

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.	Rahul Chaudhary 9580530467
2	Vehicle No. / वाहन संख्या	UP57BZ2449
3	Policy No. / पालिसी संख्या	252400/31/2026/10155
4	Period of Insurance / बीमा अवधि	3/10/2025 to 2/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/03/2026, 2:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Sidhuwa chauraha
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9580530467, UP572023 Dablu Chaudhary, 0016844
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मेरी वाहन मेरे भ्रम में चल रहा था तभी अचानक एक वाहन सामने से टक्कर मार दिया तो वाहन मेरी बाएँ साइड गिरने से वाहन मेरी डायरेक्शन ही 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 No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197140 Upsta automobile.

Date / दिनांक : 17/3/2026
हस्ताक्षर

Rahul Chaudhary
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. 252400/31/2026/10155

Tel. No. _____

Period of Insurance 3/10/2025 to 2/10/2026
 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 : Rohal Chaudhary
 (b) Address for correspondence : _____
 (c) Telephone : 9580530467

2. THE INSURED VEHICLE

Make & Year <u>H200/2025</u>	Engine No. <u>HA11F65HJ04747</u> Chassis No. <u>MBLHAWA785HJC82</u> <u>06</u>	Registration No. <u>UP57BZ</u> <u>5419</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Doblu Chaudhary
 (b) Age : _____
 (c) Address : Kushalnagar
 (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 : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP5720230016044
 (h) Issuing Authority : _____
 (i) Date of Expiry : 31/12/2041
 (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 : 14/03/2026, 2:00 P.M
 (b) Place : Sidhuwa chauraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : _____
 (e) If any third party was responsible for this accident give the name and address : मेरी बहन मेरे गडिमा डबल, कोइरी लेमर मारमेट कार्ड मे। तभी उन बहन का कार्ड मेरे हाथ में था। तभी मेरी कार से कार्ड गिरने से बहन गमना हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Urapta Automobiles Poddawan

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 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 17/02/20 200

Signature of the insured Rahul chaudhary

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 *Rohit Chaudhary*
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 : UP57BZ5449 Registration Date : 07-Oct-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 : RAHUL CHAUDHARY Son/wife/daughter of : VIRESH
 Full Address: (Permanent) : VIL-MOHAN PATTI JUNGLE SUKHPURA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VIL-MOHAN PATTI JUNGLE SUKHPURA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness UpTo : 06-Oct-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 : AA2133086368 Rear HSRP No : AA2133719538
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW478SHJC8206
 Engine No : HA11F6SHJ84747 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235 RS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : MATT GREY Laden/GV Wt (kgs) : 243
 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 03-Oct-2025.

Purchase dt : 03-Oct-2025 Sale Amt : 74999/-
 OTT Date : 03-Oct-2025 Amount/Rcpt No : 7500 / UP57D25100001309
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-Oct-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 07-Oct-2025 to 06-Oct-2040

Date : 17-Dec-2025 14:31:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 17-Dec-2025

Q 6301091

A.R.T.O. (A)
Kushinagar (U.P.)



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20230016844



Issue Date 06-11-2023 Validity (NT) 31-12-2041 Validity(TR) _____



Holder's Signature

Name: **DABLU CHAUDHARY**
Date of Birth: **01-01-2002** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **VIRESH**
Address:
**mohan patti Jungle Sukhpura Kushinagar
Uttar Pradesh 274304**

(06-11-2023)
Date of First Issue

DL No: **UP57 20230016844**

UPDL000012110825



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	06-11-2023	NT			
	LMV	UP57	06-11-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार
Government of India



Aadhaar no. issued: 10/10/2014



राहुल चौधरी
Rahul Chaudhary
जन्म तिथि/DOB: 01/01/2006
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल 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).**

