

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.	PRAMILA DEVI Mob.No. 9648730813.
2	Vehicle No. / वाहन संख्या	UP57 BZ 0258.
3	Policy No. / पालिसी संख्या	252400/31/2026/32898.
4	Period of Insurance / बीमा अवधि	14/08/2025 - 70 - 13/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/05/2026 - 2:30pm.
6	Place of Accident / दुर्घटना का स्थान	तमकुडी (आमट प्रिज के पास)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PARWEJ ALAM UP57 20250011586. 9125610135
8	Estimated Loss / अनुमानित हानि	23593 = 0
9	Cause of Accident / दुर्घटना का कारण :	मेशिंग गार्ड - मेश लॉक का दालत परवेज आलम - मेश दवा लालत और समय आमट प्रिज के पास पिपइस रुक का लालत ठाक मारा ठीक कार्य जगले से माल्ट प्रिज का रोलिंग जो लोड का उभट लगा है उसमें जाकर गयी माल्ट पुरा साई
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.	ANNU MOTOR. TAMIRUHIRAJ. KUSHINAGAR 9415278119.

Date / दिनांक : 03/05/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
प्रमिला



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 Memil

Certificate/Policy No. 252400/31/2026/32898

Tel. No.

Period of Insurance 14/08/2025-13/08/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : PRAMILA DEVI
 (b) Address for correspondence : NILL - TAMKUHIRAJ - CHHARUSAMA TOLA
 (c) Telephone : Post P.S. - TAMKUHIRAJ - DIST - KUSHINAGAR

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F659F04539</u>	Registration No.
	Chassis No. <u>MBLHAW52959F07199</u>	<u>UP57B2</u> <u>0258</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
 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 : _____ N/A
 (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 : PARWEJ ALAM
 (b) Age : 23
 (c) Address : VILL. TAMKOHJI HARIHAR PUR
 104 - TAMKOHJI RD. DIST KUSHI NAGAR
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? 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 : UPST 20250011586
 (h) Issuing Authority : 19-04-2043 KUSHI NAGAR
 (i) Date of Expiry : 19-04-2043
 (j) Was the licence temporary/permanent : NO
 (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 : 02/05/2026 02:30 PM
 (b) Place : TAMKOHJI HARIHAR PUR
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : श्रीमान् परबे गणेश लाल देव लाल

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : मित्रों, फूट लाल के साथ, इसी के साथ
 (b) Estimated cost of repairs : 23593250
 (c) When and where can the damaged vehicle be inspected : ANNU MOTORS. श्रीमान् परबे गणेश लाल देव लाल

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? : _____
- (b) If yes, give full details : _____ N/A

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? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____ N/A
- (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 03/05/2026

Signature of the insured ATZINT

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. UP57B20258 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.

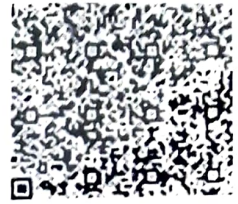
Rs. 2359320

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

Witness
Name .. दिलीप शर्मा
Signature ... दिलीप शर्मा
Address ग्राम - नमकुही २
पिन - नमकुही
- पिन - कुशियामार

Signature पुष्पा शर्मा
Occupation गृहिणी
Address ग्राम - नमकुही २
पिन - नमकुही
पिन - कुशियामार
Bank Account Number
Name of the Bank

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



Registration No : UP57BZ0258 Registration Date : 14-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 : PRAMILA DEVI Son/wife/daughter of : KRISHNA
Full Address: (Permanent) : VILL -TAMAKUHI RAJ (KHANSAMA TOLA), PO - TAMAKUHI RAJ, P.S - TAMAKUHI RAJ,
KUSHINAGAR, UTTAR PRADESH-274407
Full Address: (Temporary) : VILL -TAMAKUHI RAJ (KHANSAMA TOLA), PO - TAMAKUHI RAJ, P.S - TAMAKUHI RAJ,
KUSHINAGAR-UTTAR PRADESH-274407
Fitness UpTo : 13-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 : AA2132849229 Rear HSRP No : AA1043834197
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No of Cylinders : 1 Chassis No : MBLHAW529S9F07199
Engine No : HA11F6S9F04539 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DSS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK TORNADO 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 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 SHRIRAM FINANCE LIMITED, RAVINDRA NAGAR PADRAUNA, , , Kushinagar, Uttar Pradesh-273304 w.e.f. 14-Aug-2025.

