

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दिए ओरिएण्टल इंश्योरेंस 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.	Salma Khatton, 7754076538
2	Vehicle No. / वाहन संख्या	UP57 BS 2707
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/466727
4	Period of Insurance / बीमा अवधि	18/09/2025 to 15/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/11/2025, 5:00 pm
6	Place of Accident / दुर्घटना का स्थान	चिपरा अंगरवा
7	Name of the Driver, D L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Daud Ali, 7754076538 UP5720250019386
8	Estimated Loss / अनुमानित हानि	7599/-
9.	Cause of Accident / दुर्घटना का कारण :	मेरा भाई वाईक चला रहा था तभी सामने एक औरत आ गयी जिससे वचाने के चक्कर में वाईक लेमा राईड खाइस गी गये।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फोन नं.	RISHABH - MOTORS, 6306525467

18/11/2025  
Date / दिनांक :  
हस्ताक्षर

सलमा खतुन  
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 MOTORSATHI

Certificate/Policy No. MC/2025/7001/0/46575/466727

Tel. No. 7754076530

Period of Insurance 16/09/2025 to 15/09/26  
 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 : Salma Khatton  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7754076538

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u>	Engine No. <u>08101</u> Chassis No. <u>08204</u>	Registration No. <u>UP57BS</u> <u>2707</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? NA  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NA  
 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 : Daul Ali  
(b) Age :  
(c) Address :  
(d) Is the Driver :  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : yes  
(e) If paid driver, how long has he been in your employment :  
(f) Was he under the influence of intoxication Liquor or drugs? : NA  
(g) Driving Licence Number : UP572025 0009386  
(h) Issuing Authority :  
(i) Date of Expiry : 18.10.2025  
(j) Was the licence temporary/permanent : 31.12.2039 permanent  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before? : NA  
(m) Has he been charged by the policy? If so, Why?: NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 15/11/2025, 5:00 Pm  
(b) Place : पिपरा अंगरवा  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : मैरा आई वार्ड चला रहा था तभी सामने एक औरत आ गयी जिसे वचान के चक्कर में वाहन लेन Right माइल जा गया।  
(e) If any third party was responsible for this accident give the name and address :  

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6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate  
(b) Estimated cost of repairs : 7599/-  
(c) When and where can the damaged vehicle be inspected : RISHABH-MOTORS

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 : NA  
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

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? : ..... NA  
(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? : ..... NA  
(g) When? : .....  
(h) Which Police 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

18/11/2025  
200

Signature of the insured

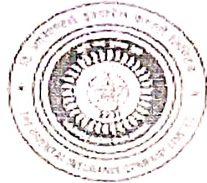
सर्वमाशुभ

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 राजेश कुमार  
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 : UP57BS2707
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : M/S RISHAB MOTORS, TAMKUHI ROAD SEVRAHI, KUSHINAGAR, ... 189-274408
Owner Name : SALMA KHATOON
Full Address: (Permanent) : SUMAHI BUJURG URF MAHEDIYA, PO:PIPARA AGARWA, KUSHINAGAR, UTTAR PRADESH-274409
Full Address: (Temporary) : SUMAHI BUJURG URF MAHEDIYA, PO:PIPARA AGARWA, KUSHINAGAR-UTTAR PRADESH-274409
Fitness UpTo : 27-Jun-2039
Detailed Description: Class of Vehicle : M-CYCLE/SCOOTER, Ownership : INDIVIDUAL, Relationship with the Nominee : Brother, Maker's Name : HERO MOTOCORP LTD, Front HSRP No : AA2103581132, Type of Body : SOLO WITH PILLION, No of Cylinders : 1, Engine No : JF17ERRGB08101, Horse Power(BHP) : 8.98, Maker's Classification : DESTINI PRIME, Seating Cap(in all) : 2, Sleepar Cap : 0, Colour : NOBLE RED, Other Criteria : , Vehicle Purchase As : Fully Built

Registration Date : 28-Jun-2024
Purpose For Printing RC : NEW
Son/wife/daughter of : ABDULAHAY
Owner Serial No : 1
Link Vehicle No :
Nominee Name : DAUD ALI
Norms : BHARAT STAGE VI
Rear HSRP No : AA2103235747
Month/Year of Manuf. : 02/2024
Chassis No : MBLJFN35XRGB08284
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)

Table with 3 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 HERO FIN CORP LTD., DELHI, ... New Delhi, Delhi-110057 w.e.f. 26-Jun-2024.

Purchase dt : 26-Jun-2024
OTT Date : 26-Jun-2024
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 07-Sep-2024
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :
This certificate is valid from 28-Jun-2024 to 27-Jun-2039

Date : 12-Sep-2024 18:30:35
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T. Kushinagar (U.P.)
Date : 12-Sep-2024

P 8818906

9/12/2024, 6: