

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.	HASMUDDIN HASARI Mob. No 7572089624
2	Vehicle No. / वाहन संख्या	UP57 BV 2016.
3	Policy No. / पालिसी संख्या	252400/31/2026/18974
4	Period of Insurance / बीमा अवधि	20/05/2025 - 10.29/05/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24.04.26 - 10:40 AM
6	Place of Accident / दुर्घटना का स्थान	इसई चौराहा पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	HASMUDDIN HASARI UP5720240007278, 7572089624,
8	Estimated Loss / अनुमानित हानि	90520
9	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी से एटर्स इवेंट्स जीव समाधि राते भयावह मोड़ पर रूक गाड़ी का ब्रेक टूट गया और गाड़ी अचानक उलटने लगी जिससे दुर्घटना हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	AMMO MOTOR. TAMRUHIRAO KUSHIMBAR 9415278119.

Date / दिनांक : 20/04/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Hasmuddin Hasari



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 Morad

Certificate/Policy No. 252400/31/2026/18974

Tel. No.

Period of Insurance 30/05/2025-30-05/2026  
 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 : HASMODDIN ANSARI  
 (b) Address for correspondence : VILL RISPALPATTI Post DUDHAI  
 (c) Telephone : DIST. KUSHINAGAR  
7572089624

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F739E31920</u>	Registration No. <u>UP57BY</u>
	Chassis No. <u>MBLHAU48XS9E08672</u>	<u>2018</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

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 \_\_\_\_\_  
 \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : HASMUDDIN ANSARI  
 (b) Age : 25  
 (c) Address : VILL - RISSAL PATTI  
POST. DUDHAI DIST KUSHINAGAR  
 (d) Is the Driver :  
 1. Owner : 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 : UPS7 2024 060 72 76  
 (h) Issuing Authority : KUSHINAGAR  
 (i) Date of Expiry : 31-12-2040  
 (j) Was the licence temporary/permanent : MO  
 (k) Details of endorsement/suspension, if any : MO  
 (l) Has he been involved in any accident before? : MO  
 (m) Has he been charged by the policy? If so, Why? : MO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 24/04/2026 - 10/40 AM  
 (b) Place : दुधई चौराई पर  
 (c) Speed of vehicle at the time of accident : 40  
 (d) Give a short description of the accident : मे अपना गाडी से दुधई से धर गति रोक्य  
 (e) If any third party was responsible for this accident give the name and address : SMI से 12 AM 24/04/26 10/30 AM

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : रफ्त, मोटरगास, डेकॉर, निगास, लॉकर खराब  
 (b) Estimated cost of repairs : 9015/-  
 (c) When and where can the damaged vehicle be inspected : ANNO 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? : \_\_\_\_\_ N/A  
(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? : \_\_\_\_\_ N/A  
(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? : \_\_\_\_\_ N/A  
(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 20/04/2020

Signature of the insured Hasmuddin Ansari

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. UP57BY2018 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. 90152/-

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

Witness

Name Asad Ali Ansari

Signature \_\_\_\_\_

Address Rishal pathey  
5710

4102 DUDHI  
75101 Kushinagar

Signature Hamuddin Ansari

Occupation \_\_\_\_\_

Address Mr Rishal pathey

4102 DUDHI

75101 - KUSHINAGAR

Bank Account Number \_\_\_\_\_

Name of the Bank \_\_\_\_\_

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



Registration No : UP57BY2018 Registration Date : 02-Jun-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 : HASMUDDIN ANSARI Son/wife/daughter of : MURTUJA ANSARI  
Full Address: (Permanent) : VILL-RISALPATTI, POST-DUDHI, THANA-BISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302  
Full Address: (Temporary) : VILL-RISALPATTI, POST-DUDHI, THANA-BISHUNPURA, KUSHINAGAR-UTTAR PRADESH-274302  
Fitness Up To : 01-Jun-2040 Owner Serial No : . . .

**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 : AA2128977542 Rear HSRP No : AA1042387560  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025  
No of Cylinders : 1 Chassis No : MBLHAW48XS9E08672  
Engine No : HA11F7S9E31420 Fuel : PETROL  
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 113  
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243  
Other Criteria : AC Fitted : NO  
Vehicle Purchase As : Fully Built

**Additional Particulars of all transport vehicles other than motor cycle (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 DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 01-Jun-2025.

