

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.	Rehana Khatoon 9198301529
2	Vehicle No. / वाहन संख्या	UP57BX1942
3	Policy No. / पालिसी संख्या	252400/31/2026/611
4	Period of Insurance / बीमा अवधि	03/04/25 to 03/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/26 9:00 AM .
6	Place of Accident / दुर्घटना का स्थान	Khuduna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akbar UP5720200003503 8669176357.
8	Estimated Loss / अनुमानित हानि	6029/-
09.	Cause of Accident / दुर्घटना का कारण	Chari se <del>latw</del> latwachatti gate samey samey bekonak se jamaan aa gya . aur - accident ho gya
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA /-
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA /-
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Yash Automobils . Salempur 7897481257

Date / दिनांक : 06/03/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
Rehana Khatoon



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. 252400/31/2026/611

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

Period of Insurance 03/04/25 to 02/04/26  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Rehana Khatton  
 (b) Address for correspondence : W/O - Mohan Baidya, PO - Salemganj, PS - Tankeedi, Rg  
 (c) Telephone : 9119830529

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>JFAERSGC03546</u> Chassis No. <u>MBLJFN359SGC03439</u>	Registration No. <u>UP57BX</u> <u>1942</u>
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- (a) Was the vehicle in proper working condition? NO  
 (b) For what purpose was the vehicle being used at the time of accident? NO  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter NO  
 1. Was a side-car attached NO  
 2. Was a pillion rider carried

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 : \_\_\_\_\_
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Akhbar  
 (b) Age : 29  
 (c) Address : Vill - Khujura . PO - Salimganj PS Fargee bijan .  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : . Son .  
 (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 : UP57 20200003502  
 (h) Issuing Authority : Kushinagar  
 (i) Date of Expiry : 31-12-2038  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NO  
 (l) Has he been involved in any accident before? : NO  
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 03/03/26 9:00 AM  
 (b) Place : Khujura .  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : Front side damage .  
 (e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Ghar se Latwa chhati parte damage samne .  
 (b) Estimated cost of repairs : Achak se janwar aa gya aur accident ho gaya .  
 (c) When and where can the damaged vehicle be inspected : 6077/-  
 : NO

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? :  
 / NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(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? : NA  
(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 06/03/2026 200

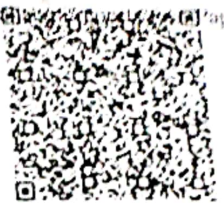
Signature of the insured Rehan Khatoon

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX1942 Registration Date : 04-Apr-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 : REHANA KHATOON Son/wife/daughter of : KITABUDDIN  
 Full Address: (Permanent) : VILL-MOHAN BASDILA, PO-SALEMGARH, PS-TAMKUHIRAJ, KUSHINAGAR, UTTAR  
 PRADESH-274409  
 Full Address: (Temporary) : VILL-MOHAN BASDILA, PO-SALEMGARH, PS-TAMKUHIRAJ, KUSHINAGAR-UTTAR  
 PRADESH-274409

Fitness UpTo : 03-Apr-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 : AA1039725946 Rear HSRP No : AA2121566308  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
 No of Cylinders : 1 Chassis No : MBLJFN359SGC03439  
 Engine No : JF17ERSGC03546 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI PRIME Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 115  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245  
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LIMITED, COMMUNITY CENTRE, BASANT LOK, BASANT BIHAR, New Delhi, Delhi-110057 w.e.f. 03-Apr-2025.

Purchase dt : 03-Apr-2025 Sale Amt : 75855/-  
 OTT Date : 03-Apr-2025 Amount/Rcpt No : 7586 / UP57D25040000483  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 03-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 04-Apr-2025 to 03-Apr-2040

Date : 10-Jun-2025 11:41:05

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 10-Jun-2025

36,10,250





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

**UP57 20200003503**

Issue Date: 29-02-2020  
Validity (NT): 31-12-2038

Validity (TR):



Holder's Signature

Date of First Issue (29-02-2020)

Name: **AKBAR**  
Date of Birth: **01-01-1999** Blood Group:  
Son/Daughter/Wife of: **SADIK**

Organ Donor: **N**

Address:  
**VILL-KHUDURA PO SALEMGARH PS TARYASUJAN  
Tamkuhi Raj, Kushinagar, UP 274409**

**DL No: UP57 20200003503**

UPDL000002895945



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	29-02-2020	NT				
LMV	UP57	29-02-2020	NT				
MVSD							

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**



आयकर विभाग  
INCOME TAX DEPARTMENT

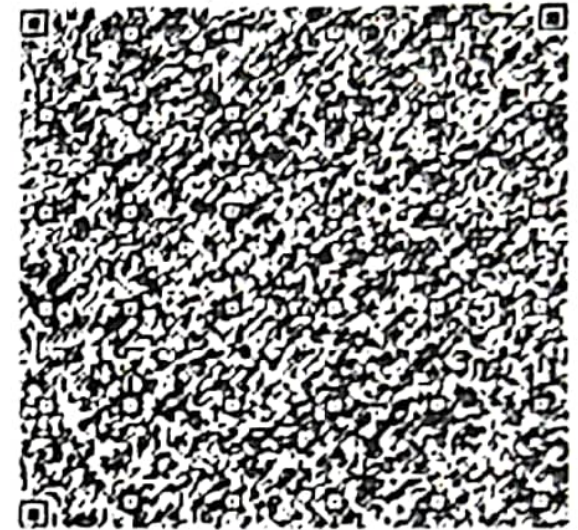


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**NJNPK8938J**



नाम / Name

**REHANA KHATOON**

पिता का नाम / Father's Name

**SADIK ANSARI**

जन्म का तिथि / Date of Birth

**01/01/1985**

हस्ताक्षर / Signature

**24743**



Government of India

रेहाना खातून  
Rehana Khatoon



जन्म तिथि / DOB: 01/01/1985  
लिंग / Gender: Female



9231 8139 4850

आधार - आम आदमी का अधिकार



भारत सरकार  
Government of India

पता: अर्पणिका, किरावुटन  
मोहन बासुडिया, मुकुन्दपुर, सलेमगढ़  
कुशीनगर, उत्तर प्रदेश, 274409

Address: W/O: Kitabuddin,  
mohan basdia, Mukundpur,  
Kushinagar, Salemgarh,  
Uttar Pradesh, 274409

9231 8139 4850

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1800 400 1047

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