



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.	Samir Ansari 9918769604
2	Vehicle No. / वाहन संख्या	UP57CB5326
3	Policy No. / पालिसी संख्या	252400/31/2026/66045
4	Period of Insurance / बीमा अवधि	13-12-2025 - 12-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/05/2026, 09.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Tusipatti
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	7518299675 Saifuddin
8	Estimated Loss / अनुमानित हानि	14100/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश भतीजा सैफुद्दीन कपड़ा बरिदने लुर्कपठी जा रहा था एक बार्डक वाला सामने आ गया उसी से मेरी बार्डक टकरा कर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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.	9125197148. Gupta automobile Poojara

Date / दिनांक : 29/05/2026  
हस्ताक्षर

समीर अंसारी  
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. 252400/311, 2020/66045  
 Tel. No. \_\_\_\_\_ Period of Insurance 12-12-2020  
 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 : Samir Anjan  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9910769604

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. <u>HA11P654L11967</u> Chassis No. <u>MB1HA047B5HLC15</u> <u>42</u>	Registration No. <u>UP57CB5322</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? 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 \_\_\_\_\_  
 (g) If Lorry/Jeep/Tractor, was trailer attached? \_\_\_\_\_  
 (h) Number of passengers carried \_\_\_\_\_  
 (i) Number of Passenger permitted \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sai Fuddin  
(b) Age :  
(c) Address :  
(d) Is the Driver  
1. Owner  
2. paid driver?  
 3. Owner's relative or friend? : relative  
(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 : CP5700230007370  
(h) Issuing Authority :  
(i) Date of Expiry : 03-05-2036  
(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 : 27-05-2026 09:00 P.m  
(b) Place : Turpatti  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : 105 नंबरक वाला सामने आ गया उसीसे  
(e) If any third party was responsible for this accident give the name and address : मेरी नंबरक नकरा कर क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Mandala, Hissr, HIL, Front Wheel  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : Gupta Automobilepadrauna

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 : MIA  
(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 : \_\_\_\_\_

MIA

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. : \_\_\_\_\_

MIA

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 Police Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_

MIA

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 29 05 200 28

Signature of the insured समीर अंसारी

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 सगीर अंसारी .....  
Occupation .....  
Address .....  
.....  
.....

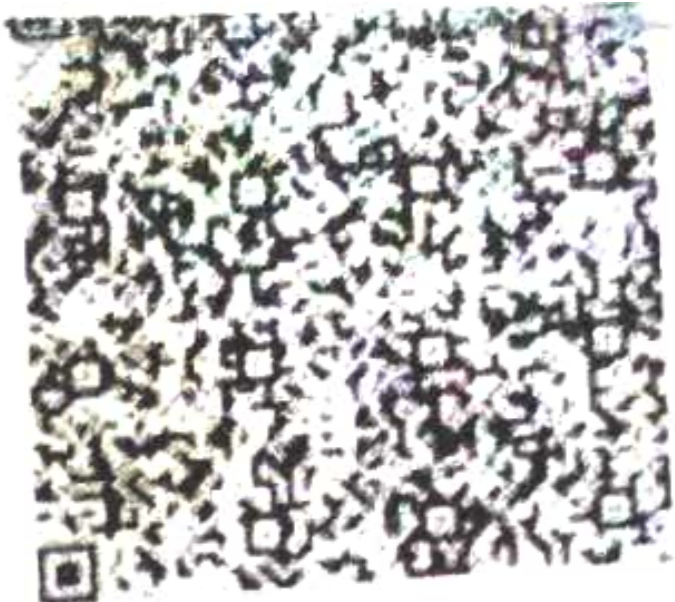
Bank Account Number .....  
Name of the Bank .....

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57CB5326  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304  
 Owner Name : SAMIR ANSARI  
 Full Address: (Permanent) : VILL-PIPRA JATANPUR, POSTPIPRA JATANPUR, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303  
 Full Address: (Temporary) : VILL-PIPRA JATANPUR, POSTPIPRA JATANPUR, THANA-KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274303  
 Fitness UpTo : 14-Dec-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2147217317  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11F6SHL11967  
 Horse Power(BHP) : 8.17  
 Maker's Classification : SPLENDOR+BLACK&ACCE NT I3S(DRS)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : BLACK AND ACCENT  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Registration Date : 15-Dec-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : ALIM ANSARI  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA1047587540  
 Month/Year of Manuf. : 11/2025  
 Chassis No : MBLHAW473SHLC1542  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 113  
 Laden/GV Wt (kgs) : 243  
 AC Fitted : NO

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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 13-Dec-2025.

