



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.	Kaushik Kumar, 7267 034507
2	Vehicle No. / वाहन संख्या	UP57CA2945
3	Policy No. / पालिसी संख्या	252400/31/2026/48524
4	Period of Insurance / बीमा अवधि	20/10/2025 to 19/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06-06-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Pokhra chauriya UP5720220009207
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Monoj 8948510216
8	Estimated Loss / अनुमानित हानि	13490/-
09.	Cause of Accident / दुर्घटना का कारण: मेरा भारी मनोज समान लाने मार्केट जा रहा था आगे मार्केट से एक कारक वाला लकड़ी बांधा था अचानक ब्रेक लगा दिया और मेरी गाड़ी control न ले पाई जितने लकड़ी से भारी पट लगा तब चिक् से एक ह-रिक्शा वाला तकरा मार दिया	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padrauna 91251911 421 न कृष्णा

और गाड़ी डैमेज हो गया —

Signature of Insured / बीमाधारक के

Date / दिनांक : 20/06/2026  
 हस्ताक्षर



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. 252400/31/2026/48524  
Tel. No. \_\_\_\_\_ Period of Insurance 20/10/25 to 19/10/26  
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 : Krishna Kumar  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 7267034507

2. THE INSURED VEHICLE

Make & Year <u>Hercules/2025</u>	Engine No. <u>JA07AZS9H06668</u> Chassis No. <u>MBLJAW523S9H04886</u>	Registration No. <u>UP57CA</u> <u>2945</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? \_\_\_\_\_  
(d) If a Motor Cycle/scooter No  
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 : \_\_\_\_\_
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mamoj  
(b) Age :  
(c) Address : Kushinagar Padrauna  
(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 : No  
(f) Was he under the influence of intoxication Liquor or drugs? : No  
(g) Driving Licence Number : UP5720220009207  
(h) Issuing Authority :  
(i) Date of Expiry : 31/12/2038  
(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 : 06/06/2028, 05:00 P.M.  
(b) Place : Pokhara Chowkiya  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : आगे वाली बाईक ने ब्रेक लेने से मेरी बाईक  
(e) If any third party was responsible for this accident give the name and address : उसी से धक्का मारा गया। ई-रिक्शा वाले ने पिछे से धक्का मार दिया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear Side.  
(b) Estimated cost of repairs : 13490/-  
(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 : 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 : \_\_\_\_\_

~~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 10/06/2024 200

Signature of the insured Shou

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Anand 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 or future arising directly/indirectly in respect of the said accident.

To \_\_\_\_\_

Use Paper  
Revenue Stamp  
When Favourable  
Excise No. 5000/-

Witness  
Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_

Signature \_\_\_\_\_  
Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Bank Account Number \_\_\_\_\_  
Name of the Bank \_\_\_\_\_



भारत सरकार  
GOVERNMENT OF INDIA



कृष्ण कुमार  
Krishna Kumar  
जन्म वर्ष / Year of Birth : 2003  
पुरुष / Male



2116 9931 8130

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O काशी प्रसाद, मनिहवावा पत्नी  
मैला, पहरना, पहरना, कुशीनगर, उत्तर प्रदेश, 274304  
Address: S/O Kashi Prasad,  
maithrwa pari tola, Padrauna,  
Padrauna, Kushinagar, Uttar  
Pradesh, 274304

1947  
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 18  
Bangalore-560

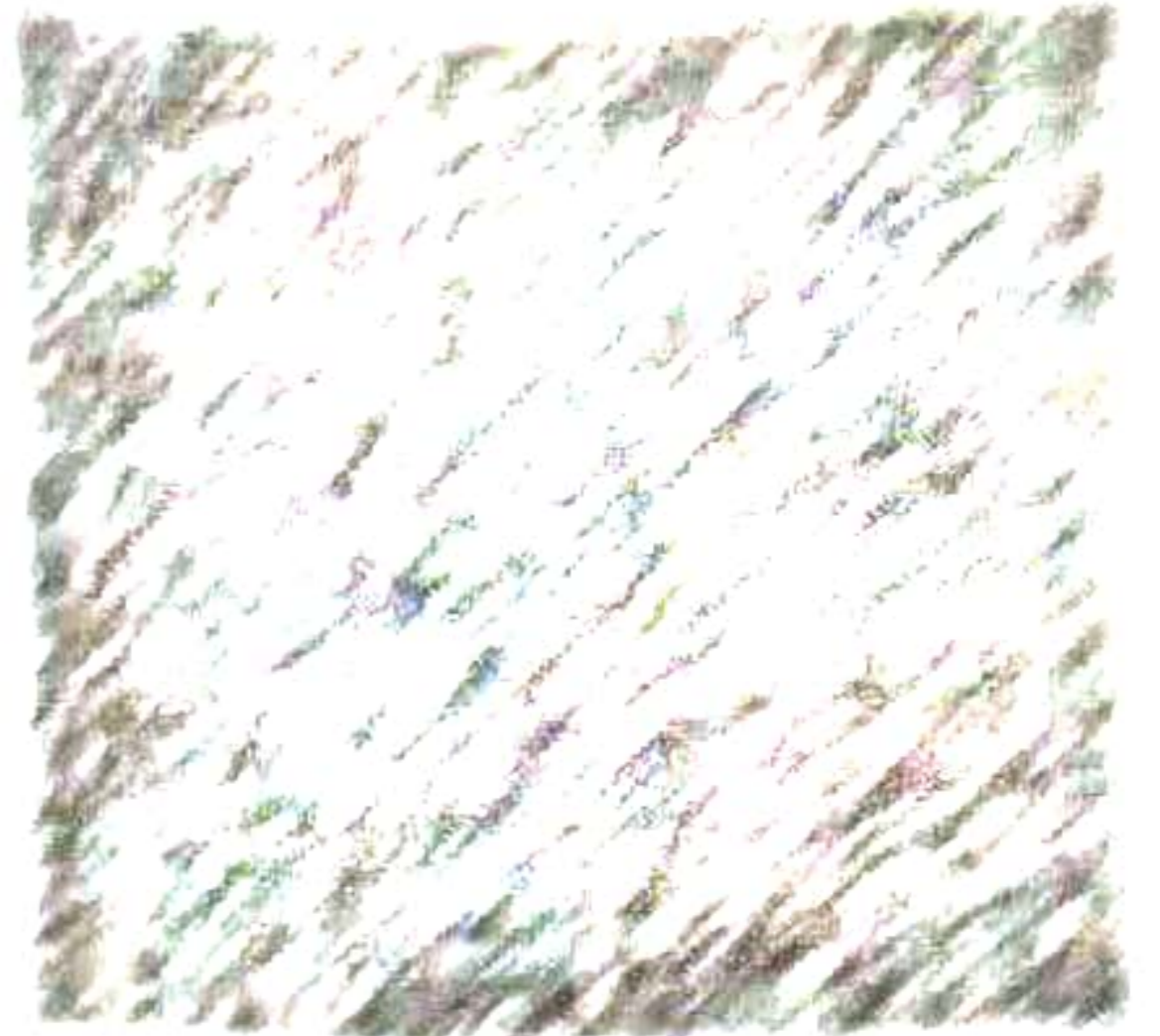
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



