

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.	Amit Kumar Jaiswal 9651399559
2	Vehicle No. / वाहन संख्या	UP57BK1309
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/56797
4	Period of Insurance / बीमा अवधि	16/12/2025 to 15/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	4/03/2026, 5:00 P.m
6	Place of Accident / दुर्घटना का स्थान	Ramkola
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit Kumar Jaiswal UP5720240001407
8	Estimated Loss / अनुमानित हानि	9955/-
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी वाहन लेकर मार्केट जा रहा था तभी अचानक सामने एक आदमी आवाज उसी को बचाव वक्त दाहिने साइड वाहन लेकर गिरवाने को वाहन में डमकन हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Crupta automobiles Padrauna

Date / दिनांक : 9/03/2026
हस्ताक्षर

Amit Jaiswal
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. 119/2025/7002/0/96575

Tel. No. _____

Period of Insurance 16/12/2025 to 15/12/2026 ⁵⁶⁷⁹⁷⁵

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 : Amit Kumar jaiswal
 (b) Address for correspondence : _____
 (c) Telephone : 9651399559

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u>	Engine No. <u>HA1EANKHM06547</u> Chassis No. <u>MBLHAW172NHM099</u> <u>50</u>	Registration No. <u>UP57BK</u> <u>1309</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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Amit Kumar Jaiswal
(b) Age : 35
(c) Address : Rushikeshwar
(d) Is the Driver Owner
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? : NO
(g) Driving Licence Number : UP5720240001407
(h) Issuing Authority : _____
(i) Date of Expiry : 19/11/2021
(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 : 4/03/2026, 5:00 PM
(b) Place : Rambhola
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : एक बसनी वाहनले गरिएको ठोक्का भए र बसनी सामने
(e) If any third party was responsible for this accident give the name and address : एक ठोक्का भए र बसनी सामने ठोक्का भए र बसनी सामने
साहिब वाहनले गरिएको ठोक्का भए र बसनी सामने

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end side
(b) Estimated cost of repairs : 9955/-
(c) When and where can the damaged vehicle be inspected : Gupta automobiles Padwanra

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 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 3/03/20 200

Signature of the insured Amit Jaiswal

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/-

Amrit Jaiswal

Witness

Name

Signature

Address

Signature

Occupation

Address

.....

.....

Bank Account Number

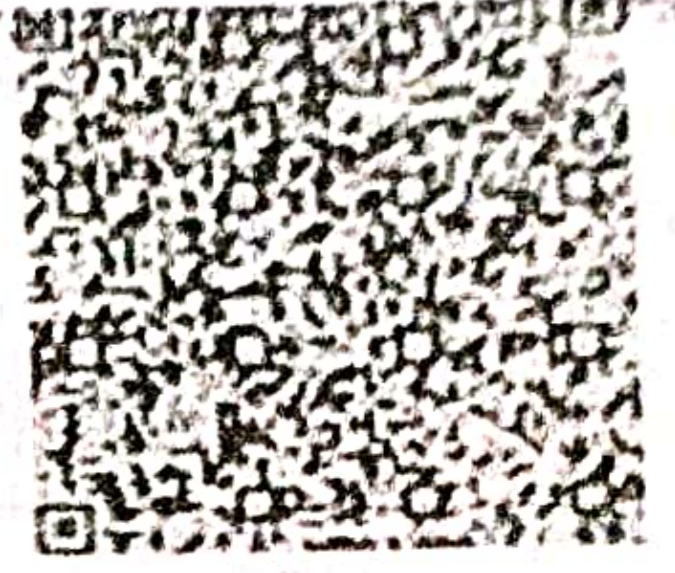
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BK1309 Registration Date : 23-Jan-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR,
 Owner Name : AMIT KUMAR JAISWAL Son/wife/daughter of : S/O- ASHOK JAISWAL
 Full Address: (Permanent) : WARD NO.11 BAZAR TOLA, PO- RAMKOLA, PS- RAMKOLA, KUSHINAGAR, UTTAR
 PRADESH-274305
 Full Address: (Temporary) : WARD NO.11 BAZAR TOLA, PO- RAMKOLA, PS- RAMKOLA, KUSHINAGAR-UTTAR
 PRADESH-274305
 Fitness UpTo : 22-Jan-2038 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 : AA2066247370 Rear HSRP No : AA2067776891
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2022
 No of Cylinders : 1 Chassis No : MBLHAW172NHM09950
 Engine No : HA11EANHM06547 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC Wheel base : 1995
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
 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 w.e.f. .

