

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
Meerut

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.	Ram Suresh Maurya 6388291623
2	Vehicle No. / वाहन संख्या	UP43 BM 5930
3	Policy No. / पालिसी संख्या	252400/31/2026/26367
4	Period of Insurance / बीमा अवधि	06/07/2025 TO 05/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/03/2026 11:30 वजे दिन
6	Place of Accident / दुर्घटना का स्थान	दुमन नगर चौराहे
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Naveen Kumar Jaiswal 9918115133 / UP43 20200007520
8	Estimated Loss / अनुमानित हानि	5262
09.	Cause of Accident / दुर्घटना का कारण :	मेरी पत्नी मेरी गाड़ी लाने-खाने चौराहे पे जा रही थी- दुमन नगर चौराहे के पास मोड़ पर मुझे अचानक शीट वाले ने वाहन ले-टाक कर मार दिया। पीछले मेरी गाड़ी वाहन गिराने पूर्ण रूप से क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	GAS Hero Bahman 9839625219

Date / दिनांक : 09/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

रामसुरेश मौर्या



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 Meerut

Certificate/Policy No. 252400/31/2026/26367

Tel. No.

Period of Insurance 06/07/2025 To 05/07/2026
 Claim No. _____

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

I. INSURED

- (a) Name : Ram Suresh Maurya
 (b) Address for correspondence : Vill. Ausani Buzurg Post Ismaila Bonda
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>05/2025</u>	Engine No. <u>HA11F7S9E25777</u> Chassis No. <u>MYLHAW480S9E03917</u>	Registration No. <u>UP 43 BM</u> <u>5930</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 MC
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 : NAVEEN KUMAR JAISWAL
(b) Age : 30
(c) Address : Chadkanwa Mankapur honsa
(d) Is the Driver
1. Owner : NA
2. paid driver? : NA
3. Owner's relative or friend? : Friends
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP4320200007520
(h) Issuing Authority : Gonda RTO
(i) Date of Expiry : 09/07/2036
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any : NA
(l) Has he been involved in any accident before?: NA
(m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 08/03/2026 11:30 AM
(b) Place : Hanuman Nagar
(c) Speed of vehicle at the time of accident : 30 kmph
(d) Give a short description of the accident : 4th floor lift 21st floor 20th floor - yate - 2
(e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per estimate
(b) Estimated cost of repairs : 5262
(c) When and where can the damaged vehicle be inspected : SAS Heron Babbman

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? : _____
- (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? : _____
- (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 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 09/03 2026

Signature of the insured [Handwritten Signature]

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Indian Union Driving Licence
Issued by Uttar Pradesh

UP43 20200007520

Issue Date 11-08-2020 Validity (NT) 09-07-2036 Validity (TR)*



Holder's Signature

Organ Donor: N

Date of First Issue (11-08-2020)



Name: **NAVEEN KUMAR JAISWAL**
Date of Birth: **10-07-1996** Blood Group:
Son/Daughter/Wife of: **SANCHIT KUMAR**
Address:
Chalkana Mankapur, Gonda, UP
221213

DL No: UP43 20200007520

UPDL 000603433428



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*
MCWV	MCWV	UP43	11-08-2020	NT			
LMV	LMV	UP43	11-08-2020	NI			
MVSD							

Emergency Contact Number

Licensing Authority
UP43-GONDA

Form 7 Rule 16(2)



GOVERNMENT OF UTTAR PRADESH

Transport Department GONDA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : **UP43BM5930** Registration Date : 08-Jul-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S SUSHEEL AUTOMOBILES, NEAR STATION ROAD BASTI, BASTI, 185-272002
 Owner Name : RAM SURESH MAURYA Son/wife/daughter of : S/O BEKAROO MAURYA
 Full Address: (Permanent) : VILL AUSANI BUZURG, POST ISMAILA, PS KHODARE TEH MANKAPUR, GONDA,
 UTTAR PRADESH-271312
 Full Address: (Temporary) : VILL AUSANI BUZURG, POST ISMAILA, PS KHODARE TEH MANKAPUR, GONDA-
 UTTAR PRADESH-271312
 Fitness UpTo : 07-Jul-2040 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : NIRMALA DEVI
 Relationship with the : Mother Norms : BHARAT STAGE VI
 Nominee :
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1043062787
 Front HSRP No : AA1043243927 Month/Year of Manuf. : 05/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW480S9E03917
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F7S9E25777 Cubic Capacity : 97.20
 Horse Power(BHP) : 8.17 Wheel base : 1235
 Maker's Classification : SPLENDOR+ (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 243
 Colour : Black Heavy 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)
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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, BASTI, New Delhi, Delhi-110057 w.e.f. 06-Jul-2025.

Purchase dt : 06-Jul-2025 Sale Amt : 78776/-
 OTT Date : 06-Jul-2025 Amount/Rcpt No : 7878 / UP43D25070000764
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-Jul-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Previous RegNo :
 Old State :
 Entry Date :
 Transfer Date :
 Conversion Date :
 This certificate is valid from 08-Jul-2025 to 07-Jul-2040

Date : 02-Sep-2025 14:59:07
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority :
 Date : 02-Sep-2025



भारत सरकार
Government of India



Aadhaar no. issued: 15/05/2015



राम सुरेश मौर्या
Ram Suresh Maurya
जन्म तिथि DOB: 05/07/1989
पुरुष: MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सर्वोपयोगी (ऑनलाइन प्रमाणीकरण, या कंप्यूटर, मोबाइल/ऑपरेटिंग एप्लिकेशन 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)

2803 8076 2490

मेरा आधार, मेरी पहचान

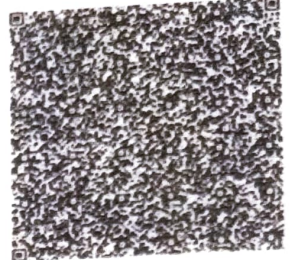


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 11/10/2025

पता:
आत्मज: बेकारू मौर्या, औसानी बुजुर्ग, इसमैला, गोंडा,
उत्तर प्रदेश - 271312
Address:
S/O: Bejaroo Maurya, Ausani Buzurg, PO: Ismaila,
DIST: Gonda,
Uttar Pradesh - 271312



2803 8076 2490
VID : 9134 3790 8183 1662

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

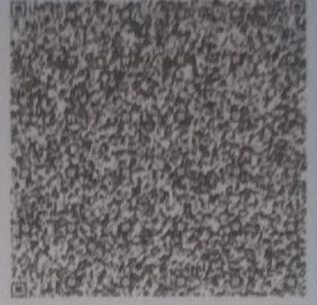


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HJYPM3084C



नाम / Name

RAM SURESH MAURYA

पिता का नाम / Father's Name

BEKAROO MAURYA

03042022

जन्म की तारीख /

Date of Birth

01/01/1989

हस्ताक्षर /

हस्ताक्षर / Signature

