group: _____

Son/Daughter/Wife of: **KOUHAR PRSHAD**

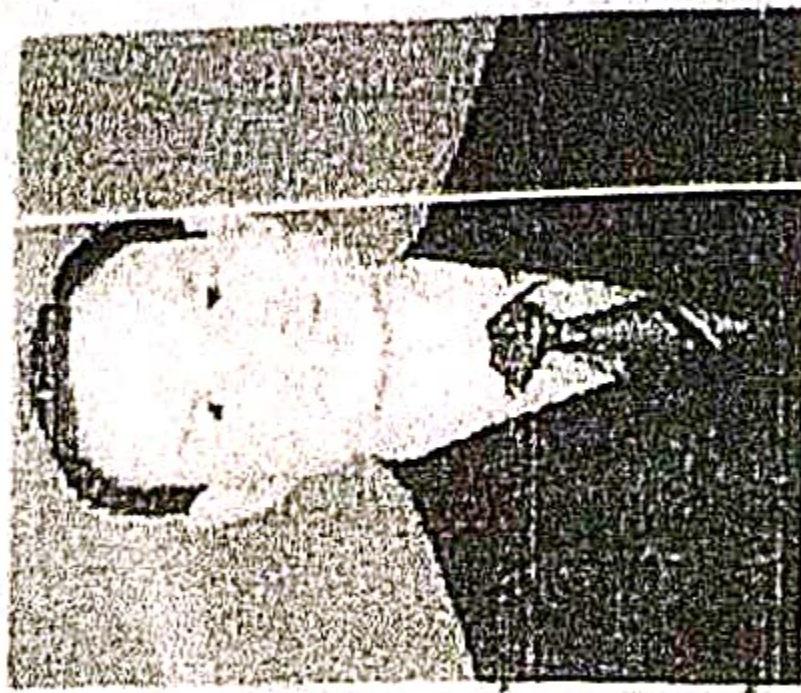
Organ Donor: **N**

Address:
**VILL EBRAHIMPUR POST SARDAR NAGAR PS
CHAURI CHAURA GORAKHPUR, UP 273202**

(06-10-2023)



भारत सरकार
GOVERNMENT OF INDIA



दुधनाथ मौर्या
Duddhath Mourya
जन्म तिथि/DOB: 16/05/1981
पुरुष/Male



5454 6762 7829

मेरा आधार मेरा पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : आत्मज: राममुरत
पलिया, सरदारनगर,
गोरखपुर, उत्तर प्रदेश
273202

Address: S/C- Rammurat
Paliya, Sardar Nagar,
Gorakhpur Uttar Pradesh,
273202

5454 6762 7829



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No.1947
Bengaluru-560 001

आयकर विभाग

INCOME TAX DEPARTMENT

DUDHA NATH MAURYA

RAMMURAT MAURYA

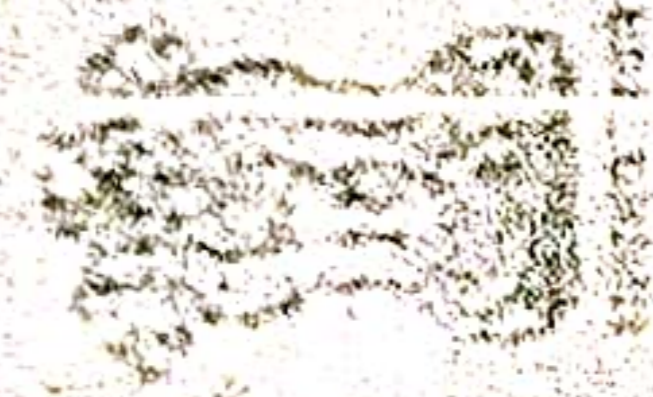
01/03/1979

Permanent Account Number

CHIPM5764L

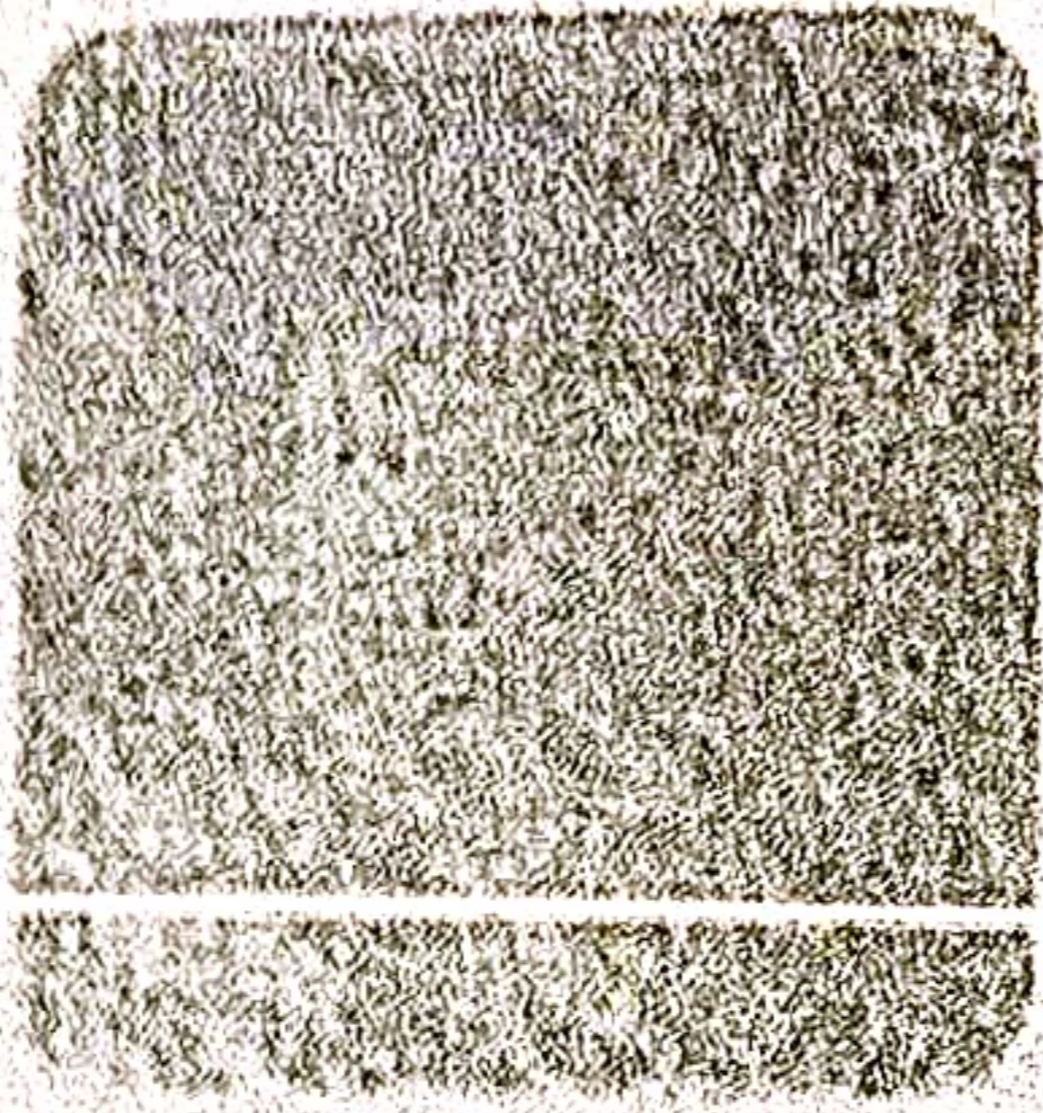
Dudh Nath Maurya

Signature



भारत सरकार

GOVT. OF INDIA



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