



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.	Shashikant Yadav 8468049101
2	Vehicle No. / वाहन संख्या	UP57BY7547
3	Policy No. / पालिसी संख्या	252400/31/2026/28199
4	Period of Insurance / बीमा अवधि	16/07/2025 to 15/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/02/2026, 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Dura chhapra
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shashikant Yadav UP5720260002938
8	Estimated Loss / अनुमानित हानि	30105/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी वाहन लेकर रूतल में जा रहे थे। तभी अचानक सामने से एक कार आला तबकर मार दिया तो वाहन मेरी दाहिने साइड गिरने से डमीज 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 automobiles Padrauna

Date / दिनांक : 20/03/26  
हस्ताक्षर

Shashikant Yadav  
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. 252400/31/2026/28199

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

Period of Insurance 16/07/2025 to 15/07/2026  
 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 Shashikant Yadav  
 (a) Name : \_\_\_\_\_  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 84680 49101

2. THE INSURED VEHICLE

Make & Year <u>MUV0/2025</u>	Engine No. <u>MA11F6SH63792</u> Chassis No. <u>MBLHAW465SHF57799</u>	Registration No. <u>UP57BY7547</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
- (b) Age
- (c) Address
- (d) Is the Driver

- 1. Owner
- 2. paid driver?
- 3. Owner's relative or friend?

(e) If paid driver, how long has he been in your employment

(f) Was he under the influence of intoxication Liquor or drugs?

(g) Driving Licence Number

(h) Issuing Authority

(i) Date of Expiry

(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?:

Shashikant Yadav  
Kushinagar  
owner

NO

UP57 2026 000 29387

9/10/2019

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time

(b) Place

(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

27/02/2026, 6:00 P.M  
Dura chhapra

मे सामान्य वाहन से मुझ पर हमला कर रहा था। लकीरों में मुझे घसीटकर ले जाया गया। मैंने तुरंत पुलिस को सूचना दी।  
साथ ही मैंने अपने बाल बाल नुकसान के लिए भी दावा किया है।  
मेरे साथी साईदु रिशत से भी घायल हो गए।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage

(b) Estimated cost of repairs

(c) When and where can the damaged vehicle be inspected

Front md side  
30105/-

crupta 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

(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? : 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 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 20/03/2016

Signature of the insured Shashikant Yadav

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 ..... *Shashikant yadav*

Occupation .....

Address .....

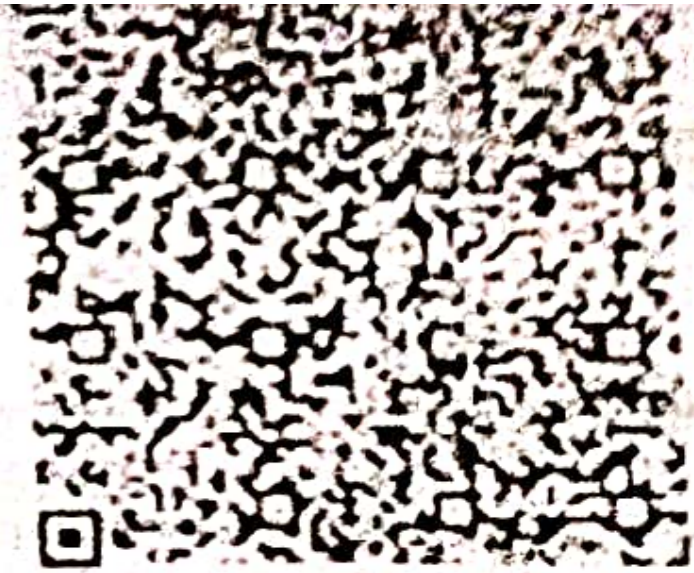
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Bank Account Number .....

Name of the Bank .....

https://vahan.parivahan.gov.in

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



Registration No : UP57BY7547 Registration Date : 17-Jul-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 : SHASHIKANT YADAV Son/wife/daughter of : RAMADHAR YADAV  
 Full Address: (Permanent) : VILL-KHAIRI, POST -KHAIRI, THANA -NEBUA NAURANGIA, KUSHINAGAR, UTTAR PRADESH-274802  
 Full Address: (Temporary) : VILL-KHAIRI, POST -KHAIRI, THANA -NEBUA NAURANGIA, KUSHINAGAR-UTTAR PRADESH-274802  
 Fitness UpTo : 16-Jul-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 Rear HSRP No : AA2131527444  
 Front HSRP No : AA2132810177 Month/Year of Manuf. : 06/2025  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW465SHF57799  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11F6SHF63792 Cubic Capacity : 97.20  
 Horse Power(BHP) : 8.17 Wheel base : 1235  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113  
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 243  
 Colour : BLACK TORNADO GREY AC Fitted : NO  
 Other Criteria :  
 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 : 16-Jul-2025 Sale Amt : 83351/-  
 OTT Date : 16-Jul-2025 Amount/Rcpt No : 8336 / UP57D25070001805  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 18-Jul-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 17-Jul-2025 to 16-Jul-2040

Date : 29-Jul-2025 13:20:18

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)  
 Kushi Nagar (UP)  
 Signature of Registering Authority  
 Date : 29-Jul-2025

4400125



भारत सरकार

Government of India



आधार

Aadhaar No. Issued: 22/11/2011



शशिकांत यादव

Shashikant Yadav

जन्म तिथि / DOB : 10/10/2004

पुरुष / Male



2626 7619 4

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).

