

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.	AMIT KUMAR CHAUHAN, Mob. No. 6390235952
2	Vehicle No. / वाहन संख्या	UP57CA8479,
3	Policy No. / पालिसी संख्या	252400/31/2026/54557
4	Period of Insurance / बीमा अवधि	31/10/2025 - 30/10/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23-03-2026 - 10:30 AM
6	Place of Accident / दुर्घटना का स्थान	भाईपुर चौक (तातवा चरदी)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विरजुम कुमार चौहान, UP572020005684 - 6303118792
8	Estimated Loss / अनुमानित हानि	25336200
09.	Cause of Accident / दुर्घटना का कारण :	मोटर-मशिन जो ठाकुर कुमाल चौहान जो गाड़ी लेकर तातवा चरदी के तबके जूते समय रात-में तातवा चरदी (भाईपुर) - भाईपुर गाड़ी लेने के बंद में ड्राइवर विसा/ के करके जूते के विषय तभी रुक क्षया में जाते वही तातवा चरदी के तबके मशिन गाड़ी इतिशत ही अचानक
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	ANNU MOTORS - TAMRUHI RAJ. KUSHI/MASAR 9415278119.

Amit Kumar Chauhan

Signature of Insured / बीमाधारक के

Date / दिनांक : 24/03/2026
हस्ताक्षर -



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 Momul,
 Tel. No. _____

252400/31/2026/54557
 Certificate/Policy No. _____
31/10/2025-70-30/10/2026.
 Period of Insurance _____
 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 : AMIT KUMAR CHUGHAN
 (b) Address for correspondence : VILL - MODHOPUR. Post MODHOPUR.
 (c) Telephone : 6390225952 Dist. KUSHI NAGAR

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F 43HF 17207</u> Chassis No. <u>MBLHA U4325HF 19372</u>	Registration No. <u>UP57CA</u> <u>8479.</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? MD
 (c) Was trailer attached? NO
 (d) If a Motor Cycle/scooter YES
 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 : ARJUN KUMAR CHOHAN
 (b) Age : 31 yr
 (c) Address : Vill - GODAITA SRIRAM
 (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 : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP57 20200605684
 (h) Issuing Authority : KOSHIMBAR
 (i) Date of Expiry : 14.4.2035
 (j) Was the licence temporary/permanent : P
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : No
 (m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 23/03/2026. 10:30 AM.
 (b) Place : 02nd Main Rd - Patna Bazar
 (c) Speed of vehicle at the time of accident : 0
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 गाड़ी गाड़ी के मालिक द्वारा तमाम क्षति का कारण दिया गया था - 15/11/2025 गाड़ी मालिक का पता : 1/11/2025 गाड़ी मालिक का पता : 1/11/2025

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
 (b) Estimated cost of repairs : 253362 रु.
 (c) When and where can the damaged vehicle be inspected : ANNU MOTORS.

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? : _____
- (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? : 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 24/03/2020

Signature of the insured Amit Kumar Chayham

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. UP57CA8479, 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. 2533670

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name ... Ravindra Kumar
Signature Ravindra Kumar
Address श्री. गांधीपुर
पौ. गांधीपुर
बिला कुशीगा

Signature Amit Kumar Chauhan
Occupation
Address श्री. गांधीपुर
पौ. गांधीपुर
बिला कुशीगा
Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department, PADRAUNA(KUSHI NAGAR)

(In Triplicate) (Office/ Vendor/Owner's Copy)

HIGH SECURITY REGISTRATION PLATE(HSRP) AUTHORIZATION SLIP



Application No:	UP25110571366240	Dated:	24-Mar-2026
Registration No:	UP57CA8479	Registration Date:	07-Nov-2025
Owner Name:	AMIT KUMAR CHAUHAN	Son/Wife/Daughter of:	SUDHAN CHAUHAN
Chassis No:	MBLHAW432SHF19372	Engine No:	HA11F4SHF17207
Vehicle Class:	M-CYCLE/SCOOTER	Vehicle Model:	HF DELUXE (DRS)
Manufacturer Name:	HERO MOTOCORP LTD	Fuel Used:	PETROL
Color:	BLACK NEXUS BLUE	Month/Year of Manuf.:	6 / 2025
Owner Address:	VILL - MADHOPUR BUZURG, PO - MADHOPUR BUZURG, P.S - TAMKUHI RAJ, KUSHINAGAR-UTTAR PRADESH-274406		
Mobile No:	6390235952	E-mail-ID:	

Sanjay

This letter can not be treated as Certificate of Registration.

