

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	Amrita Yadav 9936201398
2	Vehicle No. / वाहन संख्या	252400/31/2025/92647
3	Policy No. / पालिसी संख्या	VP57BW8162
4	Period of Insurance / बीमा अवधि	7/03/2025 to 6/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/03/2026, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishal Kumar Yadav, VP57 7275704082 20110002048
8	Estimated Loss / अनुमानित हानि	15465/-
09.	Cause of Accident / दुर्घटना का कारण:	<p>मेरी स्मूली मेरे भईया विशाल कुमार जा रहा था तभी ऊंचानम सामने से एक आले वाला लकड़ मार बिना तो स्मूली मेरी वाजे साईड गिरने से डमेज हो गई।</p>
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 : 05/03/26
हस्ताक्षर

Amrita
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. 252102/31/2025/92647
 Tel. No. _____ Period of Insurance 7/03/2025 to 6/03/2026
 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 : Amrita yadav
 (b) Address for correspondence : _____
 (c) Telephone : 9936201398

2. THE INSURED VEHICLE

Make & Year <u>M270/2025</u>	Engine No. <u>ECDD00156B00056</u> Chassis No. <u>MBLCEW01456B00072</u>	Registration No. <u>UP57 BW 0162</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? No
 (d) If a Motor Cycle/scooter
 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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Viashal Kumar Yadav
 (b) Age : _____
 (c) Address : Pushinagar
 (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 : UP 3720110002040
 (h) Issuing Authority : _____
 (i) Date of Expiry : 28/02/2031
 (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 : 20/03/2020 10:00 AM
 (b) Place : Padrauna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मुझे सामने से एक गाड़ी का टकराव हुआ है जो तभी सामने से आया था और मैंने ब्रेक लगा दिया है।
 (e) If any third party was responsible for this accident give the name and address : मेरा दादा साहब गिरत का ठेका है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
 (b) Estimated cost of repairs : 15465/-
 (c) When and where can the damaged vehicle be inspected : Crompton 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? : _____ N/A _____

- (f) Has theft been reported to Police? : _____

- (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 2/03/2020

Signature of the insured Amrita

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 *Amrita*
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 : UP57BW8162 Registration Date : 07-Mar-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 : AMRITA YADAV Son/wife/daughter of : AMIT KUMAR YADAV
 Full Address: (Permanent) : BHARWALIA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR
 PRADESH-274304
 Full Address: (Temporary) : BHARWALIA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR
 PRADESH-274304

Fitness Up To : 06-Mar-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2113222010 Rear HSRP No : AA2106014589
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 0 Chassis No : MBLCEW044S6B00075
 Engine No : ECD001S6B000055 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 124
 Colour : BLACK Laden/GV Wt (kgs) : 274
 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:			
h) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 07-Mar-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 21-Apr-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

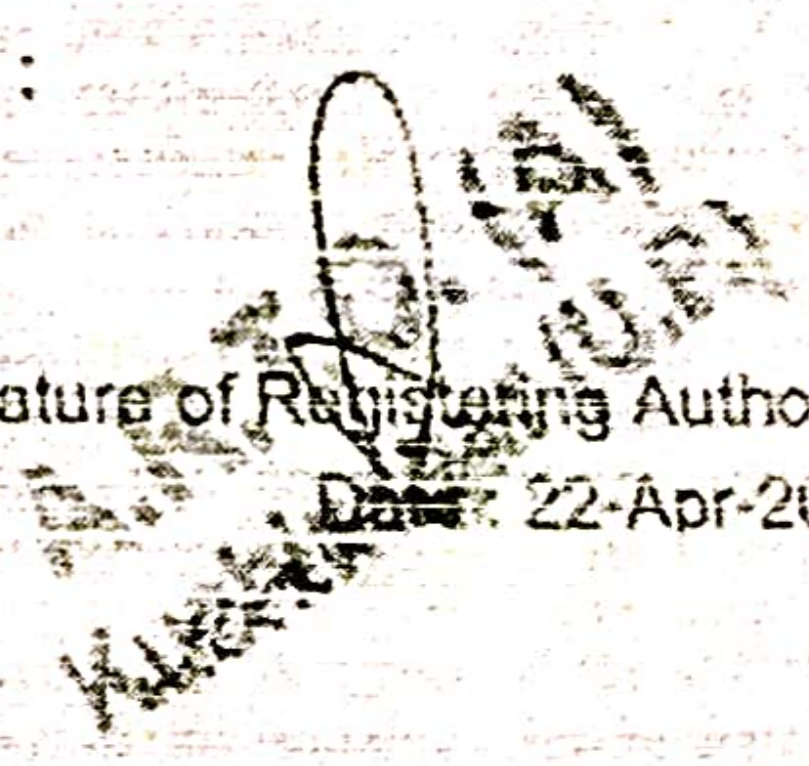
This certificate is valid from 07-Mar-2025 to 06-Mar-2040

