



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.	प्रदीप कुमार गौड़
2	Vehicle No. / वाहन संख्या	CP57 BU 2590
3	Policy No. / पालिसी संख्या	MS/2025/2001/01 46575/491442
4	Period of Insurance / बीमा अवधि	03-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-04-2026 6:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Sokrauna (सोकरौना)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Radeep Kumar Goud 63 867938 05
8	Estimated Loss / अनुमानित हानि	13000/-
09.	Cause of Accident / दुर्घटना का कारण :	रविन्दरनगर जाते समय रास्ते में सामने से अचानक एक सर्वरक वाला क्रान्तु किया जिसको बचाने के कारण गाड़ी अनचेकलेस होकर बड़े खास पत्थर पर गाड़ी गिर गयी लंकी का हिस्सा ड्रायवेटर पत्थर पर लगा और लंकी के खास पार्ट
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

घाट ड्रैमेज हो गया - (गाड़ी द्वारा एक गिरा तो वही पत्थर का पत्थर से लंकी  
देव गभरि )

प्रदीप कुमार गौड़

Signature of Insured / बीमाधारक के

Date / दिनांक :  
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 \_\_\_\_\_

Certificate/Policy No. 2025/2025/7001/0/46575/491492

Tel. No. \_\_\_\_\_

Period of Insurance 03-11-2026

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 : Pladeep Kumar Gond  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 63 8679 3805

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>H11ARHK90204</u> Chassis No. <u>MBLHAW407RHK01602</u>	Registration No. <u>UP57BU 2590</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? \_\_\_\_\_  
 (d) If a Motor Cycle/scooter : no  
 1. Was a side-car attached \_\_\_\_\_  
 2. Was a pillion rider carried \_\_\_\_\_

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 : Pradeep Kumar Goyal  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : same  
 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 : UP5720090002551  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 24-03-2029  
 (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 : 01/04/2026, 06:00 P.M.  
 (b) Place : Sohsrauna.  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : गाड़ी तेज़ चल रही थी गाड़ी रोड से बाहर  
 (e) If any third party was responsible for this accident give the name and address : एक व्यक्ति गाड़ी चला रहा था जो गाड़ी को बाहर निकाला  
जिस व्यक्ति को कार के लिए जिम्मेदार बताया और हमें पता चला कि वह पार्किंग में गाड़ी को बाहर निकाल रहा था

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Vishal Jewel Pk. etc.  
 (b) Estimated cost of repairs : 13000/-  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padvane  
एक लॉट गाड़ी और Damage हो गया -

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 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 03/04/20 200

Signature of the insured प्रदीप कुमार जोष

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 ..... *प्रदीप कुमार शर्मा*  
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	UP57BU2590	Registration Date	08-Oct-2024
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	HPT
Dealer's Name & Address	GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304		
Owner Name	PRADEEP KUMAR GOND	Son/wife/daughter of	SUDHAI PRASAD GOND
Full Address: (Permanent)	VILL - DHARAMPUR KHURD, POST- PAKDI BUZURG, THANA - RAVINDRA NAGAR KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	VILL- DHARAMPUR KHURD, POST- PAKDI BUZURG, THANA - RAVINDRA NAGAR, KUSHINAGAR-UTTAR PRADESH-274304		
Fitness UpTo	07-Oct-2039	Owner Serial No	1
<b>Detailed Description</b>			
Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No	
Ownership	INDIVIDUAL	Norms	BHARAT STAGE VI
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2105406961
Front HSRP No	AA2105676953	Month/Year of Manuf.	10/2024
Type of Body	SOLO WITH PILLION	Chassis No	MBLHAW407RHK01602
No of Cylinders	1	Fuel	PETROL
Engine No	HA11F1RHK90204	Cubic Capacity	97.20
Horse Power(BHP)	7.91	Wheel base	1235
Maker's Classification	SPLENDOR+ XTEC 2.0	Standing Cap	0
Seating Cap(in all)	2	Unladen Wt (kgs)	112
Sleeper Cap	0	Laden/GV Wt (kgs)	242
Colour	Black Heavy Grey	AC Fitted	NO
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 w.e.f. .

Purchase dt	07-Oct-2024	Sale Amt	83851/-
OTT Date	07-Oct-2024	Amount/Rcpt No	8386 / UP57D24100000723
Vehicle is Govt./ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	17-Oct-2024		

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 08-Oct-2024 to 07-Oct-2039

Date : 02-Jan-2026 12:10:12


Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registration Authority  
**A. R. T. O. J. A. P.**  
**KUSHINAGAR**  
**2026**

Q 5861125

भारत सरकार  
Government of India

आधार No. Issued: 19/07/2014



प्रदीप कुमार गोंड  
Pradeep Kumar Gond  
जन्म तिथि / DOB : 06/03/1989.  
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).

**2555 1095 5298**

मेरा आधार, मेरी पहचान

प्रदीप कुमार गोंड

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: द्वारा: सुधई प्रसाद गोंड, धरमपुर खुर्द  
पोस्ट-पकड़ी बुजुर्ग, धरमपुर खुर्द, कुशीनगर, उत्तर  
प्रदेश, 274304  
Address: C/O: Sudhai Prasad Gond,  
Dharampur khurd post-pakadi buzurg,  
Dharampur Khurd, PO:Padrauna,  
DIST:Kushinagar, Uttar Pradesh, 274304

Details as on 11/07/2025



**2555 1095 5298**

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

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BGXPG8432L



पिता का नाम / Father's Name  
PRADEEP KUMAR GOND

पिता का नाम / Father's Name  
SUDHAI PRASAD GOND

जन्म तिथि / Date of Birth  
06/03/1989

प्रदीप कुमार गोंड

38329

PAN (Permanent Account Number) Card Not for Trading Purposes Only

प्रदीप कुमार गोंड



*In case this card is lost / found, kindly inform / return to :*

Income Tax PAN Services Unit, UTIITSL  
Plot No. 3, Sector 11, CBD Belapur,  
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने या कृपया सूचित करें/लौटाएं :  
आयकर पैन सेवा यूनिट, UTIITSL  
प्लॉट नं: ३, सेक्टर ११, सीडीबी बेलपुर,  
नवी मुंबई-४०० ६१४.

Aaykar Sampark Kendras  
For Income Tax Related  
Queries call Toll Free Nos.  
1981  
or  
18001801981



UNION OF INDIA Driving Licence (UP) (NT)  
 UP57 20090002551

जारी करने की तिथि / Date of Issue: 25/03/2009  
 वैधता / Validity: 24/03/2029

जन्म तिथि / Date of Birth: 06/03/1989  
 Blood Group: UNKNOWN

नाम / Name: PRADEEP KUMAR GOND

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of: SUDHAI PRASAD GOND

प्रदीप कुमार गोंड

UP57 20090002551 UP00388284RS

LMV 25/03/2009 MCWG 25/03/2009

पता / Address: R/O- DHARMPUR KHURD, PAKADI BUJURG, KASIA, KUSHINAGAR

प्रदीप कुमार गोंड  
 Holder's Signature

जारीकर्ता / Issuing Authority Sign: KUSHINAGAR

Form 7 Rule 16(2)

