

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.	Kusum Singh, 9696196744
2	Vehicle No. / वाहन संख्या	UP57BX2086
3	Policy No. / पालिसी संख्या	252460/31/2026/082
4	Period of Insurance / बीमा अवधि	04/04/2025 to 03/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/03/2026, 01.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Subhash Chauri Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720200012936 9795796984, Vinod Singh
8	Estimated Loss / अनुमानित हानि	5150/-
09. Cause of Accident / दुर्घटना का कारण : स्कूटी लेकर मेरे जीजा जी बाजार जा रहे थे तभी अचानक से एक बरख वाला सामने आ गया उसी से मेरी स्कूटी छूरा कर दाये साईड गिरने से डैमेज 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.	9125197148 Gupta automobile Padrauna

Date / दिनांक : 02/04/2026
हस्ताक्षर

कुसुम सिंह
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. 252400/31/2026/882

Tel. No. _____

Period of Insurance 04/04/25 to 03/04/26
 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 : Kusum Singh
 (b) Address for correspondence : _____
 (c) Telephone : 9696196744

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JF17ERSGC02742</u> Chassis No. <u>MBLJFN3519GC02018</u>	Registration No. <u>UP57BX</u> <u>2086</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 : _____
- NOT A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Yimod Singh
(b) Age : _____
(c) Address : Kushinagan Padrauma
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP572020001293E
(h) Issuing Authority : _____
(i) Date of Expiry : 11/11/2030
(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 : 31/03/2026, 01.00 P.M.
(b) Place : Subhash charck Padrauma,
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बाइक से स्कूटी खर्रा कर दामे साईड गिरने
(e) If any third party was responsible for this accident give the name and address. : से डेमन हो गरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 5150/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauma,

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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(g) When? : _____
(h) Which Police 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 02/04/2020

Signature of the insured गुलशन सिंह

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

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

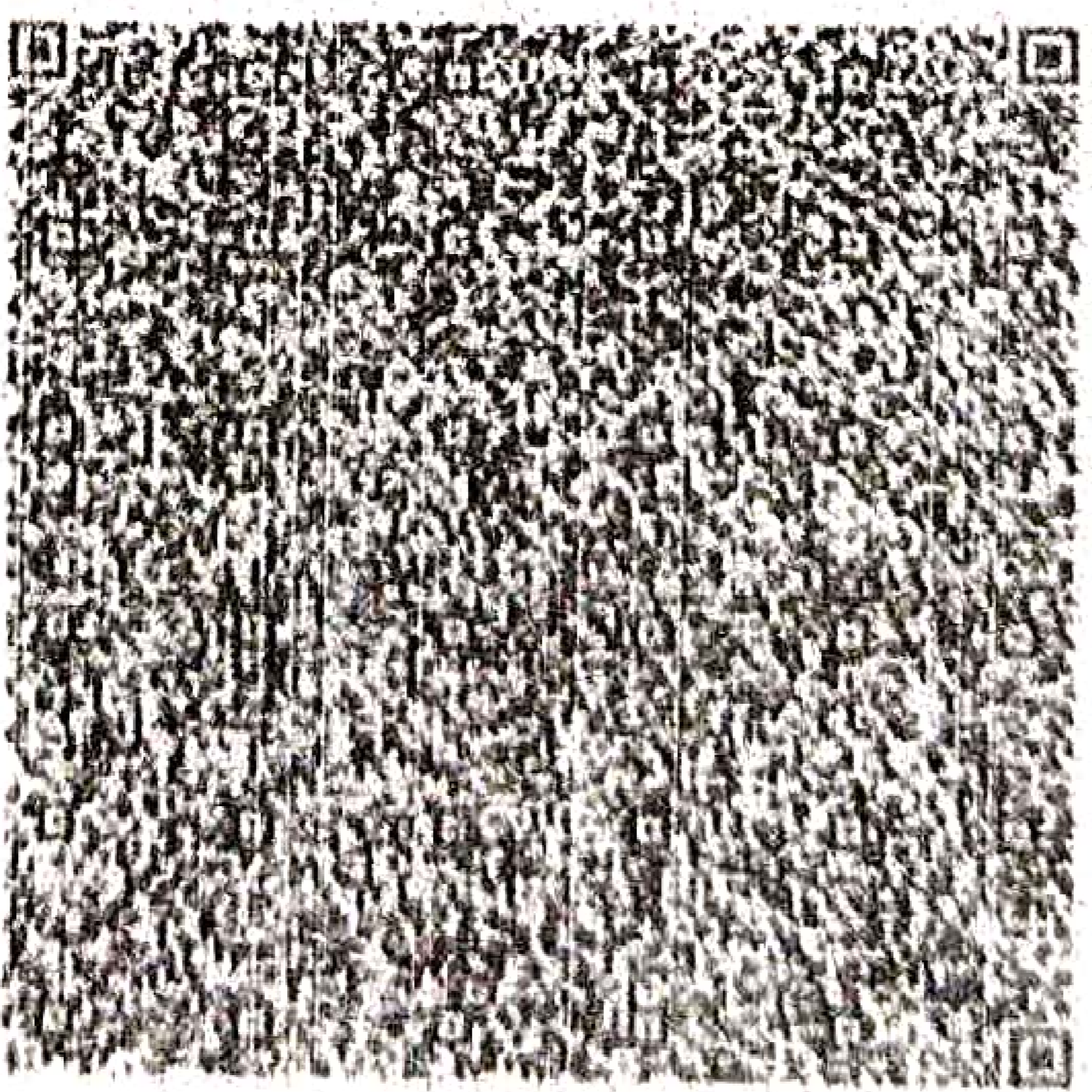
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