Purchase dt : 13-Dec-2025  
 OTT Date : 13-Dec-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 28-Jan-2026  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 74999/-  
 Amount/Rcpt No : 7500 / UP57D25120001557  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 15-Dec-2025 to 14-Dec-2040

Date : 13-Feb-2026 12:50:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 13-Feb-2026

Q 7656305

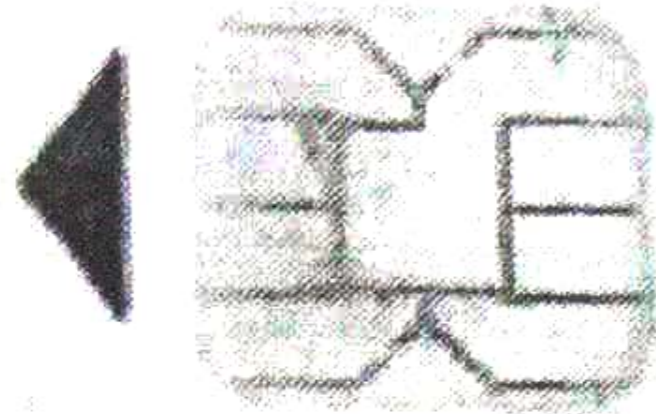




**Indian Union Driving Licence  
Issued by Uttar Pradesh**

(UP)

**UP57 20230004370**



Issue Date: 22-03-2023    Validity (NT): 03-05-2036    Validity (TR): \_\_\_\_\_



(22-03-2023)

Holder's Signature

Name: **SAIFUDDIN**  
 Date of Birth: **04-05-1996**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **SAJULLAH ANSARI**  
 Address:  
**Pipra Jatanpur Kushinagar  
 Uttar Pradesh 274303**

Date of First Issue

**DL No: UP57 20230004370**

UPDL 000010570941



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	22-03-2023	NT			
	LMV	UP57	22-03-2023	NT			

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 10(2)

भारत सरकार

Government of India

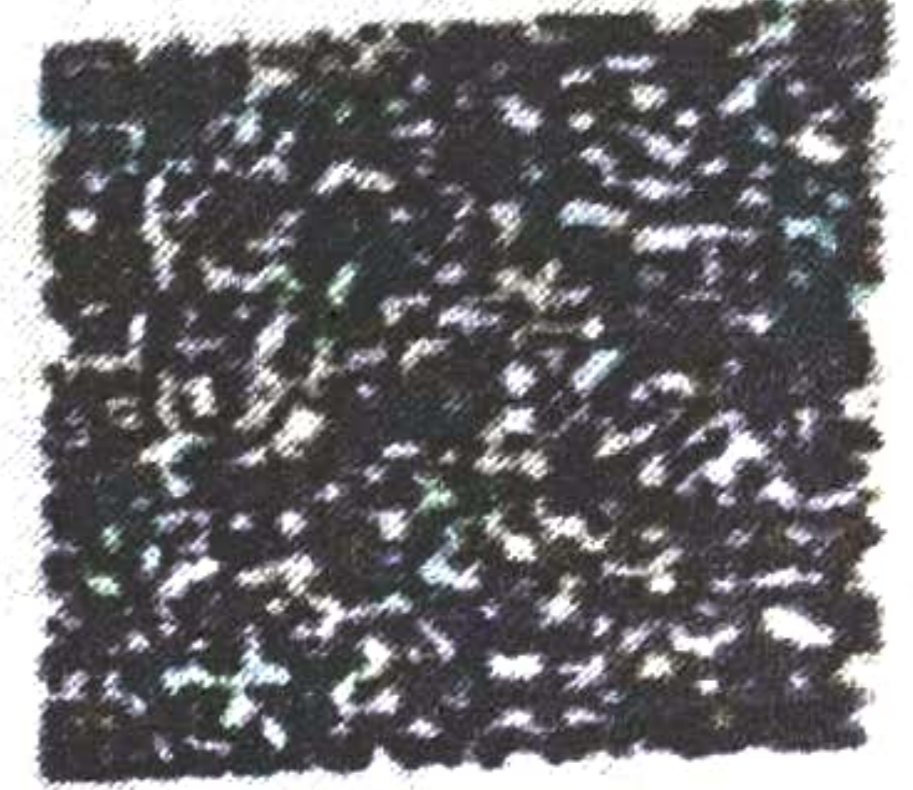


समीर अंसारी

Samir Ansari

जन्म तिथि / DOB : 01/01/1996

पुरुष / Male



2503 6063 9259

मेरा

, मेरी पहचान

Unique Identification Authority of India

पता

आत्मज: आलीम अंसारी, खुशीपैटी,  
पिपरा जटामपुर, पिपरा जतानपुर,  
कुशीनगर, पिपरा जटामपुर, उत्तर  
प्रदेश, 274303

