

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.	Rajiv Madheshiya 7753044620
2	Vehicle No. / वाहन संख्या	CP57CB5278
3	Policy No. / पालिसी संख्या	252400/31/2026/66104
4	Period of Insurance / बीमा अवधि	14-12-2025 - 13-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/06/2026, 12.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Pipasa Singha Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9721529482 Ashok Kumar
8	Estimated Loss / अनुमानित हानि	2650/-
09.	Cause of Accident / दुर्घटना का कारण :	मेश मित्र अशोक कुमार बार्सिक लेकर किसी काम से जा रहा था अचानक सियार सामने आ गया उसी की बधाते हुये अर्ध शरीर छो कर बायें खाई गिरने से डेमेज 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 Padma

Date / दिनांक : 15/06/2026
हस्ताक्षर

राजीव मेधेशिया
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. 252400/31/2026/66109

Tel. No. _____

Period of Insurance 14-12-2025 - 13-12-2026

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 : Rajiv madhesiya
 (b) Address for correspondence : _____
 (c) Telephone : 7753044620

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>HA11F784L37497</u> Chassis No. <u>MBLH0498754L35223</u>	Registration No. <u>UP57CB52729</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
 (c) Was trailer attached? no
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? no
 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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- all A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ashok Kumar
 (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 : UP57 2023 0002010
 (h) Issuing Authority :
 (i) Date of Expiry : 05-02-2023
 (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 : 14-06-2028 12:00 P.M.
 (b) Place : Pipra Singha Road
 (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 :
 अचानक ब्रिजा राम ने आ जागा उधर की
 क्यारे से बम्बे करीब ले कर वाचे (बाइक)
 पकड़ ले गये।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : V.S. N.C. W.M.C. (1)
 (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 : 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 : _____

~~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 Police Station? : _____
(i) C.R. diary Number : _____

~~NIA~~

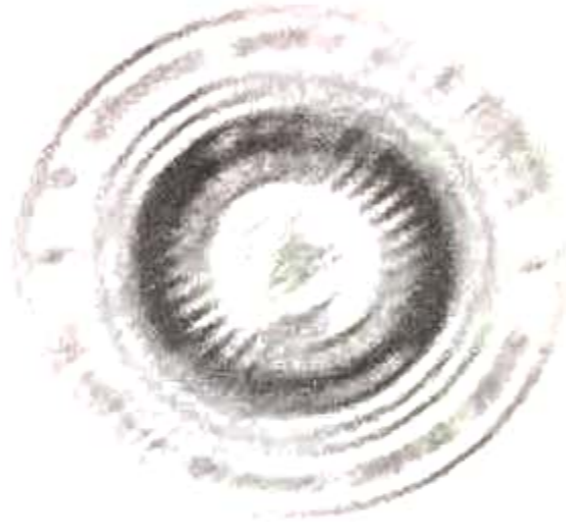
I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

राजीव मोदीशिया

Date 15-06-2002

Signature of the insured _____

Insuring
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Connaught Place, 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.

R.S. _____

Use Stamp
Revenue Stamp
When Filled
Exceeds Rs. 5000

Witness
Name _____
Signature _____
Address _____

Signature राजीव मदेशिवा
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 : UP57CB5278 Registration Date : 15-Dec-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 : RAJIV MADDHESHIYA Son/wife/daughter of : JOGI MADDHESHIYA
 Full Address: (Permanent) : VILL-TEDHI, POST-SINGAHA, THANA-NEBUA NAURANGIA, KUSHINAGAR, UTTAR
 PRADESH-274305
 Full Address: (Temporary) : VILL-TEDHI, POST-SINGAHA, THANA-NEBUA NAURANGIA, KUSHINAGAR-UTTAR
 PRADESH-274305
 Fitness UpTo : 14-Dec-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
 Front HSRP No : AA2147217314 Rear HSRP No : AA1047587537
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW487S4L35223
 Engine No : HA11F7S4L37497 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 Other Criteria : A/C Fitted : NO
 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)
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. 14-Dec-2025.
 Purchase dt : 14-Dec-2025 Sale Amt : 73764/-
 OTT Date : 14-Dec-2025 Amount/Rcpt No : 7377 / UP57D25120001494
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 29-Jan-2026
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

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

Date : 06-Mar-2026 15:15:37

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 06-Mar-2026
A.P.T.O. (A)
Kushinagar (U.P.)