Purchase dt : 14-Aug-2025 Sale Amt : 86651/-
OTT Date : 14-Aug-2025 Amount/Rcpt No : 8666 / UP57D25080001373
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 22-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 14-Aug-2025 to 13-Aug-2040

Date : 08-Sep-2025 15:37:41

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 08-Sep-2025

Q 5079745



भारत सरकार
GOVERNMENT OF INDIA



प्रमिला देवी
Pramila Devi
जन्म तिथि/ DOB: 01/01/1989
महिला / FEMALE



2963 0477 8681

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
अर्धांगिनी: कृष्ण, तमकुही
राज, कुशीनगर,
उत्तर प्रदेश - 274407

Address:
W/O Krishna, Tamkuhi Raj,
Kushinagar,
Uttar Pradesh - 274407

2963 0477 8681

Aadhaar-Aam Admi ka Adhikar

आयकर विभाग
INCOME TAX DEPARTMENT

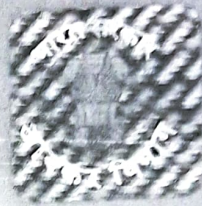


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ECLPD2096G



नाम / Name
PRAMILA DEVI

पिता का नाम / Father's Name
MEGHU SINGH

जन्म की तारीख / Date of Birth
01/01/1989

प्रमीसा



28122017

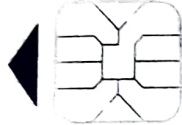
PAN Application Digitally Signed, Card Not Valid unless Physically Signed



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



UP57 20250011586



Issue Date 23-06-2025 Validity (NT) 19-04-2043 Validity(TR)*



[Signature]
Holder's Signature

Name: **PARWEJ ALAM**
 Date of Birth: **20-04-2003** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **SAMSUL HUQ**
 Address:
**TAMKUHII HARIHARPUR TAMKUHII RAJ
 KUSHINAGAR UTTAR PRADESH 274407**

Date of First Issue 23-06-2025

DL No: UP57 20250011586

UPDL571000017900



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	23-06-2025	NT			
	LMV	UP57	23-06-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP57 KUSHINAGAR

Sr No. 1
 Victir Name
 Relat
 Age(A
 Gend
 Caste
 Marita
 Occu
 Prese
 Natio
 State
 Distri
 Polici
 Arriva
 Exam
 Place
 RSA C
 State
 Distri
 Place
 Body
 Descr
 Post I
 Marks
 Sr No
 1

+ सामु. स्वा. केन्द्र तमकुही **▼**
 जनपद - कुशीनगर **Rs. 1**

रजि० सं० 24781 आयुष्मान कार्ड हाँ/ना दिनांक 2/3/26
 रोगी का नाम प्रवेच आलम S/O समझन आयु 21/M
 पता हरी हट्टू चाना तमकुही राजन

लक्षण के उपचार चिकित्सक द्वारा

Rx

PM

4

1. Kanti 100mg

2. Senti 100mg

3. Dolo 100mg

02/03/26

एम.डी.टी. अपनाएं, कुछ सिटाएं।

स्वच्छ रहें, स्वस्थ रहें।



- नोट - 1. दवा का प्रयोग चिकित्सक को दिखाने के बाद करें।
 2. इण्डिया मार्क-2 का पानी पीने के लिए प्रयोग करें।
 3. प्रसव के उपरान्त प्रथम गाढ़ा पीला दूध नवजात शिशु को अवश्य पिलायें।
 4. बेटी बचाओं, बेटी पढ़ाओं।

MLR
 Pre
 Yes



Main Report

MedLEaPR - UTTAR PRADESH
PHC Turakpatti
Kushinagar
FORM-II

MEDICAL LEGAL REPORT- INJURY

MLR No(Generated by Software):- M131025232600318

Date:- 02/05/2026

MLR No(Given by Doctor):- 905

Date:- 02/05/2026

CONSENT FORM IS TAKEN SEPARATELY BEFORE EXAMINATION WHICH IS ATTACHED WITH MLR REPORT.

Sr No.	Doctor's Name	Designation	Registration No of Doctor with State Council/MCI	MLR/PMR Prepared by
1	Dr Mohd Mazhar Alam	MO	116605	Yes

Victim Details:

Name Mr. Pravej Alam
Relative Name(Father) Samsul
Age(Approx) 21 Years 02 Months 15 Days
Gender MALE
Caste/Religion muslim
Marital Status UNKNOWN
Occupation Other
Present Address Hariharpur
Nationality Indian
State UTTAR PRADESH
District KUSHI NAGAR
Police Station TAMKUHIRAJ
Arrival Date & Time (in hrs) 02/05/2026 03:15 PM
Examination Start Date & Time(in hrs) 02/05/2026 03:25 PM
Place of examination OPD

RSA Case: Yes	
State	UTTAR PRADESH
District	KUSHI NAGAR
Place	NA
Body Preserved At Hospital	Yes
Description of Clothes worn by the Victim	NA
Post Mortem Examination To Be Carried Out Or Not	No

Marks of Identification

Sr No.	Identification Details
1	A black mole present on the right side inner aspect of little toe 2.5cm above from its tip .