Address:

S/O: Alim Ansari, khushipatti,  
pipra jatampur, Pipra Jatanpur,  
Kushinagar, Pipra Jatampur, Uttar  
Pradesh, 274303

2503 6063 9259



1947



help@uidai.gov.in

www

www.uidai.gov.in

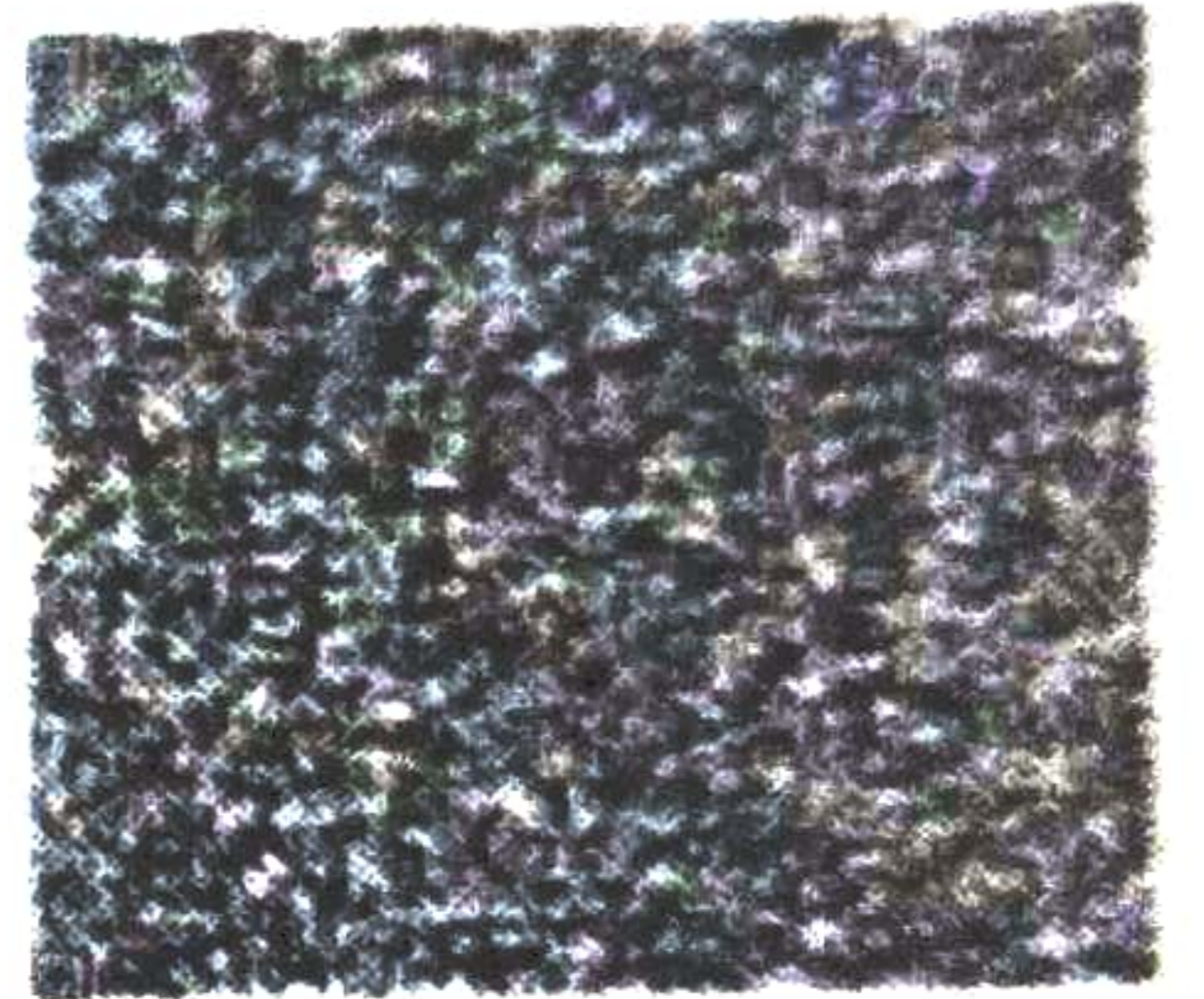
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
FHTPA7065J



नाम / Name  
SAMIR ANSARI

पिता का नाम / Father's Name  
ALIM ANSARI

जन्म तिथि / Date of Birth  
01/01/1988

समिर अंसरी

हस्ताक्षर / Signature

27123