**2626 7619 4614**

मेरा आधार, मेरी पहचान



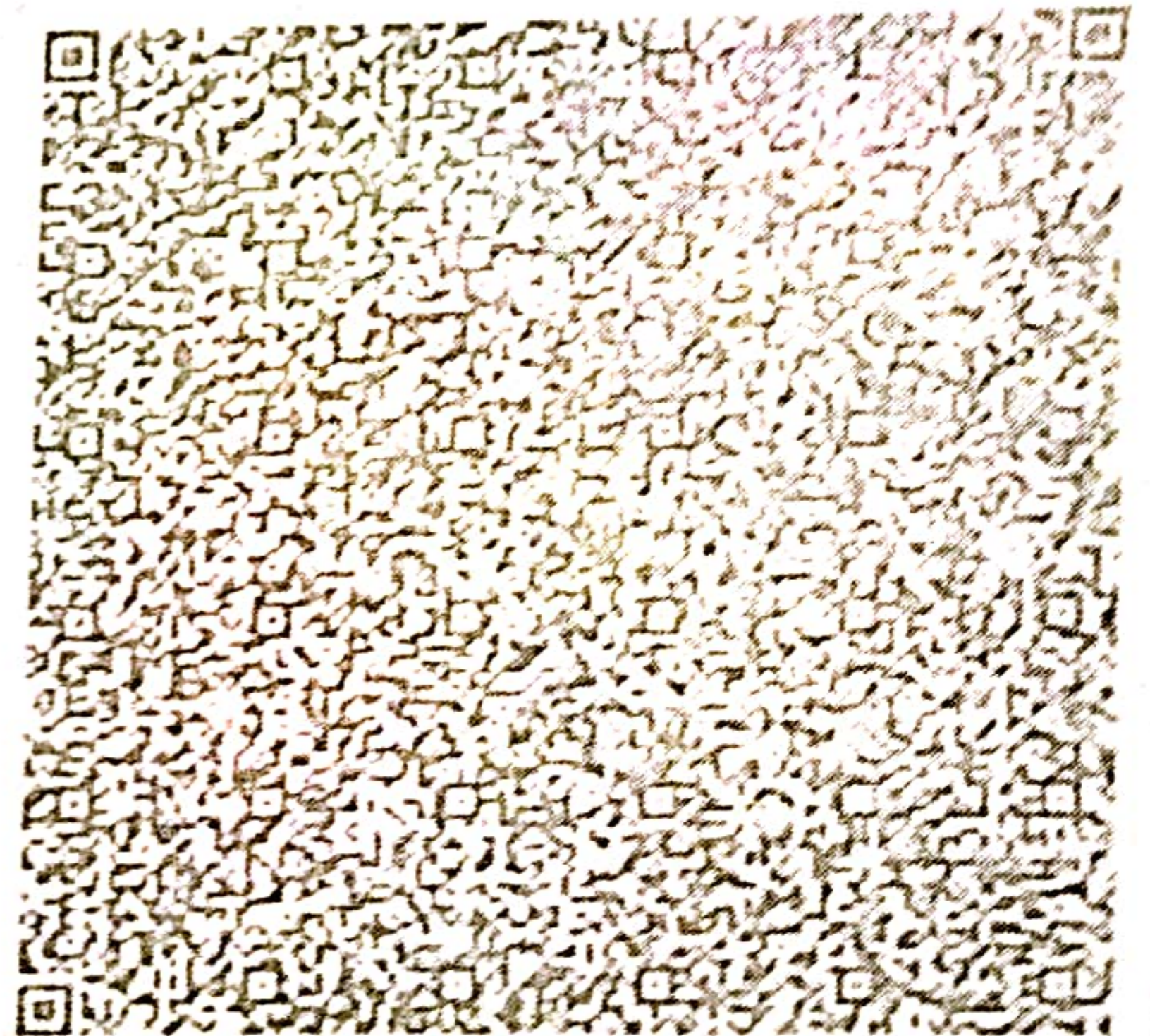
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Details as on 26/04/2025

पता: S/O रामआधार यादव, थाना नेबुआ  
नौरंगिया, खैरी, कुशीनगर, उत्तर प्रदेश, 274802  
Address: S/O Ramadhar Yadav, Thana  
Nebua Naurangia, Khairi, PO:Khairi,  
DIST:Kushinagar, Uttar Pradesh, 274802



