



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.	Jayhind 8127987121
2	Vehicle No. / वाहन संख्या	UP57B75070
3	Policy No. / पालिसी संख्या	252400/31/2026/39778
4	Period of Insurance / बीमा अवधि	02-10-2025 - 01-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-06-2026 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	Bagahi Kuthi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pawan Kumar Madhavi 9170262446
8	Estimated Loss / अनुमानित हानि	13,330/-
09.	Cause of Accident / दुर्घटना का कारण:	मैरा गाड़ी मैरा भार पवन कुमार मधेशिया की ओर धमकाने लगे शाम के समय बाजार जा रहे थे भार गाड़ी चल रहा था कि रास्ते में सामने अचानक जानवर झा वसले गाड़ी टक्कर ले गयी और कार गाड़ी गिरी बौड़ हाइड में सार्ड में पेड़ वृत्ति
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 / फोन नं.	Gupta Automobile padrauna 9125197198

गिरा हुआ ना जिसके हिस्से ले लकी भी ईमेल हो गया।

जायहिन्द मधेशिया

Date / दिनांक : 03-06-2026  
हस्ताक्षर

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. 252400/31/2026/39776

Tel. No. \_\_\_\_\_

Period of Insurance 01-10-2026

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 : Jay hind  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 0127987121

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11P03SH626215</u> Chassis No. <u>MBLHAW33XSH6257</u>	Registration No. <u>UP57BX5070</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 : Pawan Kumar Madhesiya  
(b) Age : \_\_\_\_\_  
(c) Address : \_\_\_\_\_  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : relative (brother)  
(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 : UP57 2010000 1325  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 10-02-2030  
(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 : 01-06-2028 — 5:00 P.M  
(b) Place : Bagahi Kuthi  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : बाइकी के सामने बाजार आ गया जिस से बाइकी  
(e) If any third party was responsible for this accident give the name and address : टकरा कर बाइका तब तक गिर गया जा जहां के बाइका  
कड़ा हिलता था जिससे बाइकी टकरा गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Wipers, Handle, Fenders etc  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_

~~NIA~~

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

~~NIA~~

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 : \_\_\_\_\_

~~NIA~~

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 03-06-2002 26

Signature of the insured जयद्विन्द मन्ने शियाँ

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 ..... जयहृदय मजराशियाँ  
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 : UP57BZ5070 Registration Date : 05-Oct-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 : JAYHIND Son/wife/daughter of : BYAS
Full Address: (Permanent) : VILL- SAGAR GOSAI, POST- KHANU CHHAPRA, PS- NEBUA NAURANGIYA, KUSHINAGAR, UTTAR PRADESH-274306
Full Address: (Temporary) : VILL- SAGAR GOSAI, POST- KHANU CHHAPRA, PS- NEBUA NAURANGIYA, KUSHINAGAR-UTTAR PRADESH-274306

Fitness UpTo : 04-Oct-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Nominee Name : URMILA DEVI
Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2133086254 Rear HSRP No : AA2133719424
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
No of Cylinders : 1 Chassis No : MBLHAW33XSHG25747
Engine No : HA11FB SHG26215 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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 : 02-Oct-2025 Sale Amt : 80517/-
OTT Date : 02-Oct-2025 Amount/Rcpt No : 8052 / UP57D25100000886
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 25-Oct-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Oct-2025 to 04-Oct-2040

Date : 11-Nov-2025 13:09:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Nov-2025

Q 3742179



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57-20100001325

Issue Date: 14-12-2021  
Validity (NT): 18-02-2030  
Validity (TR): 13-12-2026



Holder's Signature

Name: PAWAN KUMAR MADESHYA

Date of Birth: 05-07-1985 Blood Group: VE Organ Donor: Y

Son/Daughter/Wife of: HARIHAR MADESHYA

Address:

SAGAR GOSAI KHAMUCHAPRA PS-NEBUA  
HAIRANGETYA SAGAR GOSAI KUSHINAGAR 274306

Date of First Issue (19-02-2010)

DR LIC UP57-20100001325

Holder's Name: PAWAN KUMAR MADESHYA

Registration Office: ...

Class	Code	Valid From	Valid To	Remarks
VE	...	...	...	...
NT	...	...	...	...

Emergency Contact Number: ...

