

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.	Yadav
2	Vehicle No. / वाहन संख्या	Tripurawari 9506300692
3	Policy No. / पालिसी संख्या	UP57CB4818
4	Period of Insurance / बीमा अवधि	252400/31/2026/65102
5	Date of loss & Time / दुर्घटना का दिनांक & समय	00/12/2025 to 07/12/2026
6	Place of Accident / दुर्घटना का स्थान	15/03/2026, 4:30 P.M.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mansachhapay
8	Estimated Loss / अनुमानित हानि	Tripurawari Yadav, UP572004000150 ₹50/-
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी स्मूटी लेकर किसी काम से जा रहा था। तभी अचानक से एक साइकल चला आया और स्मूटी में लड़ा दिया तो स्मूटी मेरी बाएँ साइड गिरने से स्मूटी मेरी डैमिज 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 No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	3125197148 Garpta automobiles Puchawara

Date / दिनांक : 17/03/20
हस्ताक्षर

— त्रिपुरारी यादव
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. 252400/31/2026/65102

Tel. No. _____

Period of Insurance 08/12/25 to 7/12/26
 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 : Tsupurari Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 9506300692

2. THE INSURED VEHICLE

Make & Year <u>Hesto/2025</u>	Engine No. <u>EC D001SGK06501</u> Chassis No. <u>MBLCEW043SGK01234</u>	Registration No. <u>UP57CB</u> <u>4018</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? no
 (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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Tripurari Yadav
 (b) Age : _____
 (c) Address : Kushinagar.
 (d) Is the Driver
 1. Owner : owner
 2. paid driver? : _____
 3. Owner's relative or friend? : _____
 (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 : UP572004000158
 (h) Issuing Authority : _____
 (i) Date of Expiry : 25/04/2024
 (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 : 15/03/2026, 04.30 P.M.
 (b) Place : Manchha chhapar.
 (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 : एक साईकल वाले ने स्कूटी में लड़ा दिया स्कूटी बगैर कार्ड गिरने से डैमेज हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Side.
 (b) Estimated cost of repairs : 1750/-
 (c) When and where can the damaged vehicle be inspected : Geeta automobile Padsrama.

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? : _____
- PIA

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 Policy 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 17/03/20 200

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 - *[Handwritten 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 : UP57CB4818 Registration Date : 09-Dec-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 : TRIPURARI YADAV Son/wife/daughter of : SHIV PRASAD
 Full Address: (Permanent) : VILL-JOGI CHHAPRA, POST-KHESIA, THANA-PADRAUNA, KUSHINAGAR, UTTAR
 PRADESH-274304
 Full Address: (Temporary) : VILL-JOGI CHHAPRA, POST-KHESIA, THANA-PADRAUNA, KUSHINAGAR-UTTAR
 PRADESH-274304
 Fitness UpTo : 08-Dec-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2130921224 Rear HSRP No : AA2144292206
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 0 Chassis No : MBLCEW043S6K01234
 Engine No : ECD001S6K06581 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 124
 Colour : BLACK Laden/GV Wt (kgs) : 274
 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 IDFC FIRST BANK LTD, PADRAUNA, , , Kushinagar, Uttar Pradesh-274304 w.e.f. 07-Dec-2025.

Purchase dt	: 07-Dec-2025	Sale Amt	: 130990/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 22-Jan-2026		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from 09-Dec-2025 to 08-Dec-2040

Date : 05-Mar-2026 16:29:02

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 05-Mar-2026

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

8337334



भारत सरकार
Government of India



Aadhaar no. issued: 18/12/2011



त्रिपुरारी यादव
Tripurari Yadav
जन्म तिथि/DOB: 08/03/1983
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).

8288 4458 4262

मेरा आधार, मेरी पहचान



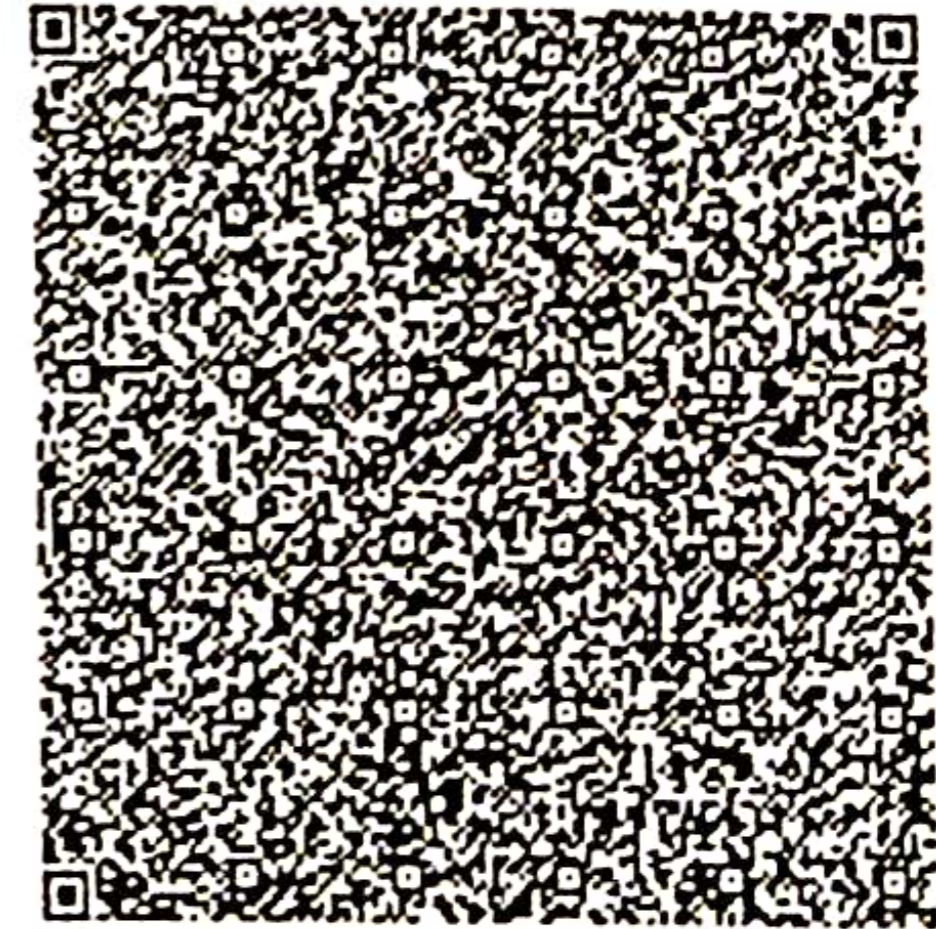
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 14/03/2026

पता:
S/O शिव प्रसाद, जोगी छपरा, खेसिया, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
S/O Shiv Prasad, Jogi Chhapra, PO: Khesia, DIST:
Kushinagar,
Uttar Pradesh - 274304



8288 4458 4262

VID : 9163 4263 0256 4937

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20040000158



Issue Date 26-04-2024 Validity (NT) 25-04-2034 Validity (TR) _____



Holder's Signature

(24-03-2004)
Date of First Issue

Name: TRIPURARI YADAV
Date of Birth: 08-03-1983 Blood Group: _____
Son/Daughter/Wife of: SHIVPRASAD YADAV Organ Donor: N
Address: JOGI CHHAPARA KHESIYA
PADRAUNA, KUSHINAGAR 274304

DL No: UP57 20040000158

UPDL000013280827



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	24-03-2004	NT			
	LMV	UP57	24-03-2004	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)

