

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.	Fatmakhatun, 8858072330
2	Vehicle No. / वाहन संख्या	UP57BR0398
3	Policy No. / पालिसी संख्या	Ms/2025/7001/0/46575/447025
4	Period of Insurance / बीमा अवधि	06/08/2025 to 05/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	6/03/2026, 2:30 PM
6	Place of Accident / दुर्घटना का स्थान	Shirpur Chaukhamba
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720050075466 9670301565, Gya.suddin
8	Estimated Loss / अनुमानित हानि	5715/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे मोटे जभासुदिन लेकर मार मट जा रहे थे तभी अचानक सामने एक वाहन का रही थी उसी को बचाते वक्त हमे सार्ड लेकर वाहन गिर गये तभी मुझे चाना भर एक वाहन का गैर राइड कर वाहन मेरे जभासुदिन ही गडे।
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.	9125197140 Gupta Automobiles Pabban

Date / दिनांक : 09/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

फातमा खातून

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Gyasuddin
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720050075466
(h) Issuing Authority : _____
(i) Date of Expiry : 01/01/2030
(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 : 06/03/2026, 05:30 P.m.
(b) Place : Shivpur Chaukhaha
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : सामने अचानक बस रुक आ गई उसी को बचते हुये
(e) If any third party was responsible for this accident give the name and address : बायें साईड बस रुक गिर गई तभी पिछे से बस रुक पाव
ने पिछले चक्के पर बस रुक चढ़ा दिया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front + and Side & Rear
(b) Estimated cost of repairs : 5715/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padgauna,

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? _____
- (b) If yes, give full details _____

~~N/A~~

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. _____

~~N/A~~

10. THEFT

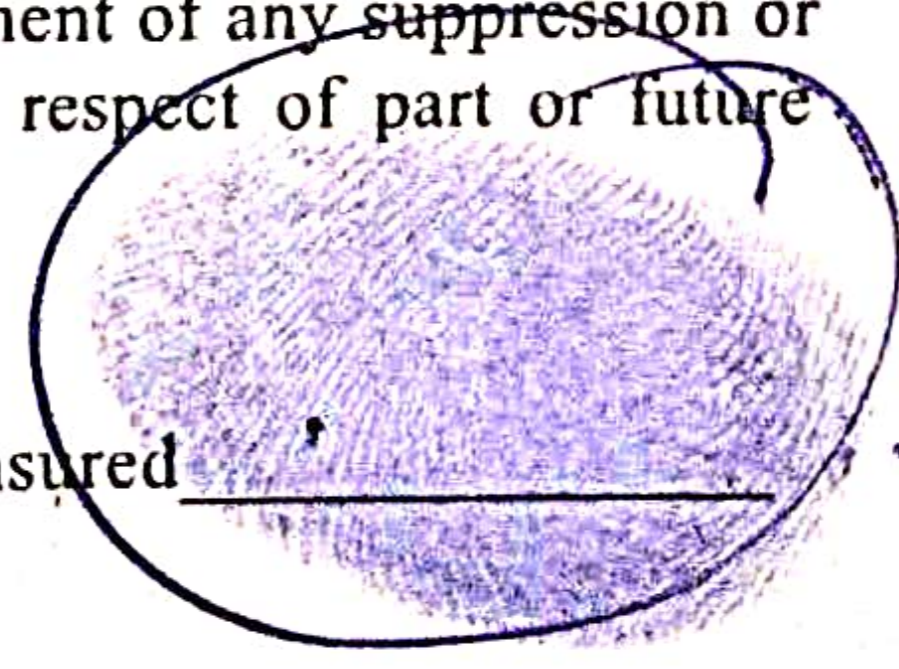
- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (g) When? _____
- (h) Which Police Station? _____
- (i) C.R. diary Number _____

