

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.	Awadhesh Yadav 6394480041
2	Vehicle No. / वाहन संख्या	UP57BX 5872
3	Policy No. / पालिसी संख्या	252400/31/2026/7983
4	Period of Insurance / बीमा अवधि	27-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22-03-2026 10:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Vishwपुरा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ashok Kushwaha 6394480041 UP5720020005404
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा दोस्त अशोक लैके किर्यो काम ले गया था रात में धर आते समय रास्ते में गढ़े में बर्क का भगला पहिया चला गया जिससे बर्क का बलिंग (Bubbling) करने लगा है चलाने में परेशानियों का सामना करना पड़ रहा है -
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.	Gupta Automobile padrauna 9125197148

Date / दिनांक : 23-03-2026
हस्ताक्षर

(अवधेश 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. 252900/81/2026/7983

Tel. No. _____

Period of Insurance 27-04-2026
 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 : Awadhesh Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 8399480041

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>JA07A259C12792</u> Chassis No. <u>MBLJA052X59C0407</u>	Registration No. <u>UP57BX5872</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
 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 : _____
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ashok Kushwaha
- (b) Age : _____
- (c) Address : _____
- (d) Is the Driver
 - 1. Owner : _____
 - 2. paid driver? : _____
 - 3. Owner's relative or friend? : Friends
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : UP572022 000 5404
- (h) Issuing Authority : _____
- (i) Date of Expiry : 09-12-2035
- (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 : 22-03-2026 10:00 P.M
- (b) Place : Vichampur
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : दोनों का रथों में मोटर गाड़ी का टक्कर लेना
- (e) If any third party was responsible for this accident give the name and address : दोनों का रथों में मोटर गाड़ी में टक्कर लेना
गाड़ी के ड्राइवर की पहचान नहीं की जा सकी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front wheel, fender
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Group Automobile padrane

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? : MIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

~~MIA~~

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. : _____

~~MIA~~

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 : _____

~~MIA~~

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 23-03 20026

अवधेश यादव
Signature of the insured _____

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

अवधेश यादव
Signature

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION

https://vahan.parivahan.gov.in/vahan/vahanRC



Registration No : UP57BX5872
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304
Owner Name : AWADHESH YADAV
Full Address: (Permanent) : VILL- BISHUNPURA, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306
Full Address: (Temporary) : VILL- BISHUNPURA, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274306
Fitness UpTo : 29-Apr-2040
Registration Date : 30-Apr-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAVINDRA YADAV
Owner Serial No : 1
Link Vehicle No :
Nominee Name : JYOTI YADAV
Norms : BHARAT STAGE VI
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Relationship with the Nominee : Spouse
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2124519189
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : JA07AZS9C12792
Horse Power(BHP) : 10.72
Maker's Classification : SUPER SPLENDOR XTEC D R
Rear HSRP No : AA2124902803
Month/Year of Manuf. : 03/2025
Chassis No : MBLJAW52XS9C09407
Fuel : PETROL
Cubic Capacity : 124.70
Wheel base : 1263
Standing Cap : 0
Unladen Wt (kgs) : 122
Laden/GV Wt (kgs) : 252
AC Fitted : NO
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : GLOSSY BLACK
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 HERO FINCORP LIMITED, 34 BASANT LOK, VASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 28-Apr-2025.

Purchase dt : 28-Apr-2025
OTT Date : 28-Apr-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 04-May-2025
Sale Amt : 84461/-
Amount/Rcpt No : 8447 / UP57D25040004819
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 30-Apr-2025 to 29-Apr-2040

