

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.	पूनम क/अरजिय कमाट 9871637331
2	Vehicle No. / वाहन संख्या	UP-44 BU-0270
3	Policy No. / पालिसी संख्या	252400/31/2026/33244
4	Period of Insurance / बीमा अवधि	20/08/2025 से 19/08/2030 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/05/2026 दोपहर के लगभग 2 बजे
6	Place of Accident / दुर्घटना का स्थान	बडवा बाजार के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	निर्मल कमाट 9620700014
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	श्रीमान् पूजा से 12223/ निर्मल कमाट सेरी गाडी लेकर बडवा बाजार जा रहे थे कि अचानक दुडरा जतिपट आ जाने के कारण गाडी लेकर गिर गये गाडी में अक्षय डोगरा
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	ब्रान्ड आर्य लेमन
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	बडवा / 30
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	7081802200

Date / दिनांक :
हस्ताक्षर 21/05/2026

Signature of Insured / बीमाधारक के
पूनम



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. 25248031/2026/33744

Tel. No. _____

Period of Insurance _____

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 _____
 (b) Address for correspondence _____
 (c) Telephone _____ 9871637331

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. Chassis No. <u>MBLDFN35X</u> <u>RUL08112</u> <u>DFI ERKLC09197</u>	Registration No. <u>UP-99</u> <u>BU-270</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

NA

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 _____

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : निमिल आर
(b) Age : 30 वर्ष
(c) Address : _____
(d) Is the Driver : हो हा
1. Owner : _____
2. paid driver? : _____
3. Owner's relative or friend? : _____
(e) If paid driver, how long has he been in your employment : 01-11-2014 40000991
(f) Was he under the influence of intoxication Liquor or drugs? : हो हा
(g) Driving Licence Number : 21/07/2014 से 20/07/2034
(h) Issuing Authority : _____
(i) Date of Expiry : _____
(j) Was the licence temporary/permanent : _____
(k) Details of endorsement/suspension, if any : _____
(l) Has he been involved in any accident before?: MCW/EMV
(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 : 22/05/2026 दोपहर 2 बजे
(b) Place : _____
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : दो रिश्तेदारों के बीच लोकर
(e) If any third party was responsible for this accident give the name and address : बहुरीवा जा रहे थे।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : दो सेर के रिहायशि
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : 79 95-00

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 : _____
(e) Full details of property damaged : _____
(f) Has notice of any claim been given to you? : NA

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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. : _____

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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 : _____

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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 24/05/2026

Signature of the insured *Y. J. H.*

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

2014
29/05/2026

ग्राहक का नाम - पुनम 24/05/2026

गाड़ी संख्या - UP-99 BU-0270

काउल -	1530 = 00
मैडगाई -	1490 = 00
द्वारा काउल -	2095 = 00
खाइड पैनल	640 = 00
ही स्विच	540 = 00
लेवचाई	1150 = 00

7795 = 00

कॉन्स ऑफिस
बडोया बां बल्लोराव
मुलतामपुर 227814

Transport Department Sultanpur
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP44BU0270
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : MAHABIR AUTOMOBILES, 166 LAKSHMAN PUR, SULTANPUR, , 0-200801
Owner Name : POONAM
Full Address: (Permanent) : RAM NAGAR, , , SULTANPUR, UTTAR PRADESH-227806
Full Address: (Temporary) : RAM NAGAR, , , SULTANPUR-UTTAR PRADESH-227806
Fitness UpTo : 23-Aug-2040
Registration Date : 24-Aug-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAJESH KUMAR
Owner Serial No : 1
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA1043386228
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : JF17ERRGL08197
Horse Power(BHP) : 8.98
Maker's Classification : DESTINI PRIME
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : PEARL SILVER WHITE
Other Criteria :
Vehicle Purchase As : Fully Built
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA1043814096
Month/Year of Manuf. : 11/2024
Chassis No : MBLJFN35XRGL08112
Fuel : PETROL
Cubic Capacity : 124.60
Wheel base : 1245
Standing Cap : 0
Unladen Wt (kgs) : 115
Laden/GV Wt (kgs) : 245
AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf. : As Regd. :
Description 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 : 20-Aug-2025
OTT Date : 20-Aug-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 17-Sep-2025
Sale Amt : 75855/-
Amount/Rcpt No : 7586 / UP44D25080001573
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Aug-2025 to 23-Aug-2040

Date : 19-Sep-2025 14:39:55

Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी
मोटर वाहन
Signature of Registering Authority
Date : 19-Sep-2025
177पुर

Q 4368379

पुनम



भारत सरकार
Government of India



पूनम
Poonam
जन्म तिथि/DOB: 27/05/1997
महिला/ FEMALE

Download Date: 12/05/2021

Issue Date: 04/08/2021

3151 3995 1068

VID : 9195 6401 5425 8656

मेरा आधार, मेरी पहचान

पूनम

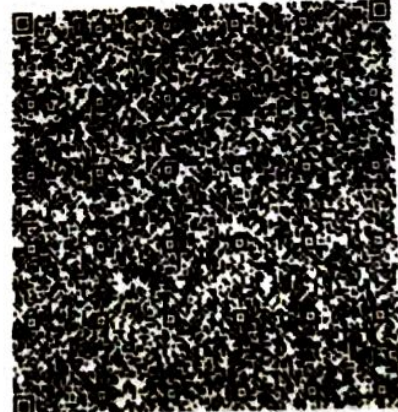


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



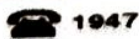
पता:
द्वारा: राजेश कुमार, रामनगर, सुल्तानपुर,
उत्तर प्रदेश - 227806

Address:
C/O: Rajesh Kumar, Ramnager, Sultanpur,
Uttar Pradesh - 227806



3151 3995 1068

VID : 9195 6401 5425 8656



1947



help@uidai.gov.in



www.uidai.gov.in

UP 44 201400009991

UP00864955MT

21/01/2014 21/01/2014

MCWG

Address

VILL - PROKATA
PO - ATAUJA, PS-BALDEWA
SULTANPUR -

Holder's Signature



Form 7 Rule 16(2)

Issued / Issuing Authority Sign
Sultanpur

UP 44 201400009991

UNION OF INDIA Driving Licence



Date of Issue
21/01/2014

Date of Birth
05/03/1995

Name
NIRMAL KUMAR

Relationship
RAM UJAGIR YADAV

Vehicle Category