

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.	VINITA JAISWAL Mob. No. 7870732298;
2	Vehicle No. / वाहन संख्या	BR 28AJ-4601
3	Policy No. / पालिसी संख्या	252400/31/2026/61575
4	Period of Insurance / बीमा अवधि	21/11/2025 - 20/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/03/2026 - 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	पंचदेवरी (मालिखुल)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DINESH KUSHWAHA BR 282013004041 Mob. No. 800250
8	Estimated Loss / अनुमानित हानि	1363820
09.	Cause of Accident / दुर्घटना का कारण :-	श्री गणेश लैकल में दुर्घटना का शिकार होने के कारण नाचने के दौरान कुछ समय के लिए केनेलिंग के समय मालिखुल क्षेत्र में शिकार होने के कारण दुर्घटना का कारण बताया गया है।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANMOT MOTORS TAMKOHIRAJ, ROSHINWAR 9415278119.

Date / दिनांक : 28/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
वनिता जायसवाल



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 Memul Certificate/Policy No. 252400/31/2026/61575
 Tel. No. 24/11/2025 To 20/11/2026
 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 : VIN TA JASWAL
 (b) Address for correspondence : VILL. PACHDEURI POSTA PACHDEURI
 (c) Telephone 7870732298 DIST. GODALGHAJ - 841437

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>JF17EY5G100606</u>	Registration No.
	Chassis No. <u>MBLJFN4375G10065</u>	<u>BR28AJ</u> <u>4601.</u>

- (a) Was the vehicle in proper working condition? YES
 (b) For what purpose was the vehicle being used at the time of accident? NO
 (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 : DIMESH KUSHWAHIA
 (b) Age : 31
 (c) Address : VILL - SIKATIYA KHAS.
POST - PANCHDEWORI
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (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 : BR2820130040416
 (h) Issuing Authority : GOPALGANJ.
 (i) Date of Expiry : 08/10/2033
 (j) Was the licence temporary/permanent : No
 (k) Details of endorsement/suspension, if any : No
 (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 - 21:00 PM
 (b) Place : पंचदेवोरी, सिकटिया खस
 (c) Speed of vehicle at the time of accident : 50
 (d) Give a short description of the accident : दोनों गाड़ियाँ एक-दूसरे से टकराईं और दोनों गाड़ियाँ क्षतिग्रस्त हुईं।
 (e) If any third party was responsible for this accident give the name and address : श्री. अशोक कुमार, पंचदेवोरी, सिकटिया खस, गोपालगंज, बिहार - 824001

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : दोनों गाड़ियाँ क्षतिग्रस्त, फ्रंट एंड, रियर एंड, मिनिमम क्षति
 (b) Estimated cost of repairs : 13638=00
 (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 : _____

1/1/10

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. : _____

1/1/10

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 Police Station? : _____
(i) C.R. diary Number : _____

1/1/10

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 28/03/2000

Signature of the insured विनिता जगन्नाथ

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 13638200)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. BR26A3460/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. 13638200

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

Witness
Name ... प्र. अ. त. जायसवाल
Signature ... प्र. अ. त. जायसवाल
Address ... ग्राम: पयदेवरा
पोस्ट: पयदेवरा
पिनकोड: 211001 (मिहाल)

Signature ... विमिता जायसवाल
Occupation ... शिक्षक
Address ... ग्राम: पयदेवरा
पोस्ट: पयदेवरा
पिनकोड: 211001 (मिहाल)
Bank Account Number
Name of the Bank

Accidental Job

Lights: HL/TL/Wind



भारत सरकार
Government of India



विनीता जायसवाल
Vinita Jaiswal
जन्म तिथि/DOB: 02/08/1991
महिला/ FEMALE

Download Date: 18/07/2021

Issue Date: 08/07/2021

3372 3307 2381

VID : 9150 7040 3637 2448

मेरा आधार, मेरी पहचान

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2. Gar

3. All

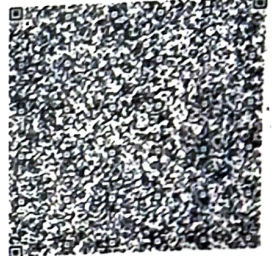


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: मजीत जायसवाल, पच देउरी, गोपालगंज,
बिहार - 841437