Date : 22-Apr-2025 11:53:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 22-Apr-2025



Q 2708648



Indian Union Driving Licence
Issued by Uttar Pradesh



20110002048



File Validity (NT) Validity (TR)*
2625 28-02-2031 02-02-2030



01-03-2011

Date of First Issue

Name: VISHAL KUMAR YADAV

Holder's Signature

Date of Birth: 05-05-1990

Blood Group:

Organ Donor: N

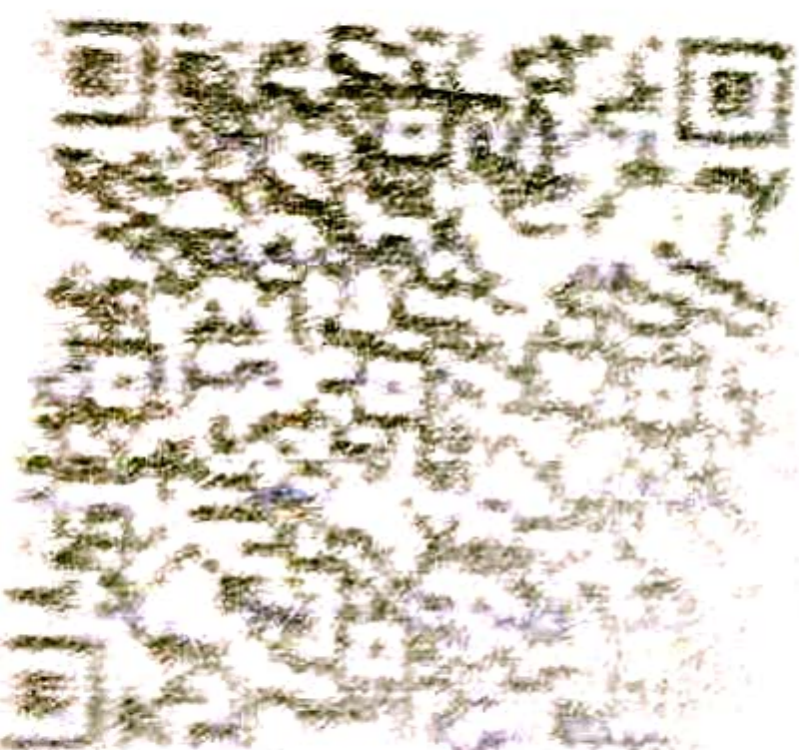
Son/Daughter/Wife of: KAILASH YADAV

Address:

R/O- SHASTRI NAGAR (NAUKA TOLA)
PADRAUNA, PADRAUNA (NPP)
PADRAUNA, KUSHINAGAR, UP 274304

DL No: UP57 20110002048

UPDL571000003005



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*
	MCWG	UP57	01-03-2011	NT			
	LMV	UP57	01-03-2011	NT			
	TRANS	UP57	22-01-2020	TR			
	MYSO						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India



