

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.	Deepak Kumar Soni 888 274 8466.
2	Vehicle No. / वाहन संख्या	UP57 BY9675
3	Policy No. / पालिसी संख्या	252400131/2026/31705
4	Period of Insurance / बीमा अवधि	07/08/25 to 06/08/26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/04/26 4:30 PM
6	Place of Accident / दुर्घटना का स्थान	Sasamusa, NH28
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amarjit Soni / BR28 20130033161 6200734177.
8	Estimated Loss / अनुमानित हानि	15300/-
09.	Cause of Accident / दुर्घटना का कारण : Gopalgarh se jalalpur aate samay samu acharak se ek kulta aa gya usi ko chakri ke Chakkar me gadi jilinder se dabra gya	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA / -
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA / -
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Yash Automobiles Salempur / 7897481257.

Date / दिनांक : 05/04/26.
हस्ताक्षर

Signature of Insured / बीमाधारक के
Deepak Kumar Soni



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. 252400/31/2026/31705

Tel. No. _____

Period of Insurance 07/08/25 to 06/08/26

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 : Deepak Kumar Sori
- (b) Address for correspondence : Vill- Mathiya Haro Po- Nechua jalalpur
- (c) Telephone : 8882748466

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F259905017</u> Chassis No. <u>MBLHAU45859654965</u>	Registration No. <u>UP57BY 9675</u>
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- (a) Was the vehicle in proper working condition? NO
- (b) For what purpose was the vehicle being used at the time of accident? NO
- (c) Was trailer attached?
- (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

NO

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Amarjit Sori
 (b) Age : 44
 (c) Address : Vill- Mathiya Hanto PO- Nechan jalalpur
 (d) Is the Driver :
 1. Owner :
 2. paid driver? : father
 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 : BR2820130033161
 (h) Issuing Authority : Gopalganj
 (i) Date of Expiry : 24-05-2032
 (j) Was the licence temporary/permanent : Permanent
 (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 : 04/04/26 4:30 PM
 (b) Place : Sasamusa, NH 28
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : Front and left side
 (e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Copalganj se jalalpur aate samay samne achnak se e. kulla aa gaya usi Kodachou ke chukkar me gadi shruider takra gaya.
 (b) Estimated cost of repairs : 15000/-
 (c) When and where can the damaged vehicle be inspected : NO

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 : NA
 (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 : _____

NA

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. : _____

NA

10. THEFT

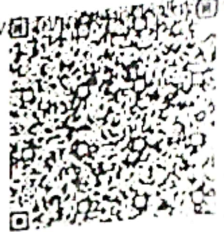
- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Policy Station? : _____
- (i) C.R. diary Number : _____

NA

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 05/04/2020

Signature of the insured Deekap Kumar Sori



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

Registration No : UP57BY9675 Registration Date : 08-Aug-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 : DEEPAK KUMAR SONI Son/wife/daughter of : AMARJEET SONI
 Full Address: (Permanent) : VILL-MATHIYA HARDO, PO-NECHUA JALALPUR, PS-KUCHAIKOT, GOPALGANJ, BIHAR-841503
 Full Address: (Temporary) : VILL-SALEMGARH, PO-SALEMGARH, PS-TARYA SUJAN, KUSHINAGAR-UTTAR PRADESH-274409
 Fitness UpTo : 07-Aug-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 : AA2132849442 Rear HSRP No : AA1043834410
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLHAW458S9G54965
 Engine No : HA11F2S9G05017 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE PRO Wheel base : 1235
 seating Capin all : 2 Standing Cap : 0
 sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242
 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 HERO FINCORP LIMITED, COMMUNITY CENTRE, BASANT LOK, BASANT BIHAR, New Delhi, Delhi-110057 w.e.f. 07-Aug-2025.

