

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.	Harikesh Kumar 7081758650
2	Vehicle No. / वाहन संख्या	UP52 CF 8583
3	Policy No. / पालिसी संख्या	252400/31/2026/20484
4	Period of Insurance / बीमा अवधि	03/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/04/2026 - 10:00 Am
6	Place of Accident / दुर्घटना का स्थान	Mehrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mundrika Ram BR-2920140044058-9523825542
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : मैं मुंद्रिका राम 23/04/2026 को चन्द्रकेश कुमार का वाइक मेहरौना आवश्यक कार्य हेतु लेकर गया था मैं वाइक खड़ा कर के दुकान से खमान लेने गया। खमान लेकर वापस आया तो वाइक उस स्थान से चोरी हो गयी थी।	
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.	Usha Automobile Lar 9161892881

Date / दिनांक : 13/05/26  
हस्ताक्षर

हरिकेश कुमार  
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 Meerut

Certificate/Policy No. 252400/31/2026/20484

Tel. No.

Period of Insurance 03-06-2026

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 : Haxikesh Kumar  
 (b) Address for correspondence : Vill- Nadauli, Deoria U.P  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>H11F7S9E25075</u> Chassis No. <u>MBLHAW48259E03644</u>	Registration No. <u>UP52 CF 8583</u>
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- (a) Was the vehicle in proper working condition? NA  
 (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  
 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 : NA  
 (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 : Mundrika Ram  
(b) Age : 15-05-1983  
(c) Address : Bhogwanpur, Po. Bhatuwa, Guthari Siwan Bihar  
(d) Is the Driver  
1. Owner :  
2. paid driver? : Friend  
3. Owner's relative or friend? :  
(e) If paid driver, how long has he been in your employment :  
(f) Was he under the influence of intoxication Liquor or drugs? :  
(g) Driving Licence Number : BR-2920140044-058  
(h) Issuing Authority :  
(i) Date of Expiry : 14-05-2033  
(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 : 23-04-2021 - 10:00 Am  
(b) Place : Meharuna  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident :  
(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 : A  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected :

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? : NA  
(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? : NA  
(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? : NA  
(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 13-05-2026

Signature of the insured

Signature

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 *ए. रमेश चंद्र* .....  
Occupation .....  
Address .....  
.....  
.....

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

सेवा में

श्री मान थाना प्रभारी महोदय  
थाना-लार

विषय :- मोटर साइकिल चोरी के संबंध में

महोदय

सविनय निवेदन पूर्वक कहना है कि मैं चन्द्रकेश  
कुमार S/O श्री जवाहर प्रसाद ग्राम + पोस्ट - नदौली  
थाना - लार, जिला - देवरिया (0090) का स्थायी निवासी हूँ  
मैं कल दिनांक 23/04/2026 को 10 बजे सुबह में, मैं  
मेडरोना पेट्रोल पंप के पास आवश्यक कार्य हेतु आया  
था। मैं अपनी वाइक नं० UP 52 FC 8385 नैडिरो स्प्लेड,  
प्लस खड़ी कर दुकान से समान लेके गया समान लोका  
वापस हुआ तो मेरी वाइक जिस स्थान पर खड़ा किया  
था, वहाँ से गायब (चोरी) हो गई थी। काफी खोजबीन  
के बाद भी मुझे मेरी वाइक नहीं मिल पायी इसलिए मैं  
आवेदन दे रहा हूँ।

अतः श्री मान जी से कबलफ प्रार्थना है कि हमारे  
जस मैटर की जांच कर आवश्यक कार्यवाही करें जिससे  
मेरी वाइक मुझे वापस मिल सके।

हम आपके सदैव आभारी रहेंगे।

दिनांक

24/04/2026

प्राधी

Chandrakishore Kumar

73/नं० 8385 362

ग्राम + पोस्ट - नदौली

थाना - लार

जिला - देवरिया

(0090)

मो नं० - 7081758650





Uttar Pradesh Police

उत्तर प्रदेश पुलिस

Lost Article Information Report Registered by e-thana

ई-थाना द्वारा वस्तु या अभिलेख खोने की रिपोर्ट

Police Unit: Police Computer Center,  
Technical Services HQ, Lucknow  
पुलिस इकाई: पुलिस कंप्यूटर केंद्र,  
तकनीकी सेवायें मुख्यालय, लखनऊ

L. A.R No. 20260000379129  
एल.ए.आर.नं.

Date 24/04/2026  
दिनांक

1. Complainant/शिकायतकर्ता:

a) Name/नाम Chandrakesh Kumar  
b) Mobile No./मोबाइल नं. 7317075362  
c) Father/Husband's Name/पिता/पति का नाम: Jawahar Prasad  
d) Email/ई-मेल: kchandrakesh596@gmail.com  
e) Address/पता: Vill And Post Nadauli Ps Lar Deoria

2. Incident details/घटना:

a) Date/Time of Report/रिपोर्ट दर्ज करने का दिनांक/समय: 24/04/2026 10:04  
b) Date/Time of Loss/खोने का दिनांक/समय:  
In between/From 23/04/2026 10:04 से  
Date/दिनांक: 10:04  
To Date/दिनांक: 10:04 के बीच  
c) Place of Loss/खोने का स्थान: Melrauna Petrol

3. Lost Article/खोयी वस्तु व अभिलेख:

S. No. (क्र.सं.)	Property Category (सम्पत्ति श्रेणी)	Property Type (सम्पत्ति के प्रकार)	Value (मूल्य)	Value (मूल्य)	Description (विवरण)
1	Others	OTHERS DETAILS(bike no. UP52CF8583)			

4. Any Other Details/अन्य विवरण:

Hero motocorp  
Motar cycle  
Registration no. UP52CF8583  
Registration Date. 09.06.2025  
Engine No. HA11F7S9E25075  
Chassis no. MBLHAW48S9E03644

Name (नाम): MEETU SHRIVASTAVA

Rank (पद): उप निरीक्षक ( ई-थाना प्रभारी )

Telephone No / टेलीफोन नंबर: 0522-2390261

Note/टिप्पणी: This is a computer generated report.No signature is required./यह कंप्यूटर जनित रिपोर्ट है। हस्ताक्षर की आवश्यकता नहीं है।

Disclaimer/सहत्वपूर्ण:

- This app is for lodging report of articles lost in Uttar Pradesh.  
इस प्रणाली द्वारा केवल उत्तर प्रदेश में खोयी वस्तु या अभिलेख की सूचना ही दर्ज की जाती है।
- Report lodged under this app is not a subject matter of enquiry or investigation.  
इस रिपोर्ट के आधार पर कोई जांच या विवेचना अपेक्षित नहीं है।
- False report to police is a punishable offence/ झूठी रिपोर्ट दर्ज कराना दंडनीय अपराध है।
- Report printed on /रिपोर्ट मुद्रित करने की तिथि 24/04/2026 07:14 PM