LHTPS4151B



27022019

नाम / Name
KUSUM SINGH

पिता का नाम / Father's Name
MOTI SINGH

जन्म की तारीख /
Date of Birth
01/01/1991

कुसुम सिंह

हस्ताक्षर / Signature

Indian Union Driving Licence
 Issued by Uttar Pradesh

UP57 20200012936



Issue Date 30-12-2021
 Validity (NT) 11-11-2036
 Validity (TR) _____



Holder's Signature

Name: VINOD SINGH
 Date of Birth: 01-01-1975
 Blood Group: _____
 Son/Daughter/Wife of: MADAN SINGH
 Organ Donor: N
 Address: VILL - LAMHUA PANDEY DEORIA
 Padrauna, Kushinagar, UP 274304

Date of First Issue (12-11-2020)

DL No: UP57 20200012936

UPDL 0000027181387



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
LMV	MCWG	UP57	12-11-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority
 UP57 KUSHINAGAR

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX2086 Registration Date : 05-Apr-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 : KUSUM SINGH Son/wife/daughter of : MOTI SINGH
 Full Address: (Permanent) : VILL-LAMUHA PANDEY DEWARIYA, POST -PANDEY DEWARIYA, THANA -PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-LAMUHA PANDEY DEWARIYA, POST -PANDEY DEWARIYA, THANA -PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 04-Apr-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 : AA1039725074 Rear HSRP No : AA2121565458
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLJFN351SGC02818
 Engine No : JF17ERSGC02742 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 115
 Colour : PANTHER BLACK Laden/GV Wt (kgs) : 245
 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 w.e.f. .

Purchase dt : 04-Apr-2025 Sale Amt : 75855/-
 OTT Date : 04-Apr-2025 Amount/Rcpt No : 7586 / UP57D25040000647
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-May-2025
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 05-Apr-2025 to 04-Apr-2040

Date : 21-May-2025 17:14:32
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 21-May-2025

Q 3392136



भारत सरकार
Government of India



Aadhaar no. issued: 14/10/2011



कुसुम सिंह

Kusum Singh

जन्म तिथि/DOB: 22/11/1991

महिला/ FEMALE

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).

8572 0737 7207

मेरा आधार, मेरी पहचान



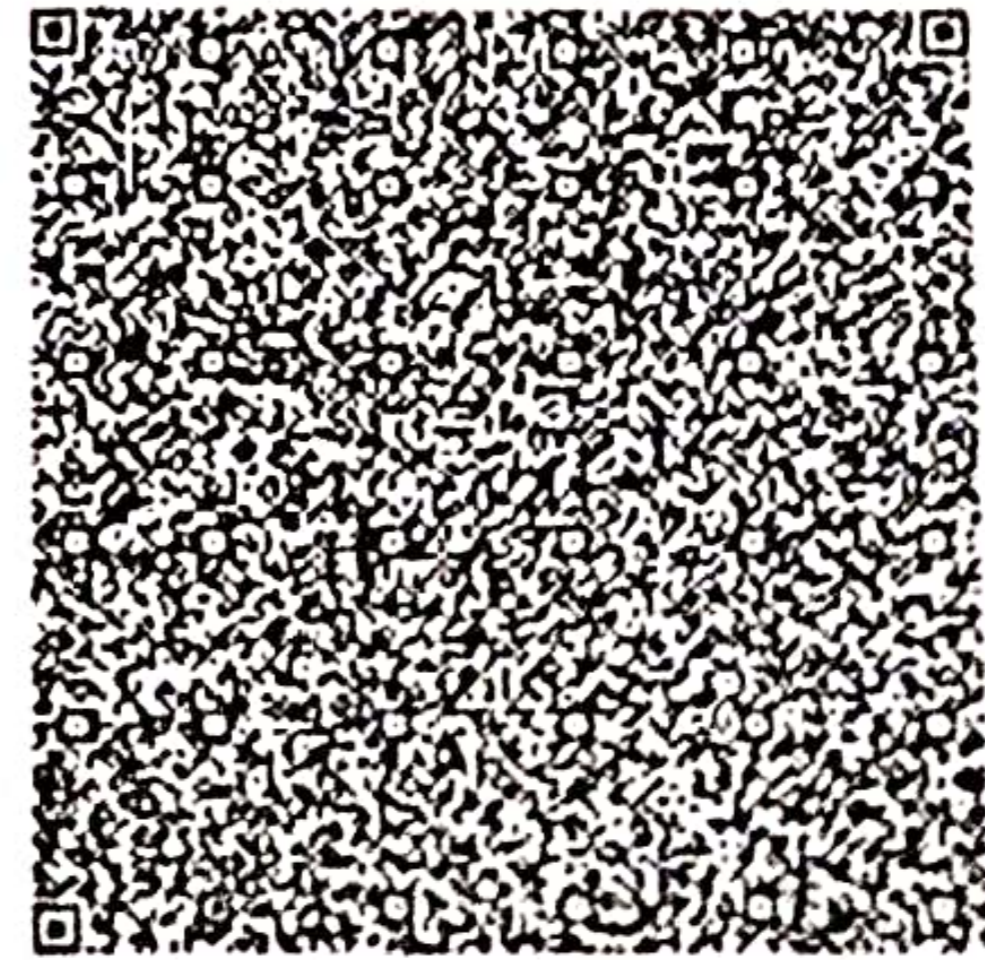
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 21/08/2025

पता:
द्वारा: मिथिलेश सिंह, साडी खुर्द, सदी खुर्द, सिधुआ बंगर,
कुशीनगर,
उत्तर प्रदेश - 274304

Address:
C/O: Mithilesh Singh, sadi khurd, Sadi Khurd, PO:
Sidhua Bangar, DIST: Kushinagar,
Uttar Pradesh - 274304



8572 0737 7207

VID : 9110 6755 2216 8268

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