**2626 7619 4614**

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

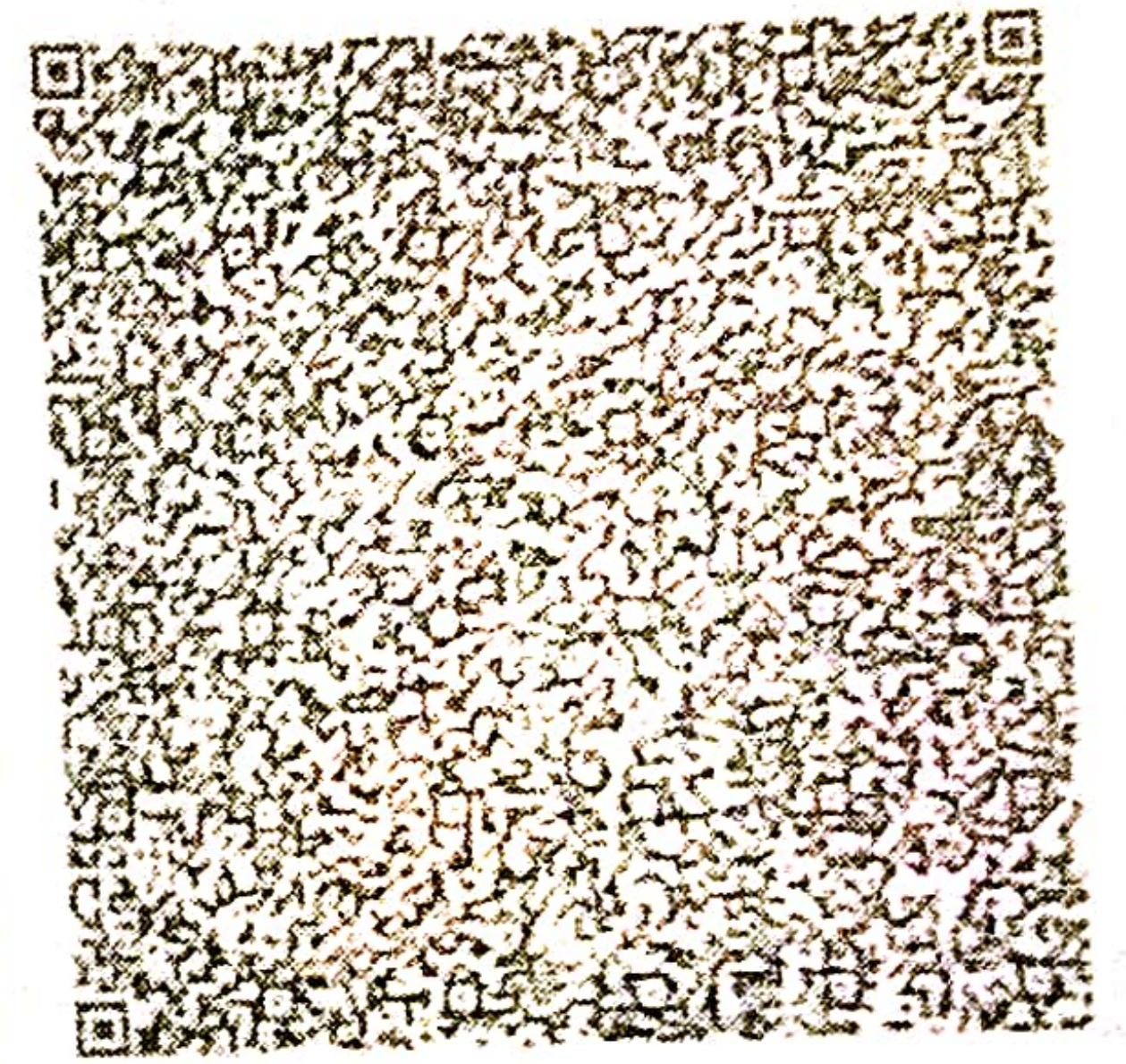


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BRVPY2883G



नाम / Name

SHASHIKANT YADAV

पिता का नाम / Father's Name  
RAMADHAR YADAV

जन्म की तारीख / Date of Birth

10/10/2004

Shashikant Yadav

हस्ताक्षर / Signature

32308



Indian Union Driving Licence  
Issued by Government of UTTAR PRADESH



**UP57 20260002938**

Issue Date: 12-02-2026  
Validity (NT): 09-10-2044  
Validity (TR): 00-00-0000



12-02-2026



Name:

SHASHIKANT YADAV

Holder's Signature

Date of Birth:

10-10-2004

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

RAMADHAR YADAV

Address:

Thana Nebua Naurangia Khairi Khairi Kushinagar Uttar Pradesh 274802

Date of First Issue

DLUP00227151

DL No: **UP57 20260002938**

Invalid Carriages (Regn. Numbers)

Hazardous Validity: 00-00-0000  
Hill Validity: 00-00-0000



Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP57	12-02-2026	NT		00-00-0000	
	LMV	UP57	12-02-2026	NT		--	
			--			--	
			--			--	

Form 7 Rule 16(2)

Licensing Authority  
**Kushinagar**

Emergency Contact Number