Signature/Seal of Registering Authority

HSRP VENDOR'S DELIVERY SLIP

(In Triplicate) (Office/ Vendor/Owner's Copy)

HSRP Details

Application No:	:UP25110571366240
Dated	:24-Mar-2026
HSRP Front Laser ID	:
HSRP Rear Laser ID	:
HSRP Fixation Date	:
HSRP Rear Laser HSRP Fixation	:
HSRP Fixation Amount Receipt No.	:
HSRP Fixation Amount Paid On	:

Signature/Seal of Authorized HSRP Vendor

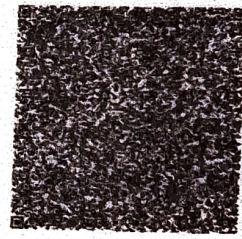
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
CJFPC0086G



नाम / Name
AMIT KUMAR CHAUHAN


पिता का नाम / Father's Name
SUDHAN CHAUHAN

जन्म की तारीख /
Date of Birth
04/06/2001

हस्ताक्षर / Signature

हस्ताक्षर / Signature


16102020


भारत सरकार
अमित कुमार चौहान
Amit Kumar Chauhan
जन्म तिथि / DOB: 04/06/2001
पुरुष / Male



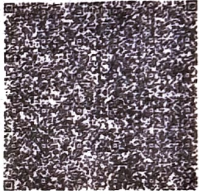
8396 4964 8995

मेरा आधार, मेरी पहचान





आधार
भारतीय रिजिस्ट्रार पहचान अधिकरण
Unique Identification Authority of India

पता: आत्मज: सुधन चौहान, माधोपुर बुजुर्ग, माधोपुर बुजुर्ग,
कुशीनगर, उत्तर प्रदेश, 274406

Address: S/O: Sudhan Chauhan, Madhopur
Buzurg, Madhopur Buzurg, Kushinagar, Uttar
Pradesh, 274406



8396 4964 8995

 1947  help@uidai.gov.in  www.uidai.gov.in



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP57 20200005684



Issue Date Validity (NT) Validity(TR)
30-10-2021 14-04-2025 29-10-2026



[Signature]
Holder's Signature

Name: **ARJUN KUMAR CHAUHAN**
Date of Birth: 15-04-1995 Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **SUDAMA**

Address:
**VILL- GODAITA SRIRAM POST- MADHOPUR
BUZURG PS TARYA SUJAN TAMKUNI
RAJ, KUSHINAGAR, UP 274406**

Date of First Issue (04-07-2020)

DL No: UP57 20200005684

UPDL000000744207



Invalid Carriage (Regn Numbers)*

Hazardous Validity*

Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge based Date*	Badge Issued By*
MCWG	MCWG	UP57	04-07-2020	NT			
LMV	LMV	UP57	04-07-2020	NT			
TR	TR	UP57	30-10-2021	TR			
MFSD							

Emergency Contact Number :
731112998

Licensing Authority
UP57 KUSHINAGAR

Form 7 (Rule 162)



Main Report

**MedLEaPR - UTTAR PRADESH
CHC Tamkuhi
Kushinagar
FORM-II**

MEDICAL LEGAL REPORT- INJURY

MLR No(Generated by Software):- M131024822600391

Date:- 23/03/2026

MLR No(Given by Doctor):- 529

Date:- 23/03/2026

CONSENT FORM IS TAKEN SEPARATELY BEFORE EXAMINATION WHICH IS ATTACHED WITH MLR REPORT.

Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI	MLR/PMR Prepared by
1	Dr Abhishek Kumar	Specialist	58079	Yes

Victim Details:

Name Mr. Arjun Kumar Chauhan
Relative Name(Father) Sudama Chauhan
Age(Approx) 31 Years 02 Months 01 Days
Gender MALE
Caste/Religion Hindu
Marital Status MARRIED
Occupation Other
Present Address Godaita Sriram
Nationality Indian
State UTTAR PRADESH
District KUSHI NAGAR
Police Station TAMKUHIRAJ
Arrival Date & Time (In hrs) 23/03/2026 12:20 PM
Examination Start Date & Time(in hrs) 23/03/2026 12:30 PM
Place of examination OPD

RSA Case: Yes	
State	UTTAR PRADESH
District	KUSHI NAGAR
Place	Latwa Chatti Nahar Ke Pass
Body Preserved At Hospital	Yes
Description of Clothes worn by the Victim	Bike hit to bike from back at latwa chatti Nahar ke pass
Post Mortem Examination To Be Carried Out Or Not	No

Marks of Identification

+ सामु. स्वा. केन्द्र तमकुही

जनपद - कुशीनगर

Rs. 1

रजि० सं० 16504 आयुष्मान कार्ड हॉ/ना दिनांक.....23-3-26

रोगी का नाम.....अजित कुमार चौधरी 31/7/19

पता.....ग.स.वि.स. 2.रि.म. प.स. तमकुही राज.

लक्षण के उपचार पिला - कुशीनगर

Rx

MU

2

For Sufferers only
A B - caregivers

एम.डी.टी. अपनाएं, कुष्ठ मिटाएं।

रोगी रहें, रोग रहें।

- नोट - 1. दवा का प्रयोग चिकित्सक को दिखाने के बाद करें।
2. इण्डिया मार्क-2 का पानी पीने के लिए प्रयोग करें।
3. प्रसव के उपरान्त प्रथम गाढ़ा पीला दूध नवजात शिशु को अवश्य पिलायें।
4. बेटी बचाओं, बेटी पढ़ाओं।

पर्ची 15 दिनों के लिए मान्य