अमृता यादव

Amrita Yadav

जन्म तिथि/DOB: 08/08/1996

महिला/ FEMALE

Issue Date: 13/09/2021

6808 3080 3236

VID : 9117 2412 4534 3329

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

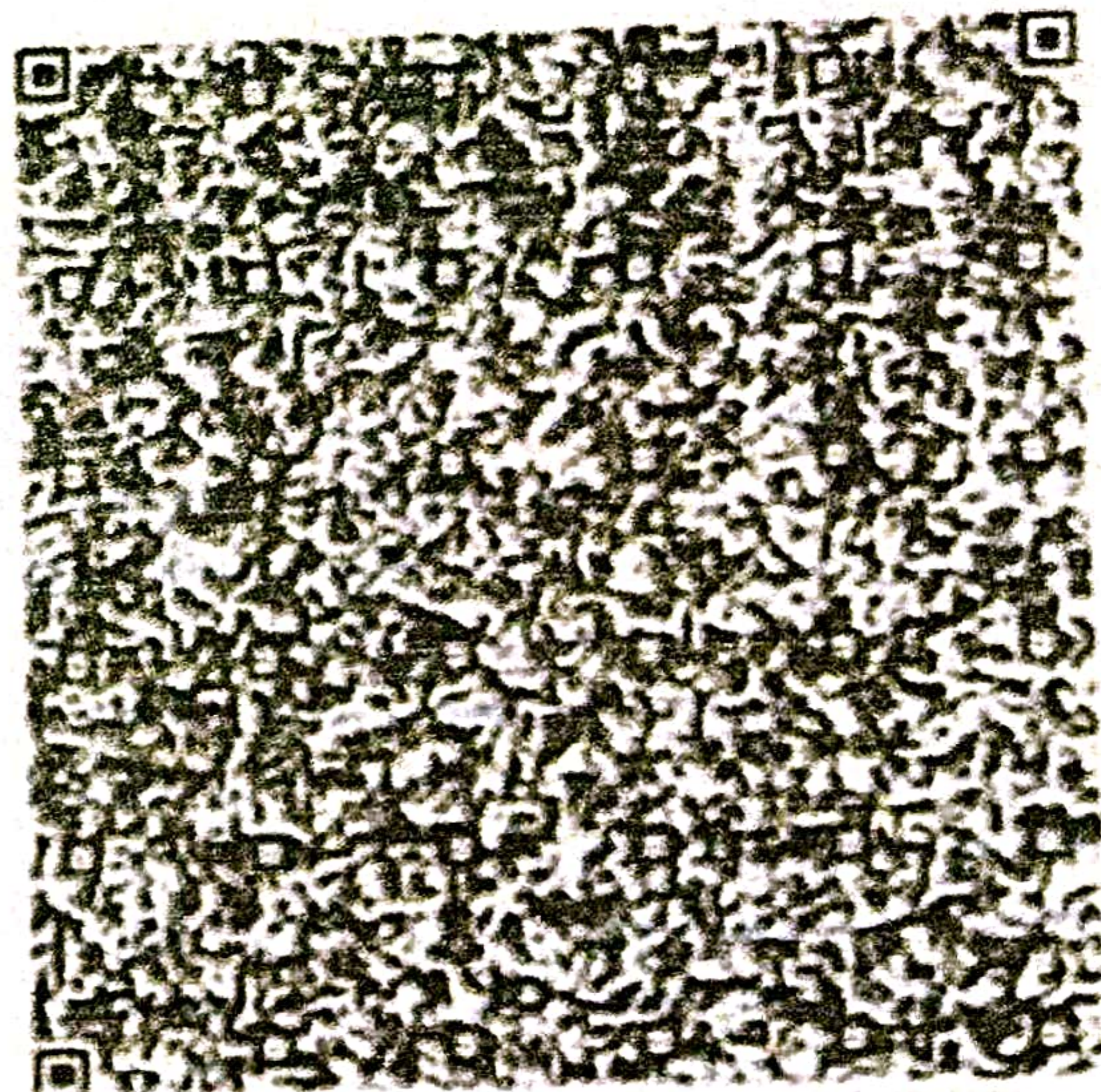


पता:

द्वारा: अमित कुमार यादव, भरवालिया, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

