

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.	RAMANANDA CHAUDHARI 7739592968
2	Vehicle No. / वाहन संख्या	UP52CF-4446
3	Policy No. / पालिसी संख्या	252400/31/2026/131526
4	Period of Insurance / बीमा अवधि	12/05/2025 TO 11/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/04/2026 5:30 PM
6	Place of Accident / दुर्घटना का स्थान	RKBA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AGIT RAI 7739592968 BR 28 - 20250024225
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी लेकर मेरा मित रफ़ा भा रहे थे रास्ते में रफ़ा के करीब मोड़ पर एक बाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी बाएँ साईड मिर कर टुट गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ISRA MOTORS BAGHAUCHHAT 8052729372

Date / दिनांक : 30/04/2026  
हस्ताक्षर

रामानन्द चौधरी  
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. 252400/31/2026/13152  
 Tel. No. \_\_\_\_\_ Period of Insurance 12/05/2025 TO 11/05/2026  
 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 : KAMANANDA CHAUDHARI  
 (b) Address for correspondence :  
 (c) Telephone : VILL - SEMARIYA TOLA BARAWA

2. THE INSURED VEHICLE

Make & Year <u>HERO   2025</u>	Engine No. <u>JA07AMS9A</u> Chassis No. <u>MBLJALW404S9A02723</u>	Registration No. <u>UP52CF-4446</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? NIA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NIA  
 2. Was a pillion rider carried NIA

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	:	<u>NIA</u>	
(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	:		

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : AJIT RAI  
 (b) Age : 34  
 (c) Address : PO - SEMRIYA PS - KATIYA  
 (d) Is the Driver : FRIEND  
 1. Owner  
 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 : BK 28 - 20250024225  
 (h) Issuing Authority :  
 (i) Date of Expiry : 15/12/2035  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : N/A  
 (l) Has he been involved in any accident before? : N/A  
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 29/04/2026 5:30 PM  
 (b) Place : KARBA  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : मेरी गाड़ी लेकर मेरा मित्र बकवा जा रहे थे रास्ते में रकबा के करीब मोड़ पर रकबाईक वाला आगे से टक्कर मार दिया और मेरी गाड़ी बड़े क्राईस गिर कर टूट गई ।  
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

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

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? : NIA  
 (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? :	:	NIA	
(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?	:	NIA	
(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 30/04/2026

रामानंद चौधरी  
 Signature of the insured \_\_\_\_\_

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 .....

रामानन्द चौधरी  
Signature .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



Transport Department DEORIA

FORM 23

**CERTIFICATE OF REGISTRATION**

Registration No : UP52CF4446 Registration Date : 15-May-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001  
 Owner Name : RAMANANDA CHAUDHARI Son/wife/daughter of : JAGABAHADUR YADAV  
 Full Address: (Permanent) : VILL- SEMARIYA TOLA BARAWA, PO- SEMARIA PS- KATEYA, GOPALGANJ,  
 GOPALGANJ, BIHAR-841441

Full Address: (Temporary) : VILL- BAGHOUGHAT, DEORIA, , DEORIA-UTTAR PRADESH-274404  
 Fitness UpTo : 14-May-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	Rear HSRP No	: AA1042031520
Front HSRP No	: AA1042572887	Month/Year of Manuf.	: 01/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLJAW404S9A02723
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: JA07AMS9A02637	Cubic Capacity	: 124.70
Horse Power(BHP)	: 10.72	Wheel base	: 1267
Maker's Classification	: SUPER SPLENDOR XTEC D	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 122
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 252
Colour	: BLACK	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	: 12-May-2025	Sale Amt	: 82461/-
OTT Date	: 12-May-2025	Amount/Rcpt No	: 8247 / UP52D25050002765
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-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 15-May-2025 to 14-May-2040

Date : 30-May-2025 12:54:09

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी

Signature of Registering Authority

Date : 30-May-2025

Q 3622332





भारत सरकार  
Government of India

रामानन्द चौधरी  
Ramananda Chaudhar  
जन्म तिथि / DOB : 01/01/1971  
पुरुष / Male

8140 3023 3034

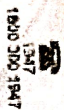
आधार - आम आदमी का अधिकार



भारतीय विनिर्देशन अधिकरण  
Unique Identification Authority of India

पता: आन्ध्रप्रदेश: जगदलपुर यादव,  
सेमरिया लोहा, बरवा, सेमरिया,  
सेमरिया, गोपालराज, पंच देवी, बिरार,  
841441  
Address: S/D Jagadpur Yadav,  
Semariya Iola, BARAWA, Semaria,  
Semariya, Gopalgarh, Panch Devi, Birar,  
841441

8140 3023 3034



1800 300 3847



mp@uda.gov.in



www.uda.gov.in

**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B**

1. Full name and address of the declarant RAMANANDA CHAUDHARI SEMARTIA
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_

रामानन्द चौधरी  
Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.