आयकर विभाग  
Permanent Account Number Card  
भारत सरकार  
INCOME TAX DEPARTMENT



नाम  
KRISHNA KUMAR

पिता का नाम / Father's Name  
KASHI PRASAD

दिनांक / Date of Birth  
01/01/2003

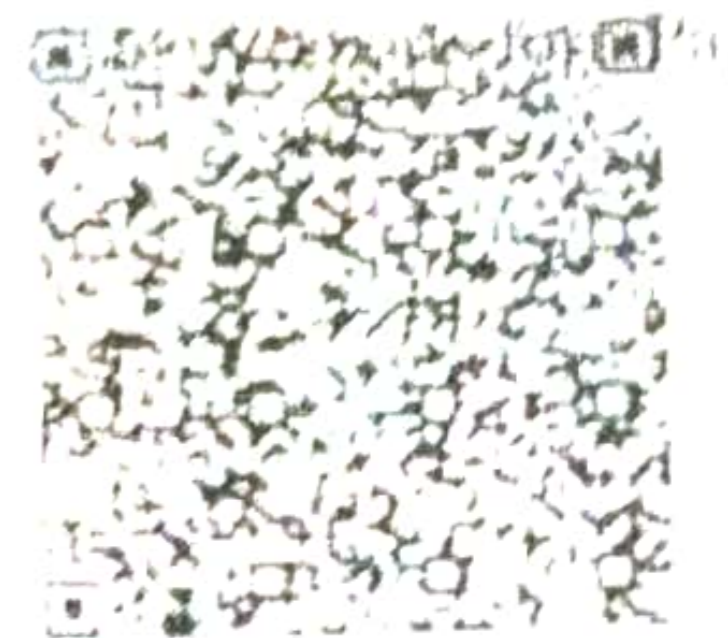
हस्ताक्षर

Signature / Name

दिनांक



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



Registration No : UP57CA2945 Registration Date : 26-Oct-2025  
 Description of Vehicle : M CYCLE/SCOOTER Purpose For Printing RC : NE  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASHIYA ROAD, PADRAUNA, PIN-274304  
 Owner Name : KRISHNA KUMAR Son/wife/daughter of : KASHI PRASAD  
 Full Address: (Permanent) : VILL-MATIYARAWA PARTI TOLA, POST-PADRAUNA, THANA-PADRAUNA, KUSHINAGAR,  
 UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-MATIYARAWA PARTI TOLA, POST-PADRAUNA, THANA-PADRAUNA,  
 KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness Up To : 25-Oct-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 : AA2141829186  
 Front HSRP No : AA2142495638 Rear HSRP No : 08/2025  
 Type of Body : SOLO WITH PILLION : MBLJAW523S9H04886  
 No of Cylinders : 1 Chassis No : PETROL  
 Engine No : JA07AZS9H06668 Fuel : 124.70  
 Horse Power(BHP) : 10.72 Cubic Capacity : 1263  
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base :  
 R :  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 122  
 Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252  
 Other Criteria : AC Fitted : NC  
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LIMITED,  
 GORAKHPUR, Gorakhpur, Uttar Pradesh-273001 w.e.f. 26-Oct-2025.

Purchase dt : 20-Oct-2025 Sale Amt : 73618/-  
 OTT Date : 20-Oct-2025 Amount/Rcpt No : 7862 / UP57D25100009047  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 21-Feb-2026

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 26-Oct-2025 to 25-Oct-2040

Date : 28-Feb-2026 14:52:02

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 28-Feb-2026