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

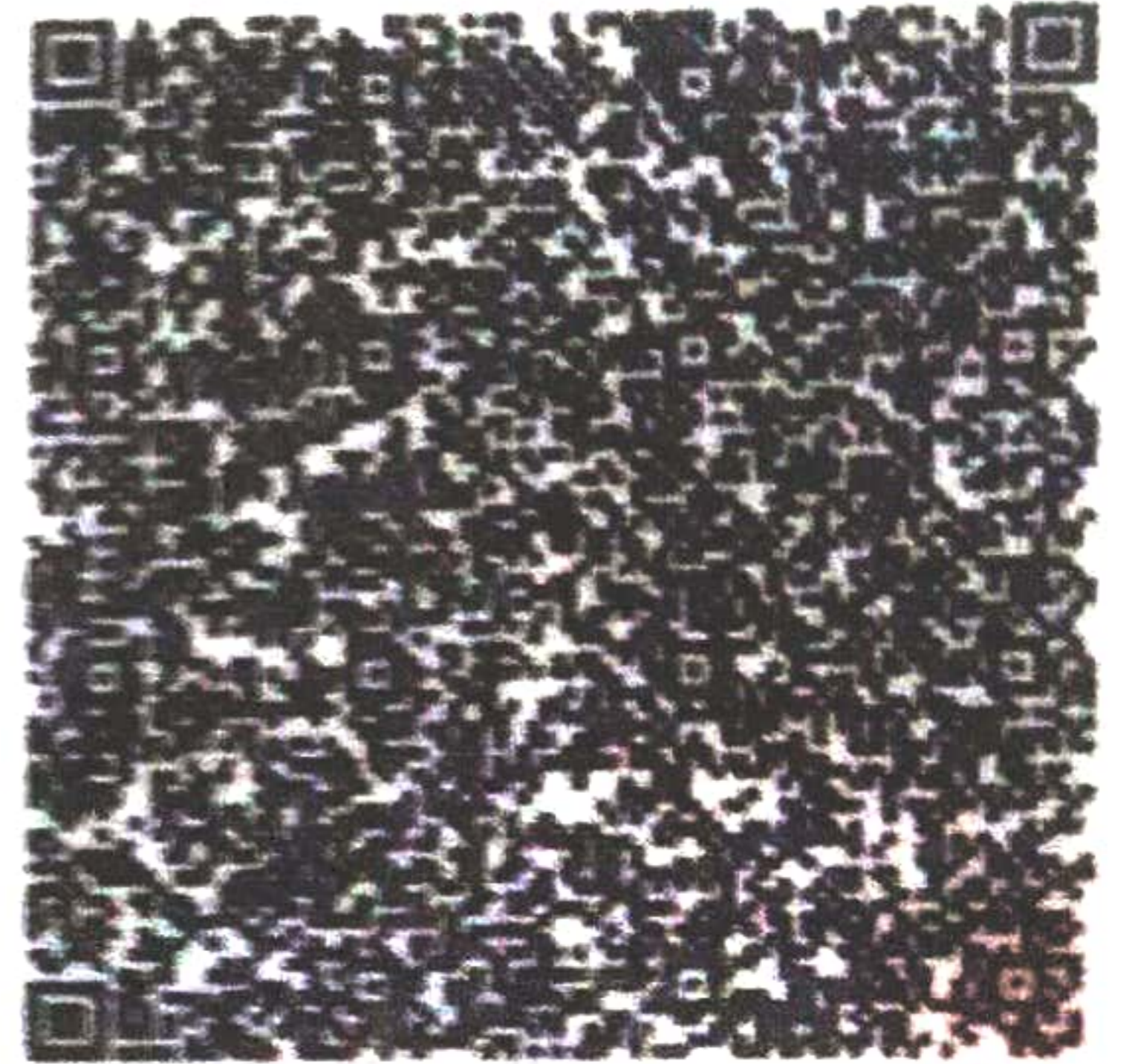


नाम / Name  
Jayhind

स्थायी लेखा संख्या  
Permanent Account Number  
DIOPJ0358D

जन्म तिथि / Date of Birth  
01/01/1988

हस्ताक्षर / Signature





भारत सरकार  
GOVERNMENT OF INDIA



जयहिन्द  
Jayhind  
जन्म तिथि/ DOB:  
01/01/1988  
पुरुष / MALE



2554 5572 8792

मेरा आधार, मेरी पहचान



राष्ट्रीय निम्न वस्त्र शक्ति  
NATIONAL CLOTHING POWER  
GOVERNMENT OF INDIA

पता:  
आलय: व्यास, सागर  
गोसाई, कुशीनगर,  
उत्तर प्रदेश - 274306

Address:  
50 Bhal Sugar Canal,  
Kushinagar,  
Uttar Pradesh - 274306

2554 5572 8792

MERA AADHAAR, MERI PEHACHAN