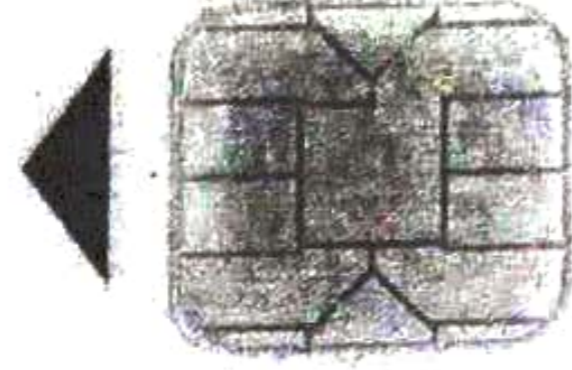
Q*8337467



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

UP

UP57 20230002018



Issue Date
06-02-2023

Validity (NT)
05-02-2033

Validity (TR)*



Holder's Signature

(06-02-2023)
Date of First Issue

Name: **ASHOK KUMAR**

Date of Birth: **01-12-1986** Blood Group:

Son/Daughter/Wife of: **DHARMDEV** Organ Donor: **Y**

Address:
**gram- tedhi Terhi Kushinagar Uttar
Pradesh 274305**

UPDL 000010402298

DL No: UP57 20230002018



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	06-02-2023	NT			
	LMV	UP57	06-02-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

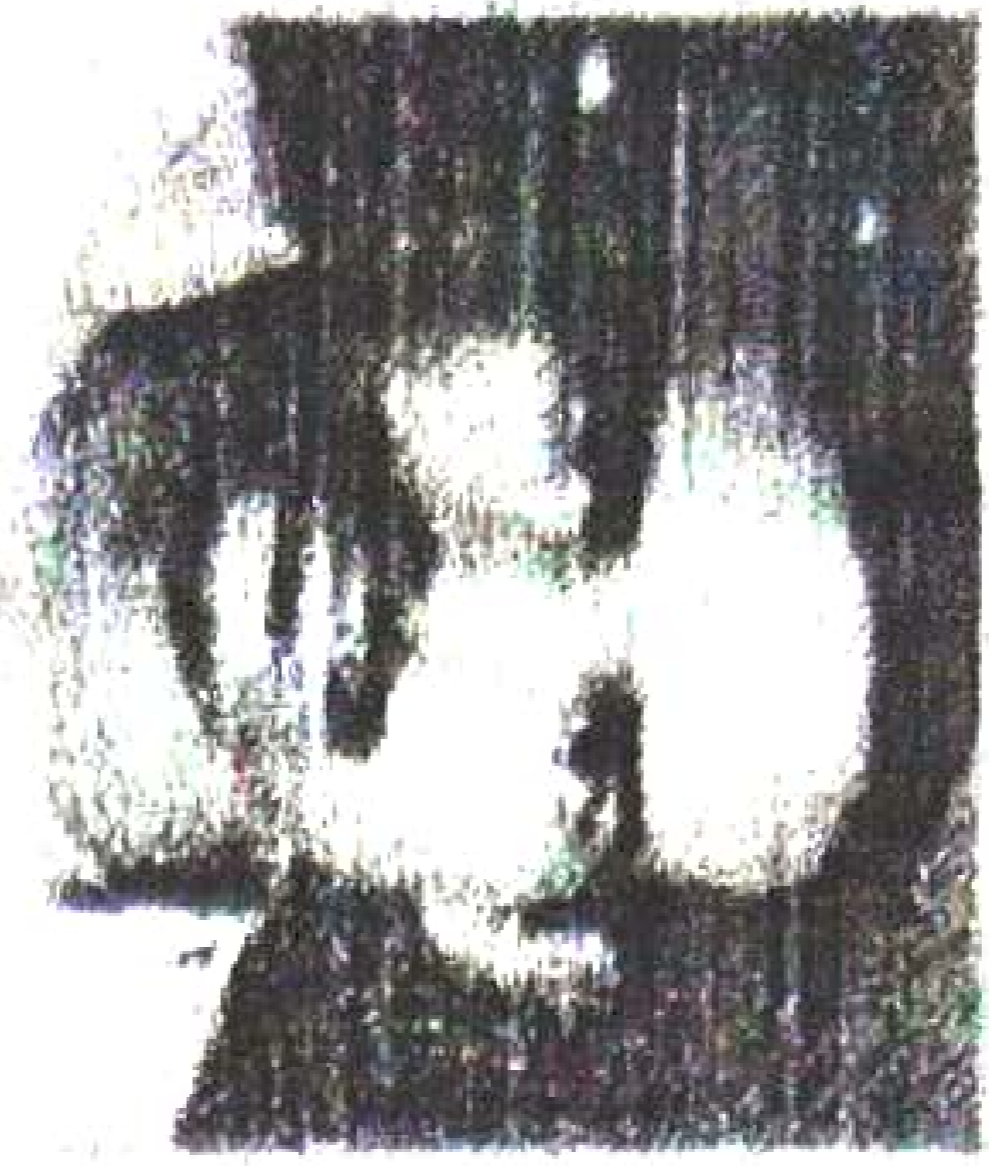
Form 7 Rule 16(2)