~~N/A~~

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 09/03/26 200

Signature of the insured _____



51041 24/26

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office

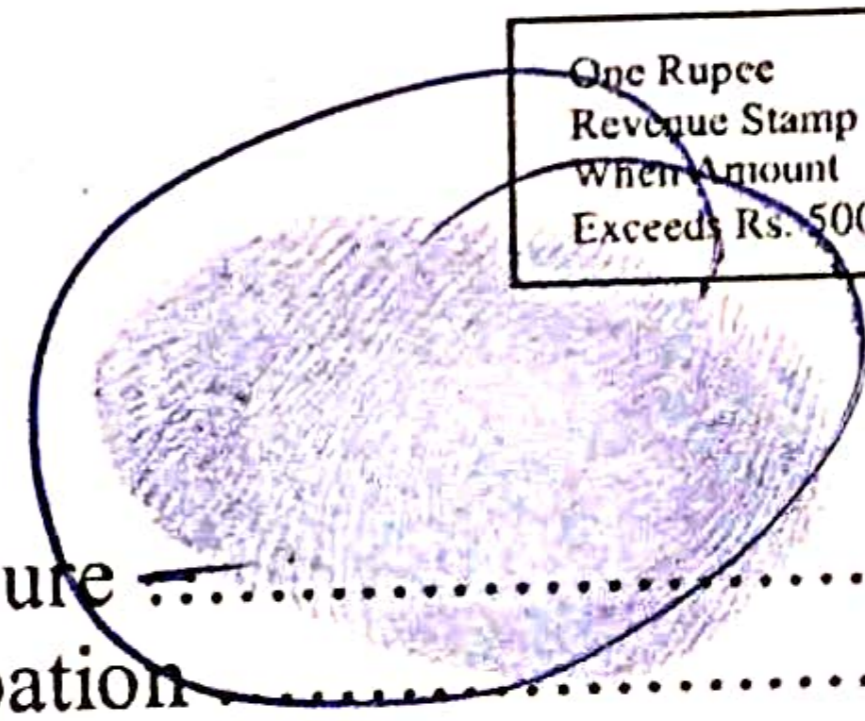


The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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/-



आत्मा खातून

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

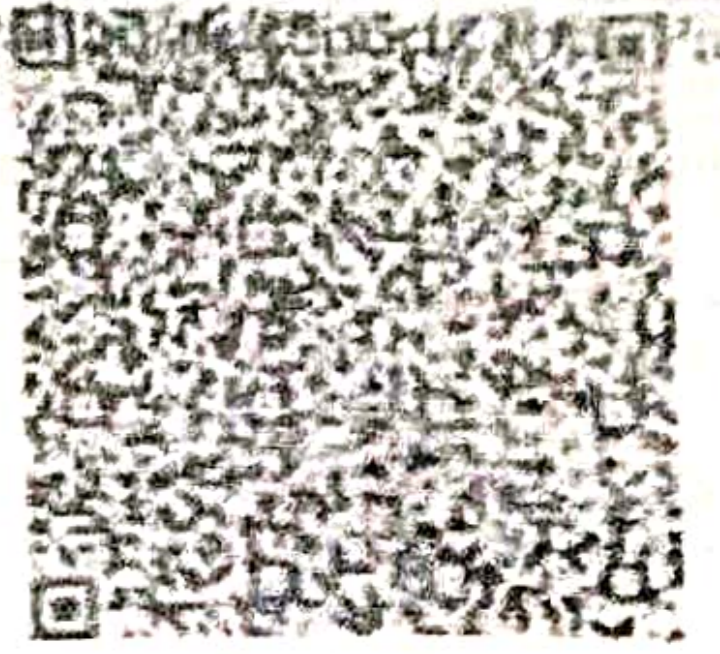
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BR8398 Registration Date : 24-May-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : FATAMA KHATOON Son/wife/daughter of : KYAMUDDIN WARSI
 Full Address: (Permanent) : VILL- SHIVPUR BUJURG, POST- SEKHWANIA, THANA- KASYA, KUSHINAGAR, UTTAR PRADESH-271402
 Full Address: (Temporary) : VILL- SHIVPUR BUJURG, POST- SEKHWANIA, THANA- KASYA, KUSHINAGAR-UTTAR PRADESH-274402

Fitness Up To : 23-May-2039 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 : AA2102533034 Rear HSRP No : AA2103332801
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2024
 No of Cylinders : 1 Chassis No : MBLJAW398R9D01447
 Engine No : JA07AMR9D06291 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER. SPLENDOR XTEC D Wheel base : 1267
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 123
 Colour : BLACK Laden/GV Wt (kgs) : 253
 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 LTD DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 23-May-2024.

Purchase dt : 23-May-2024 Sale Amt : 85511/-
 OTT Date : 23-May-2024 Amount/Rcpt No : 8552 / UP57D24050003730
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Jun-2024
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 24-May-2024 to 23-May-2039