Purchase dt	: 19-Jan-2023	Sale Amt	: 76946/-
OTT Date	: 19-Jan-2023	Amount/Rcpt No	: 7695 / UP57D23010001734
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 04-Feb-2023		
Other State/Transfer/Conversion Details		Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 23-Jan-2023 to 22-Jan-2038

Date : 07-Feb-2023 12:52:40

Taxation Particulars / Advance Registration Mark Fee Details

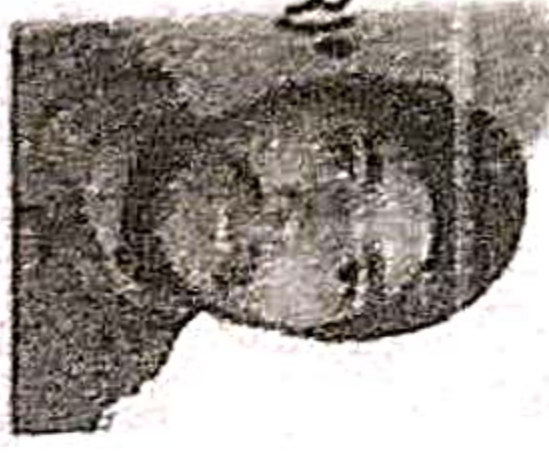
Signature of Registering Authority
 Date : 07-Feb-2023

Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240001407

Issue Date: 24-01-2024
Validity (NT): 19-11-2041
Validity (TR): _____



Holder's Signature

Name:

AMIT KUMAR JAISWAL

Date of Birth:

20-11-2001

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

ASHOK JAYSWAL

Address:

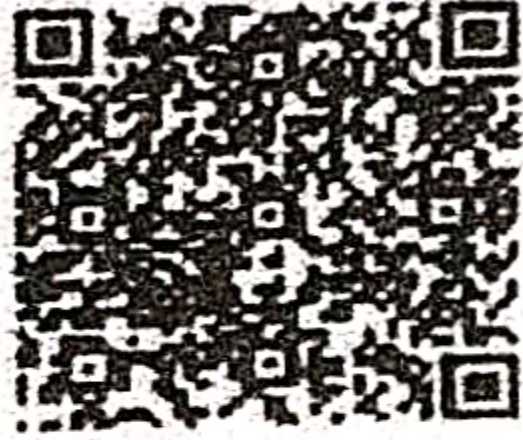
ward 11 bazar tola Ramkola Kushnagar
Uttar Pradesh 274305

(24-01-2024)

Date of First Issue

DL NO: UP57 20240001407

UPDLVVVV12090739



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
car	HGNG	UP57	24-01-2024	NT			
car	LMV	UP57	24-01-2024	NT			
MVSD							