C/O: Amit Kumar Yadav, Bharwalia,
Kushinagar,
Uttar Pradesh - 274304



6808 3080 3236

VID : 9117 2412 4534 3329

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

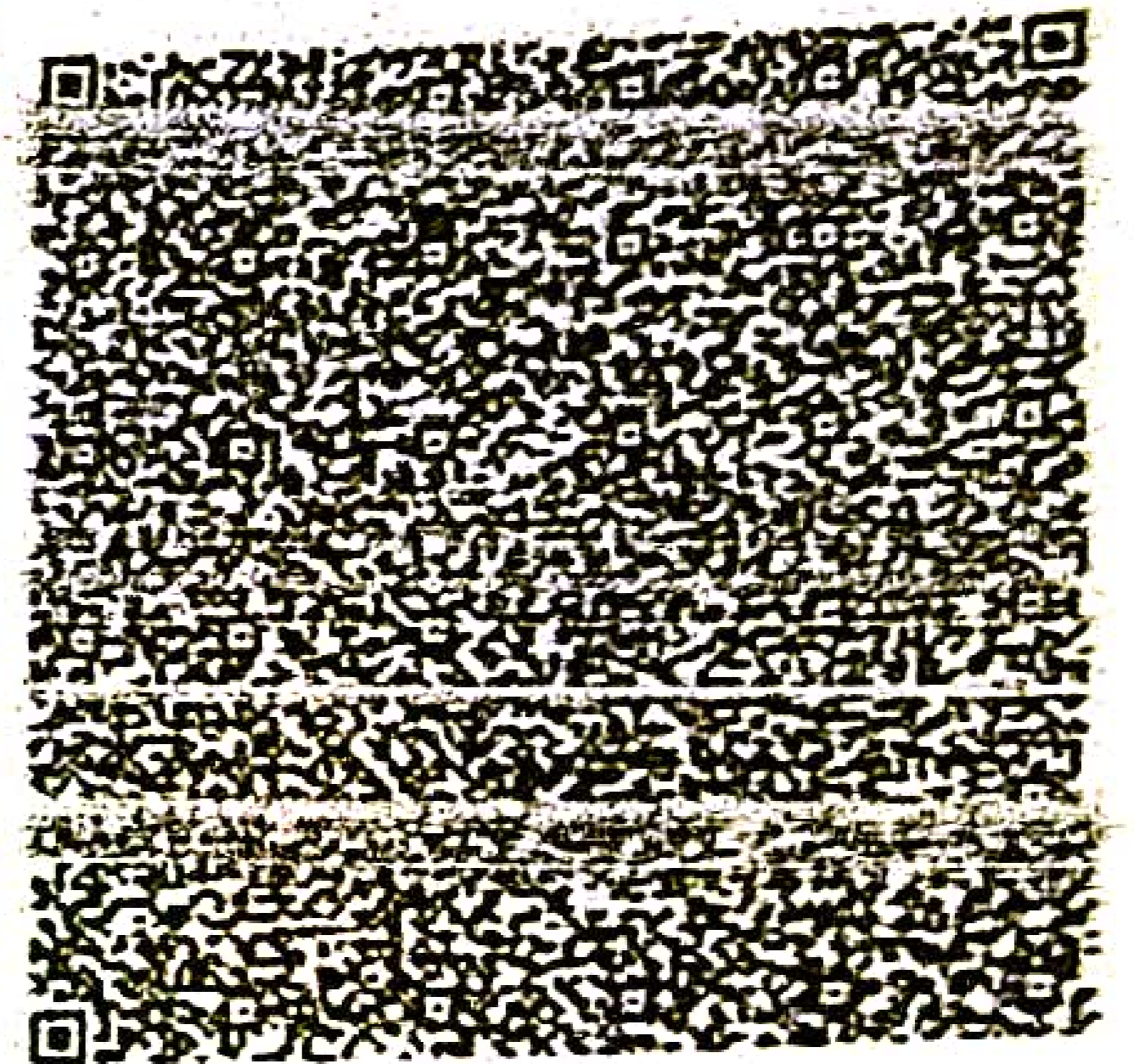


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AYPPY3078B



नाम / Name

AMRITA YADAV

पिता का नाम / Father's Name

KAILASH YADAV

Amrita

जन्म की तारीख /

Date of Birth

08/08/1996

हस्ताक्षर / Signature

30112016