Date : 16-Jul-2024 17:11:32

Taxation Particulars / Advance Registration Mark Fee Details

[Signature]
 Signature of Registering Authority
 Date : 16-Jul-2024

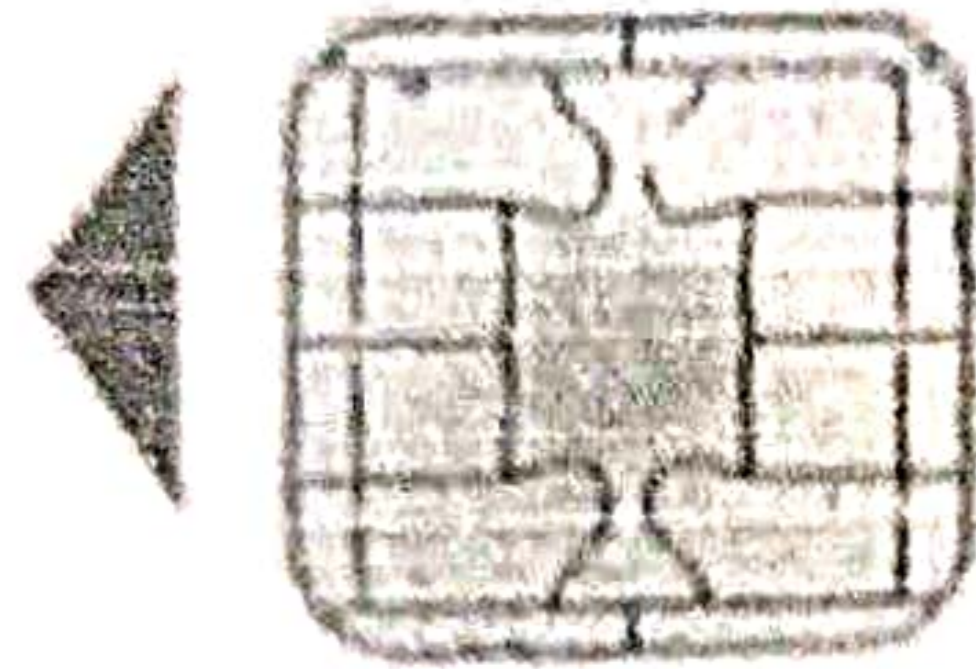
P 8824633



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20050075466



Issue Date 31-01-2020
Validity (NT) 01-01-2030

Validity (TR)



Holder's Signature

Name: GYASUDDIN

Date of Birth: 02-01-1970 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: HABIBULLAH

Address:
SHIVPUR NARI TOLA SEKHWANIYA SHIVPUR
BUZURG, KUSHINAGAR 274402

DL No: UP57 20050075466

UPDL000002408024



Invalid Carriage (Regn Numbers)

Hazardous Validity Hill Validity

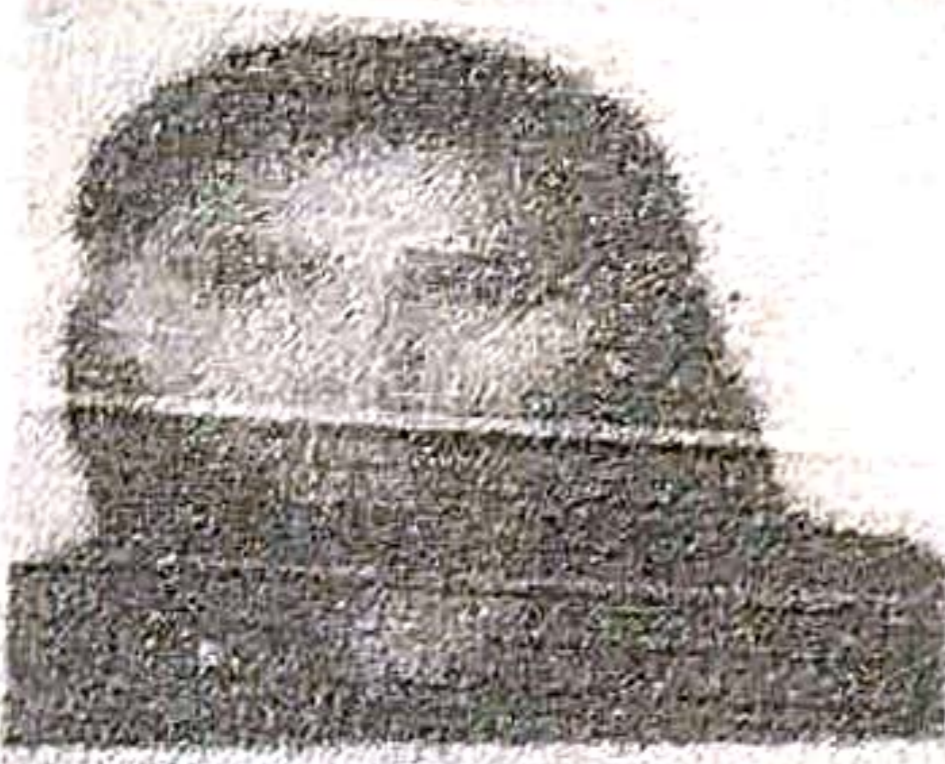
Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
	MCWG	UP57	11-07-2005	NT			
	LMV	UP57	11-07-2000	NT			

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Date of First Issue (11-07-2005)

Form 7 Rule 16(2)



फालमा खतून
Falama Khatoon
जन्म तिथि/ DOB: 10/03/1985
महिला / FEMALE



6338 5298 7953

मेरा आधार, मेरी पहचान



एकमात्र पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O: क्यामुद्दीन, - - -
साखवतिया, मिर्जापुर बुर्ग,
कुशीनगर,
उत्तर प्रदेश - 274402

Address:
W/O: Khamuddin, - - -
SAKHAVATIYA, Mirzapur District
Kushinagar,
Uttar Pradesh - 274402

6338 5298 7953

MERA AADHAAR, MLID - EHACHAN

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GAQPK5834Q

नाम / Name

FATAMA KHATOON

पिता का नाम / Father's Name

BASHIR

जन्म की तारीख / Date of Birth

10/03/1985

हस्ताक्षर / Signature



18113017