Emergency Contact Number

9795782288

Licensing Authority

UP57 KUSHNAGAR



भारत सरकार
Government of India



Download Date: 09/11/2020



अमित कुमार जायसवाल
Amit Kumar Jayswal
जन्म तिथि/DOB: 20/11/2001
पुरुष/ MALE

Issue Date: 31/10/2020

8747 1056 4297

VID : 9150 0083 9961 3255

मेरा आधार, मेरी पहचान

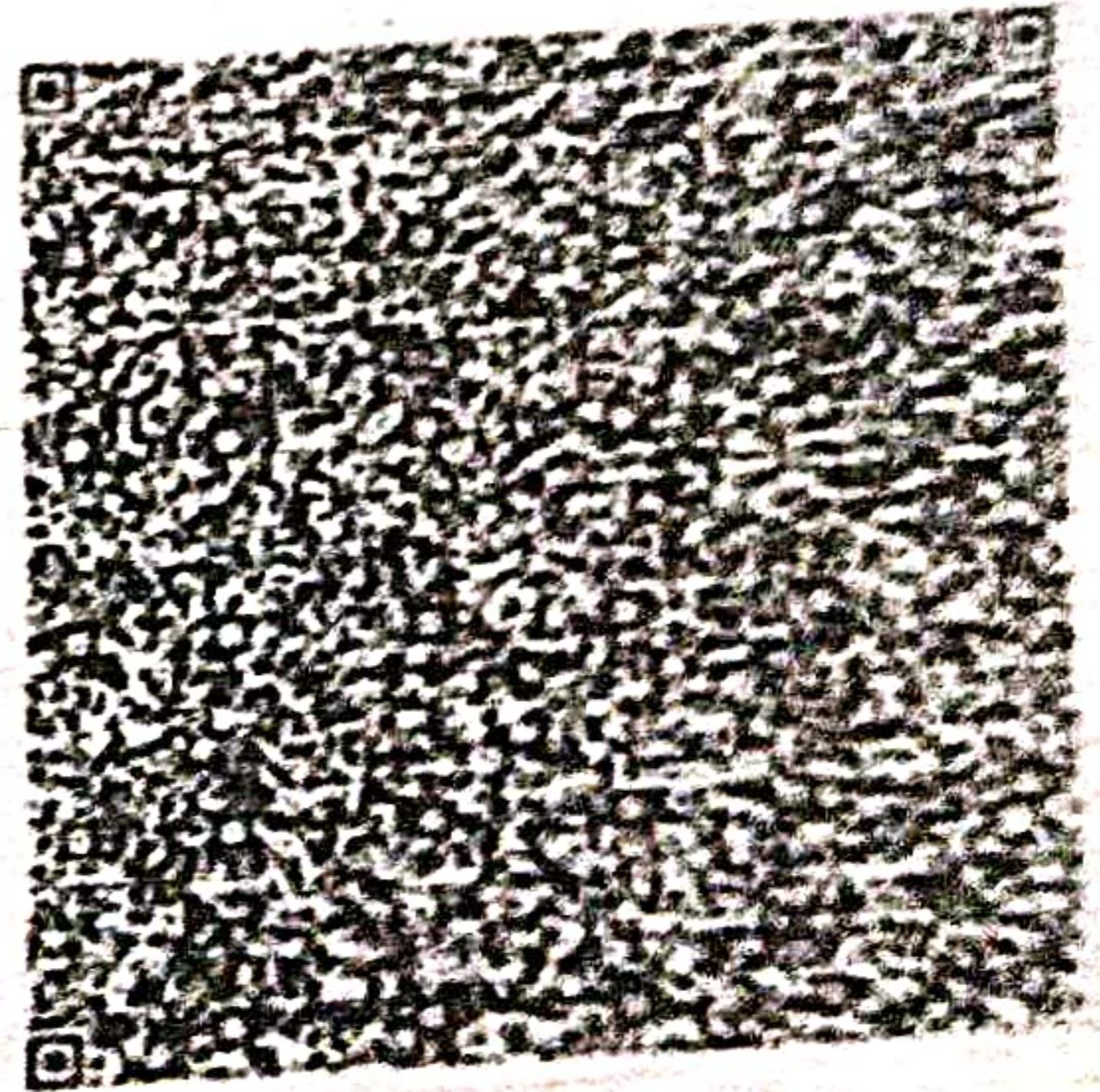


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आरम्भ: अशोक जायसवाल, वॉर्ड 11, बाजार टोला,
रामकोला, कुशीनगर,
उत्तर प्रदेश - 274305

Address:
S/O: Ashok Jayswal, ward 11, bazar tola,
Ramkola, Kushinagar,
Uttar Pradesh - 274305