Purchase dt : 30-May-2025 Sale Amt : 78776/-  
OTT Date : 30-May-2025 Amount/Rcpt No : 7878 / UP57D25060000074  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 06-Jun-2025

**Other State/Transfer/Conversion/Reassign Details**  
Previous Owner : Previous RegNo :  
Old State : Entry Date :  
Transfer Date : Conversion Date :

This certificate is valid from 02-Jun-2025 to 01-Jun-2040

3740778

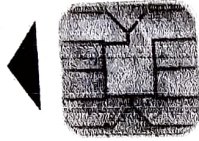




**Indian Union Driving Licence  
Issued by Uttar Pradesh**



**UP57 20240007278**



Issue Date    Validity (NT)    Validity(TR)\*  
26-04-2024    31-12-2040    -----



(26-04-2024)

Holder's Signature

Name: **HASMUDDIN ANSARI**  
 Date of Birth: **01-01-2001**    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **MURTUJA ANSARI**  
 Address:  
**risalpatti Dudhai Dudhi Tamkuhi Raj**  
**Kushinagar Uttar Pradesh 274302**

Date of First Issue

**DL No: UP57 20240007278**

UPDL000013280806



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*
	MCWG	UP57	26-04-2024	NT			
	LMV	UP57	26-04-2024	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**



भारत सरकार  
Government of India



Issue Date: 05/03/2018



हसमुद्दीन अंसारी  
Hasmuddin Ansari  
जन्म तिथि / DOB : 01/01/2001  
पुरुष / Male



8888 0111 1629

मेरा आधार, मेरी पहचान

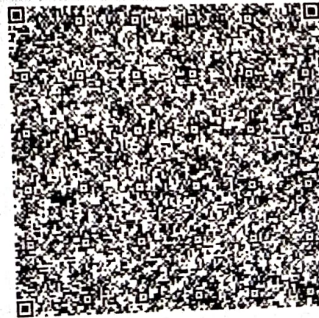


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता: आत्मज: मुरुजा अंसारी, रिसालपट्टी, दूधि,  
कुशीनगर, उत्तर प्रदेश, 274302  
Address: S/O: Murtuja Ansari, risalpatti,  
Dudhi, Kushinagar, Uttar Pradesh, 274302

Print Date: 05/09/2022



8888 0111 1629



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

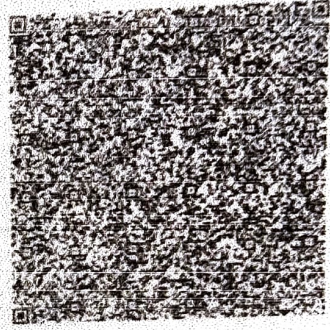


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CKWPA1150K



नाम / Name  
HASMUDDIN ANSARI

पिता का नाम / Father's Name  
MURTUJA ANSARI

02072020

जन्म की तारीख /  
Date of Birth  
01/01/2001

हस्ताक्षर /  
Signature

# सामुदायिक स्वास्थ्य केन्द्र, दुदही



जनपद : कुशीनगर

वाहय रोगी टिकट

केवल 15 दिन के लिए वैध

आयुष्मान कार्ड धारक है या नहीं।

क्रमांक

पंजीकरण संख्या..... 30413.....

दिनांक..... 24.4.26.....

रोगी का नाम..... रमेश चन्द ..... आयु..... 25 ..... लिंग.....

पता..... दिल्ली का पता ..... पोस्ट..... थाना.....

Rx.

ke

(I) T<sub>6</sub> - Dicyclanac Sodium

ix (10)

(II) Gel - Syms (1)

o o

(III) Sp - Rizolam 150 (1)

ix

नवकी बीमारी से बचाव हेतु इण्डिया मार्क-2 हैण्ड पम्प के पानी का उपयोग करें।

एम० डी० टी० अपनाएं, कुछ मिटाएं



पहले दें विद्या दान, फिर करें कन्यादान

24/04/26