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

EULPR2649R

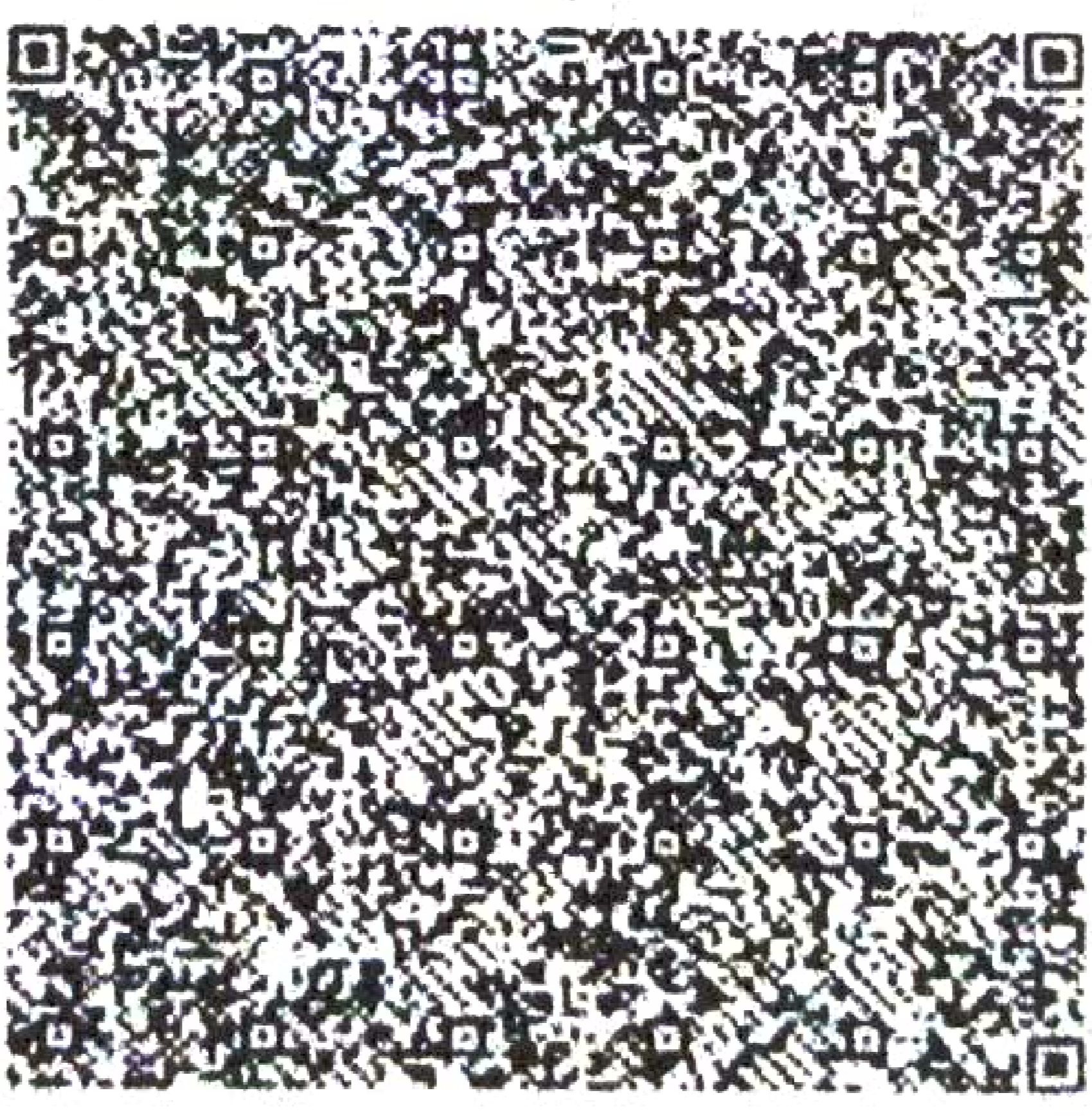
नाम / Name
RAJIV MADDHESHIYA

पिता का नाम / Father's Name
JOGI

जन्म की तारीख /
Date of Birth
01/01/1984

राजीव मद्देशिया

हस्ताक्षर / Signature



13022022