Purchase dt : 07-Aug-2025 Sale Amt : 71000/-
 OTT Date : 07-Aug-2025 Amount/Rcpt No : 7100 / UP57D25080000791
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 08-Aug-2025 to 07-Aug-2040

DATE: 11-Sep-2025 14:47:50

Operator Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 11-Sep-2025

5136275

INDIAN DRIVING LICENCE
 GOVERNMENT OF INDIA

FORM-7 **DL: BR28 20130033161**

Name : AMARJIT SONI

S/W/D of : BANDHU SONI

Address : AT MATHIYA HARDO
 PO N JALALPUR
 PS KUCHAIKOT GOPALGANJ
 GOPALGANJ, BR 841503

Valid Till (Sport) : 00000000

Valid Till (Non-Transport) : 24-05-2032

DOB : 25-05-1982 BG : A+

Badge No : _____

*Authorisation to drive the following vehicle class throughout India. Signature of Holder

Type of vehicles : MCWG LMV only

Sign. of Licencing Authority : _____
 DTO-Gopalganj

Issued on : 30-03-2013

BR10DL03046132

DL: BR28 20130033161
 Original LA : DTO.GOPALGANJ
 Old DL No : _____
 Date Of Issue : 30-03-2013

Class Of Vehicles

Vehicle Class	Issue Date
MCWG	30-03-2013
LMV	30-03-2013

आयकर विभाग
INCOME TAX DEPARTMENT

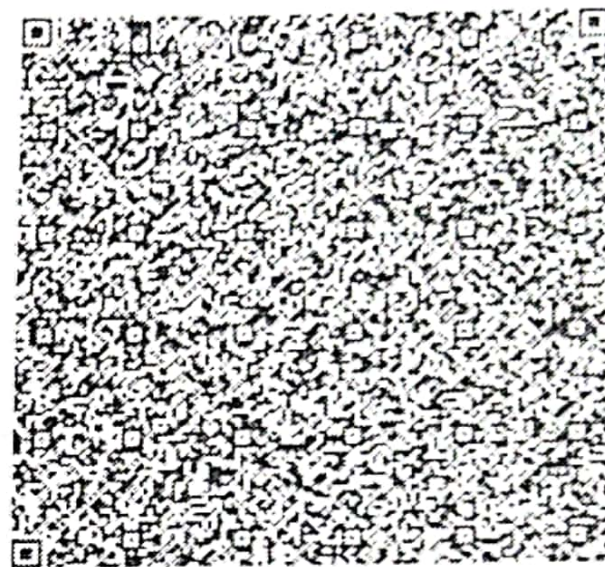


भारत सरकार
GOVT. OF INDIA



ई-स्थायी लेखा संख्या कार्ड
e - Permanent Account Number Card

OEYPS5007B



नाम / Name

DEEPAK KUMAR SONI

पिता का नाम / Father's Name

AMARJEET SONI

जन्म की तारीख /
Date of Birth

08/02/2002


हस्ताक्षर / Signature





भारत सरकार

Government of India



Issue Date: 04/10/2016

दीपक कुमार सोनी

Deepak Kumar Soni

जन्म तिथि / DOB: 08/02/2002

पुरुष / Male

3674 8097 5943



3674 8097 5943

मेरा आधार, मेरी पहचान



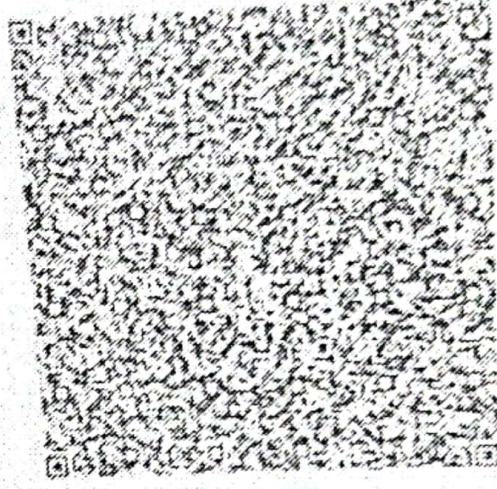
एनयूआईएन प्रमाण प्रधिकरण

Unique Identification Authority of India



श्री. सी. अमरजेल सोनी, विल मथिया हार्दो, जलालपुर,
गोपालगंज, बिहार, 841503

Print Date: 14/07/2021



Address: C/O: Amarjeet Soni, vill mathiya
hardo, Jalalpur, Gopalganj, Bihar, 841503

3674 8097 5943



1947



help@uidai.gov.in



www.uidai.gov.in