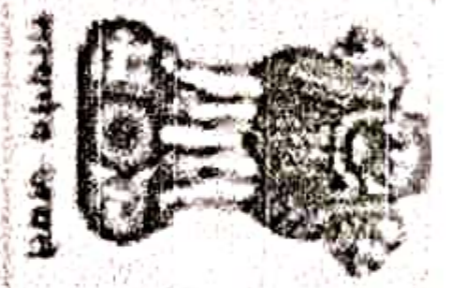
Date : 16-Jun-2025 15:47:36

Taxation Particulars / Advance Registration Mark Fee Details

Q 3621737

Signature of Registering Authority
Date : 16-Jun-2025

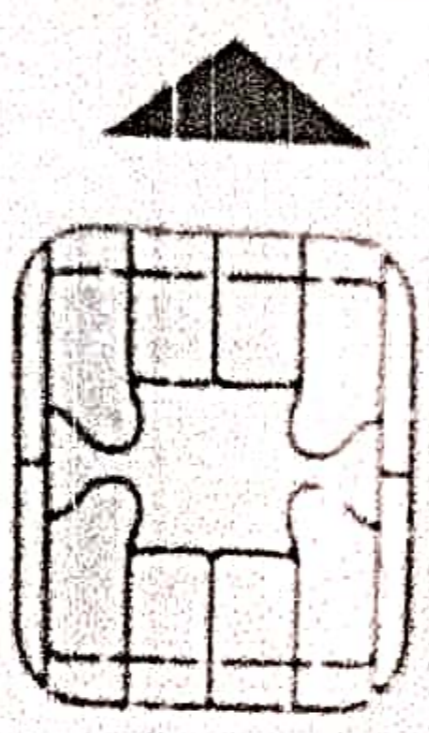
6/16/2025, 3:47 PM



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20220005404

Issue Date 07-05-2022 Validity (NT) 08-12-2035 Validity (TR) *



Holder's Signature

Name: ASHOK KUSHAWAHA

Date of Birth: 09-12-1995 Blood Group: _____

Son/Daughter/Wife of: LALLAN KUSHAWAHA

Address: Chandarpur Hata, Kushinagar, UP
274306

Organ Donor: N

Date of First Issue (07-05-2022)

DL No: UP57 20220005404

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	MCWG	UP57	07-05-2022	NT			
LMV	LMV	UP57	07-05-2022	NT			
MVSD							

Emergency Contact Number

992 4885 967

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार

Government of India



अवधेश यादव

Awadhesh Yadav

जन्म तिथि / DOB : 08/05/1995

पुरुष / Male



6270 0096 0866

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

आत्मज: रविन्द्र यादव, 79,
बिशुनीपुरा, कुशीनगर, लक्ष्मीगंज,
उत्तर प्रदेश, 274306

Address:

S/O: Ravindra Yadav, 79,
Bishunipura, Kushinagar,
Laxmiganj, Uttar Pradesh, 274306

6270 0096 0866



1800 300 19



help@uidai.gov.in



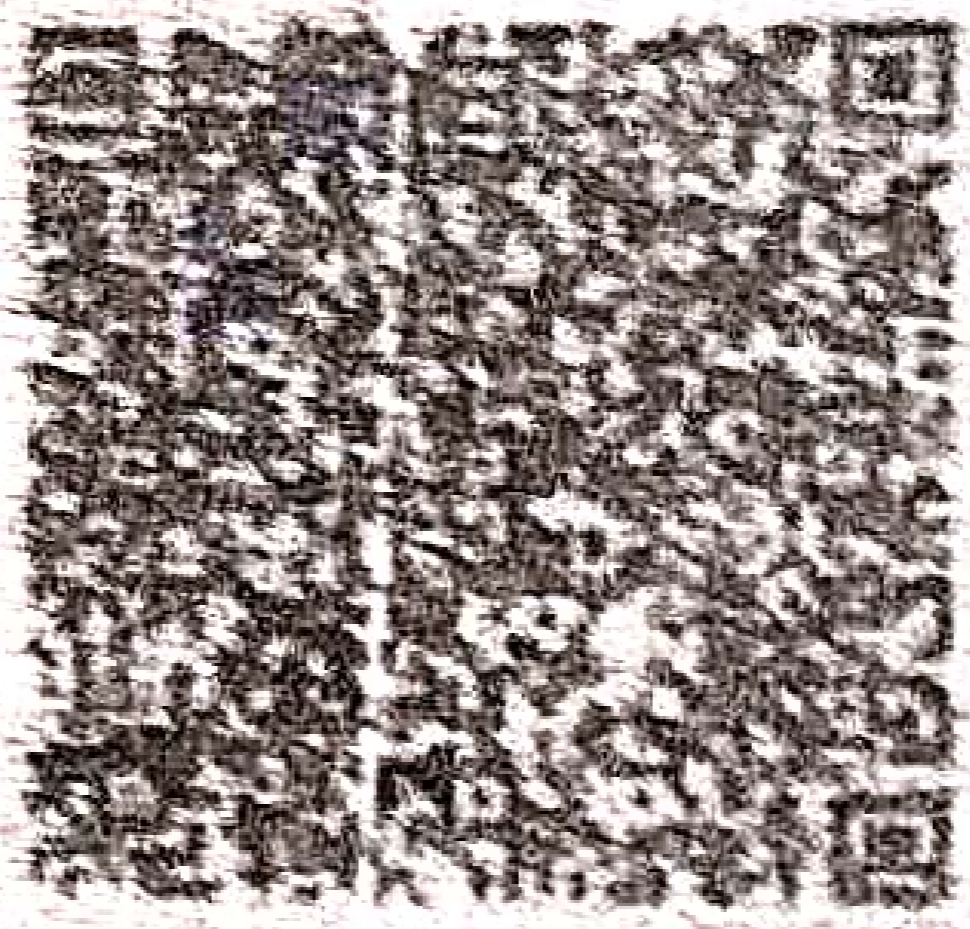
www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



Permanent Account Number Card

स्थायी आयकर संख्या कार्ड

ARREY 3303M

नाम / Name

AWADHESH YADAV

पिता का नाम / Father's Name
RAVINDRA YADAV

जन्म की तिथि / Date of Birth
08/05/1995

हस्ताक्षर

Signature



26042017