8116 8129 8407

मेरा आधार, मेरी पहचान



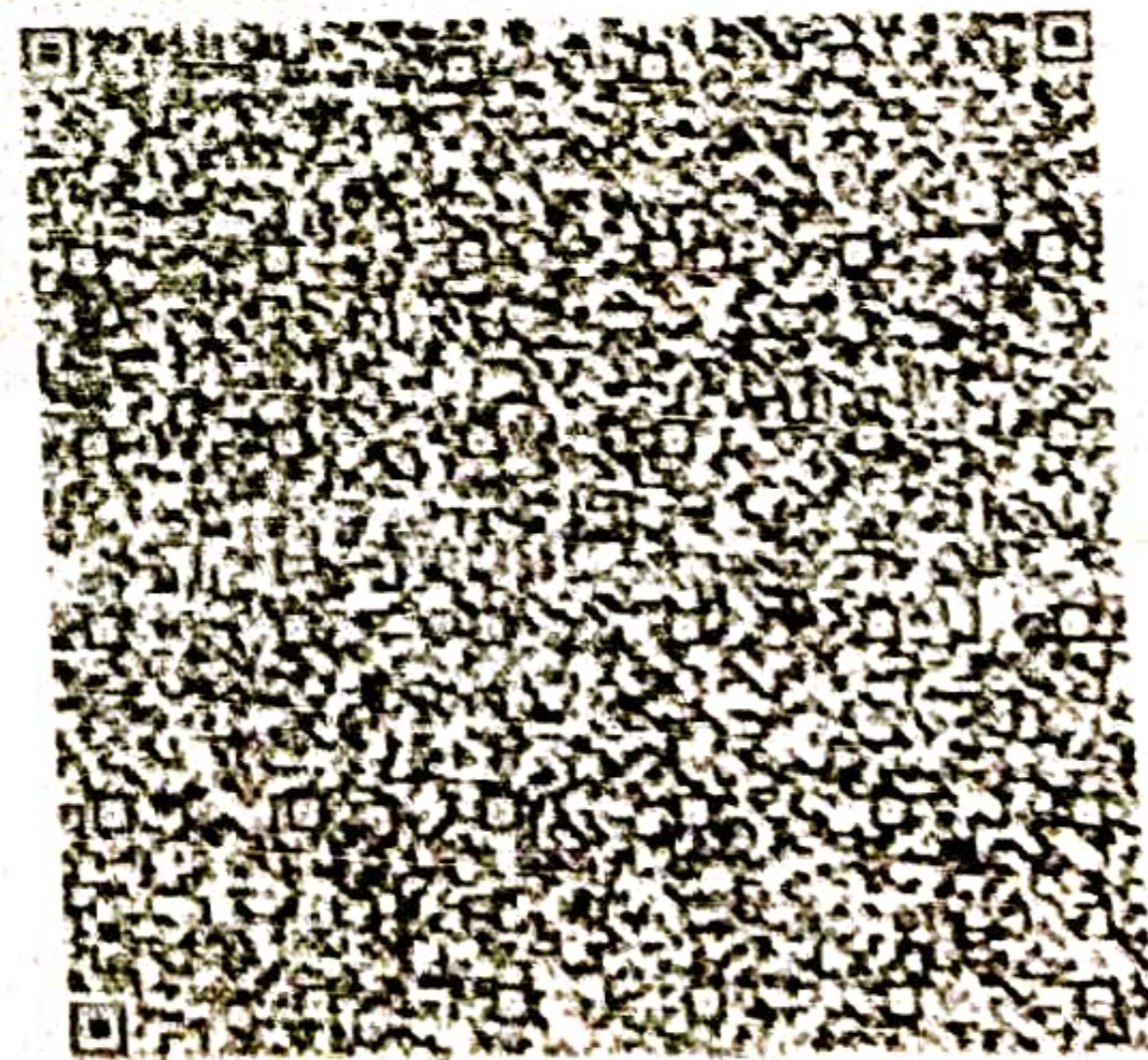
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 16/03/2026

पता:
S/O: वीरेश, मोहन पट्टी, जंगल सुखपुरा, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O: Viresh, mohan patti, Jungle Sukhpura PO:
Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304