8747 1056 4297

VID : 9150 0083 9961 3255



1847



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

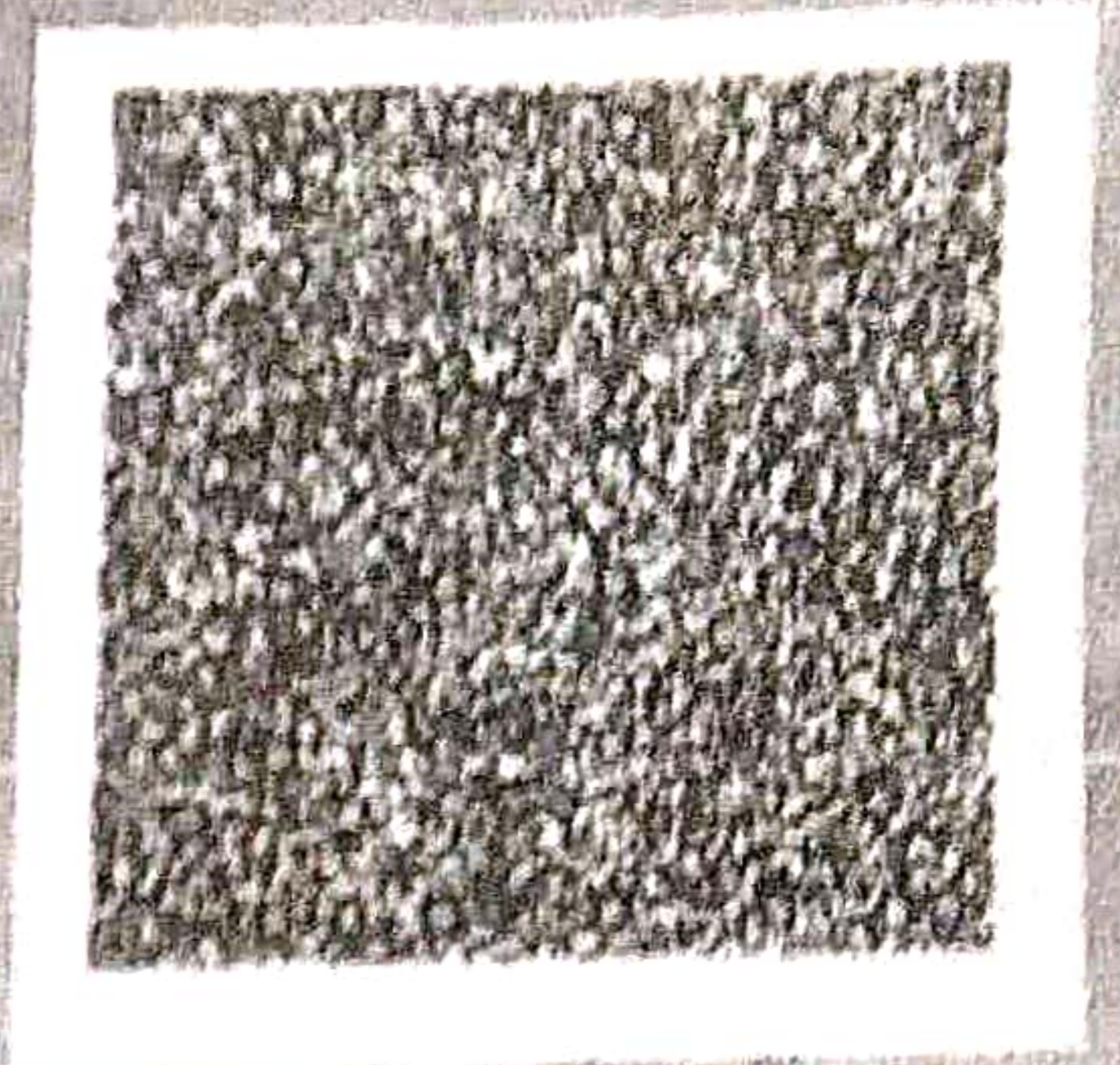


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CKJPJ7347G



नाम / Name

AMIT KUMAR JAISWAL

पिता का नाम / Father's Name

ASHOK JAYSWAL

व्यक्तिगत पहचान संख्या / PAN

20/11/2061

हस्ताक्षर / Signature

47383