Address:
C/O: Manjit Jaiswal, Pach Deuri, Gopalganj,
Bihar - 841437



3372 3307 2381

VID : 9150 7040 3637 2448



1947



help@uidai.gov.in



www.uidai.gov.in

Lights HL/TL/Win/
Fuel

INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR
DL : BR-2820130040416

Name : DINESH KUSHWAHA
S/W/D of : CHANDRAVALI BHAGAT
Address : AT SIKATIYA KHAS, PO
PANCHDEWORI, PS KATEYA,
GOPALGANJ

FORM-7

DOB : 18-04-1995 EG A+

Badge No :
*Authorisation to drive the following vehicle
class throughout India.
Type of Vehicles : LMV NT MCWG Only

Signature of Holder: *Dinesh Kushwaha*

Valid Till (Transport)
Valid Till (Non-Transport)
08-10-2033

Issued on : 09-10-2013

170074

DL : BR-2820130040416

Original LA : DTO,GOPALGANJ
Old DL No :
Date Of Issue : 09-10-2013
Class Of Vehicles :
Vehicle Class Issue Date
LMV-NT 09-10-2013
MCWG 09-10-2013

Lights HL/TL/Win/
Fuel Level



Indian Union Vehicle Registration Certificate Issued by Government of Bihar



Regn No	Date of Regn.	Regn. Validity	Owner
BR28AJ4601	28-11-2025	27-11-2040	Serial ①

Chassis No:
MBLJFN437SGL00651

Engine No:
JF17EYSGLO0606

Owner Name
VINITA JAISWAL

Ownership
INDIVIDUAL

Fuel
PETROL

Emission Norms Son/Wife/Daughter of (In case of Individual Owner)

BHARAT STAGE VI
MANJIT JAISWAL

Address
VILL- PACH DEURI, PO-PACH DEURI, PS- KATEYA,
Gopalganj, BR, 841437

BR-R2809044488

Card Issue Date 23-12-2025

Vehicle Class: M-Cycle/Scooter (2WN)



Regn. Number
BR28AJ4601



Month-Year of Mfg.
11 - 2025

No. of Cylinders
1

Number of Axle

Maker Name:
HERO MOTOCORP LTD

Model Name:
DESTINI PRIME

Colour: PANTHER BLACK / Body Type: SOLO WITH PILLION

Seating (in all) / Standing / Sleeper Capacity
2 / 0 / 0

Unladen / Laden / Gross Combination Weight (Kg)
115.00 / 245.00 / 0.00

Cubic Cap. / Horse Power (BHP/Kw) Wheel Base(mm)
124.60 8.98 1245.00

Financer Name

BR-R2809044488

Registration Authority
DTO- GOPALGANJ

Form 23A

आयकर विभाग
INCOME TAX DEPARTMENT



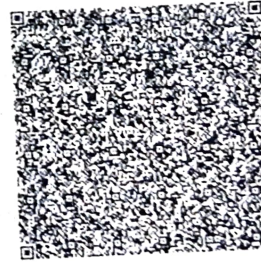
भारत सरकार
GOVT. OF INDIA



नाम / Name
VINITA JAISWAL

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CJOPJ7913E



पिता का नाम / Father's Name
RAMPRASAD JAISWAL

18092021

जन्म की तारीख /
Date of Birth
02/08/1991

विनिता जायसवाल
हस्ताक्षर / Signature

आपातकालीन पूजा

प्राथमिक स्वास्थ्य केन्द्र

पंचदेवरी, (गोपालगंज)

E.R. No. 389

Date 23/3/28

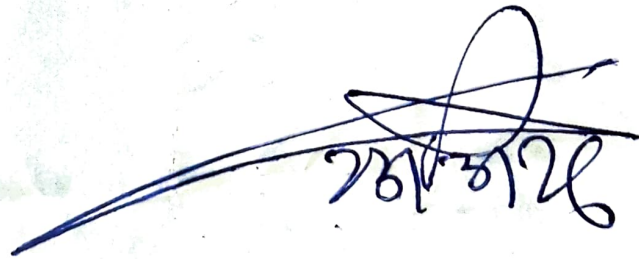
नाम Ramesh Kishore Singh उम्र 31 लिंग Male

पता No. Chandrabali Kishore Singh

well - Saketiyas Khas PO - Panchdevari
PS - Kalyan N.B. - Sopalganj, Bihar

1. Dicle - 1 Amb
N.B.

2. Sandanguh - 1 Amb
N.B.



हम दो! हमारे दो!!

बेटी पढ़ाओ! बेटी बचाओ!!
नोट:- यहाँ टिकाकरण मुफ्त में किया जाता है।