



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./<br>बीमाधारक का नाम & मोबाइल नं.                          | Suma Devi<br>7392094426   |
| 2   | Vehicle No. / वाहन संख्या  | UP57BX0533  |
| 3   | Policy No. / पालिसी संख्या   | 252400/31/2025/96908  |
| 4   | Period of Insurance / बीमा अवधि  | 23/03/2025 to 22/03/2026  |
| 5   | Date of loss & Time / दुर्घटना का दिनांक &<br>समय  | 15/03/2026, 2:00 P.M  |
| 6   | Place of Accident / दुर्घटना का स्थान  | Naurangiya  |
| 7   | Name of the Driver, D L No. & Mobile No /<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं         | Murari Pandey, UP572022<br>9795781163 0000361   |
| 8   | Estimated Loss / अनुमानित हानि   | 24800/-   |
| 09. | Cause of Accident / दुर्घटना का कारण :   | मेरी स्मूली मेरे बड़भा भुरारी<br>साइड लेनर मारकर से घाय आ रहे थे। तभी अचानक<br>मिथु से एक बड़भा वाला लकमर मार दिया तो बड़भा मेरी<br>बाय साईड गिप्स से ब स्मूली मेरी प्रमेज हो गई। |
| 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<br>No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन<br>नं. | 9125197148<br>Gupta automobiles Pochran   |

Date / दिनांक : 16/03/2026  
हस्ताक्षर

सीमा  
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. 252400/31/2025/96908

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

Period of Insurance 23/03/2025 to 22/03/2026

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 : Suma Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7392094426

2. THE INSURED VEHICLE

|                                 |   |  |
|---------------------------------|---|--|
| Make & Year<br><u>H280/2025</u> | Engine No. <u>JF17ERSG1C03270</u><br>Chassis No. <u>MBLJFN352SG1C032</u><br><u>51</u> | Registration No.<br><u>UP57BX</u><br><u>0533</u> |
|---------------------------------|---|--|

- (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 trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- N/A



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 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 16/03/2020

Signature of the insured [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 ..... *खीमा* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

**FORM 23  
CERTIFICATE OF REGISTRATION**



|                           |  |                         |                       |
|---------------------------|--|-------------------------|-----------------------|
| Registration No           | : UP57BX0533   | Registration Date       | : 25-Mar-2025         |
| Class of Vehicle          | : M-CYCLE/SCOOTER  | Purpose For Printing RC | : NEW                 |
| Owner's Name & Address    | : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304                           |                         |                       |
| Owner Name                | : SEEMA DEVI   | Son/wife/daughter of    | : AMIT KUMAR UPADHYAY |
| Full Address: (Permanent) | : VILL-MAGDIHA, POST-MUJDIHA, THANA-AHIRAULI BAZAR, KUSHINAGAR, UTTAR PRADESH-274149 |                         |                       |
| Full Address: (Temporary) | : VILL-MAGDIHA, POST-MUJDIHA, THANA-AHIRAULI BAZAR, KUSHINAGAR-UTTAR PRADESH-274149  |                         |                       |
| Fitness Up To             | : 24-Mar-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  | Rear HSRP No            | : AA2120675882        |
| Front HSRP No             | : AA2120226966   | Month/Year of Manuf.    | : 03/2025             |
| Type of Body              | : SOLO WITH PILLION  | Chassis No              | : MBLJFN352SGC03251   |
| No of Cylinders           | : 1  | Fuel                    | : PETROL              |
| Engine No                 | : JF17ERSGC03270   | Cubic Capacity          | : 124.60              |
| Horse Power(BHP)          | : 8.98   | Wheel base              | : 1245                |
| Maker's Classification    | : DESTINI PRIME  | Standing Cap            | : 0                   |
| Seating Cap(in all)       | : 2  | Unladen Wt (kgs)        | : 115                 |
| Sleeper Cap               | : 0  | Laden/GV Wt (kgs)       | : 245                 |
| Colour                    | : NOBLE RED  | 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) |
|------------|---|-------------|----------|---|----------------|
| a) Front:  | : |             |          | : |                |
| b) Rear:   | : |             |          | : |                |
| c) Other:  | : |             |          | : |                |
| d) Tandem: | : |             |          | : |                |

The motor vehicle above described is subject to Hypothecation in favour of HDB FINANCIAL SERVICES LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 25-Mar-2025.

|                        |               |                     |                           |
|------------------------|---------------|---------------------|---------------------------|
| Purchase dt            | : 23-Mar-2025 | Sale Amt            | : 75855/-                 |
| OTT Date               | : 23-Mar-2025 | Amount/Rcpt No      | : 7586 / UP57D25030003506 |
| Vehicle is Govt./ Pvt. | : PRIVATE     | Tax Exempted or Not | : NOT EXEMPTED            |
| Date of Approval       | : 23-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 25-Mar-2025 to 24-Mar-2040

Date : 21-May-2025 16:52:27  
Taxation Particulars / Advance Registration Mark Fee Details

**A.R.T.O. (A)**  
Signature of Registering Authority  
Date : 21-May-2025

Q 3392048



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20220000361

Issue Date : 06-01-2022    Validity (NT) : 03-04-2032    Validity (TR) : -----



Date of DMV Issue: 06-01-2022

Holder's Signature

Organ Donor: N

Name: MURARI PANDEY  
Date of Birth: 04-04-1992    Blood Group:  
Daughter/Wife of: KEDARNATH PANDEY  
Address:  
VILL. PIPRA BOZURG PO. PIPRA BAZAR PS.  
NEELI NAORANGITA Padrauna, Kushinagar, UP  
224301

DL No: UP57 20220000361

UPB 0000072519



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      | 06-01-2022    | NT               |               |                    |                  |
|                  | LAV  | UP57      | 06-01-2022    | NT               |               |                    |                  |
|                  | MUSC |           |               |                  |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR



आरतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Issue Date: 05/07/2015



सीमा देवी  
Seema Devi  
जन्म तिथि/DOB: 01/01/1998  
लिंग/ FEMALE

9309 5422 9242

VID : 9150 5176 5812 9631

मेरा आधार, मेरी पहचान



आरतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Download Date: 07/03/2023

पता:  
द्वारा: अमित कुमार उपाध्याय, पोस्ट मुजडीहा, मग्दीहा,  
कुशीनगर,  
उत्तर प्रदेश - 274149

Address:  
C/O: Amit Kumar Upadhyay, post mujdiha,  
Magdiha, Kushinagar,  
Uttar Pradesh - 274149



9309 5422 9242

VID : 9150 5176 5812 9631

INCOME TAX DEPARTMENT

GOVT. OF INDIA

स्थायी खाते संख्या कार्ड  
Permanent Account Number Card


AKP26065P

पिता का नाम /  
FATHER'S NAME

KEDARNATH PANDEY

जन्म तिथि /  
Date of Birth

01/01/1998

  
हस्ताक्षर / SIGNATURE



22062017