8116 8129 8407

VID : 9123 9778 1741 0769

1947

help@uidai.gov.in

www.uidai.gov.in

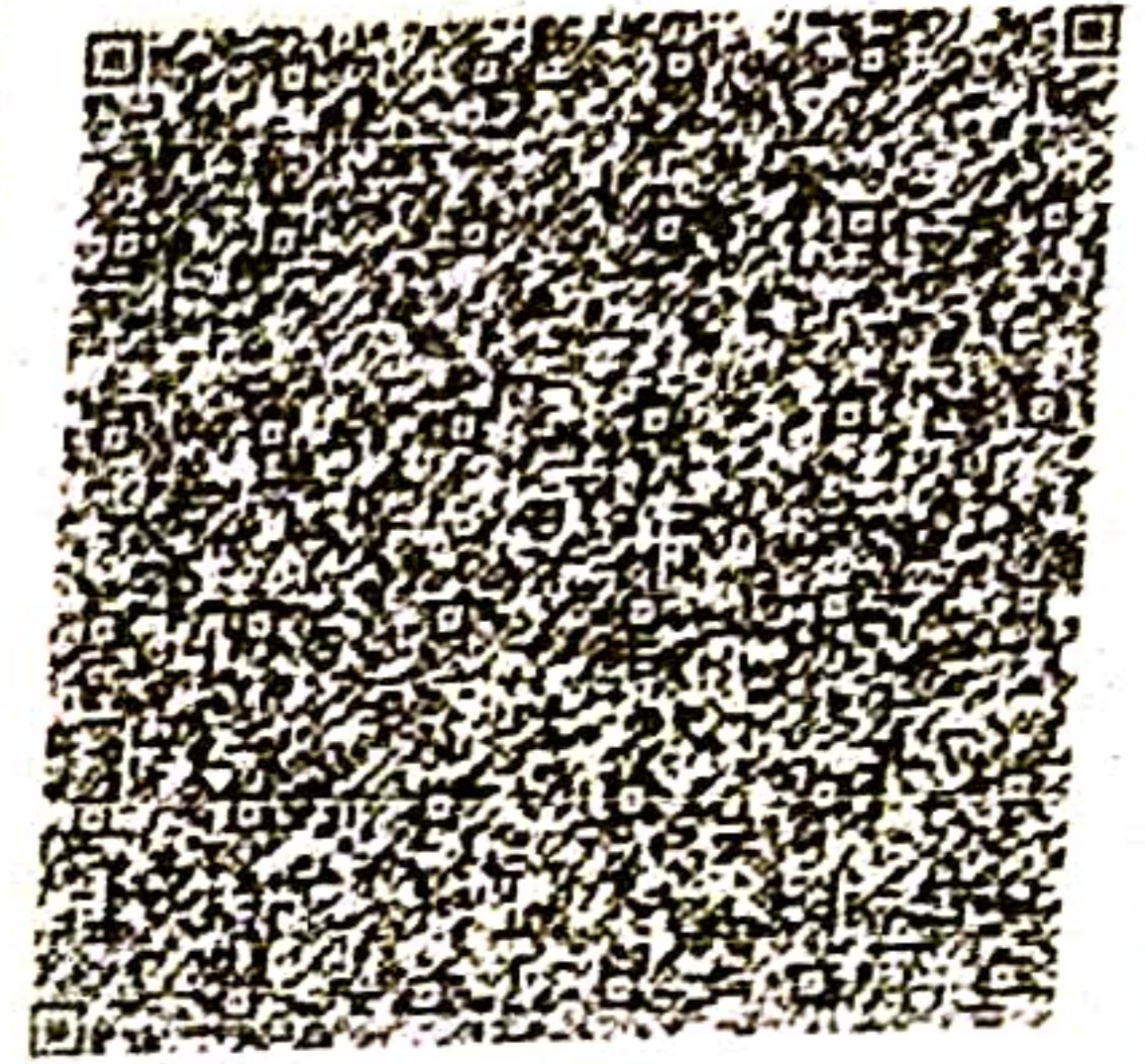
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DJVPC2241E



नाम / Name

RAHUL CHAUDHARY

पिता का नाम / Father's Name

VIRESH

जन्म की तारीख / Date of Birth

01/01/2006

Rahul Chaudhary

हस्ताक्षर / Signature

09810



In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTIITSL

Plot No. 3, Sector 11, CBD Belapur,

Navi Mumbai - 400 614.

Helpline Number : 033-40802999

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :

आयकर पैन सेवा यूनिट, UTIITSL

प्लॉट नं: ३, सेक्टर ११, सी.डी.डी.बेलापुर,

नवी मुंबई-४०० ६१४.

हेल्पलाइन नंबर : 033-40802999

For Income Tax Related
Queries

E-Mail :

pangrievance@incometax.gov.in
ito.systems1.1@incometax.gov.in