

NEERAJ MOTORS

MADANPUR DEORIA

neerajmotors.2015@gmail.com

Name - Lalim

GSTIN No. : 09ATIPG3852B1ZW

Rag no - UPS2CB4931

Add - State bank wali Azad nagar,
Ward No 6 PO. Barhaj Deoria.

MO-8400875256

Date - 07/11/25

ESTIMATE

S.NO.	PART NAME	QTY	RATE	TOTAL
1	वाइजर			960
2	मोटर गार्ड			1180
3	टंकी			5800
4	फास्टर लेंग गार्ड			700
5	फास्टर एमडीवील			4600
6	टेल पैनल			1180
7	ब्रेक लाइट सेट			360
8	इन्डिकेटर (R)			200
9	लूकर			96
10	कॉरिडोर			890
11	इन्डिकेटर			500
12	हेड लाइट			530
13	प्यार टैल			224
14	सॉलिडिटी पति			530
15	लेवा चाप			1000
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29				18750



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.	Salim. 9369777319
2	Vehicle No. / वाहन संख्या	UP52CB4931
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/466981
4	Period of Insurance / बीमा अवधि	21/09/25 TO 20/09/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/11/25 11.00 AM 01/11/25
6	Place of Accident / दुर्घटना का स्थान	Nagara Chauraha.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohd. Salim - 9369777319 UP5220150005463
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	मैं वा से भरवली जा रहा था उसी रास्ते में नगरा चौराहा पड़ा है उसी चौराहे पर हमारे गाड़ी में पिछे से एक बोलरो प्राला ने ठोकर मारी जिससे हमारी गाड़ी सामने एक शम्बू से जा कर टकरा गई थी जिससे क्षतिग्रस्त होगई ?
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 / फ़ोन नं.	Neeraj Motors Madampur 8400 875256

Date / दिनांक :
हस्ताक्षर 01/11/25

Signature of Insured / बीमाधारक के

सलिम गार्डेशी

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MD. Menaj Aumalshi
 (b) Age : 28
 (c) Address : W.N.6 Azad nagan uttari barchal bazar Deoria.
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : _____
 3. Owner's relative or friend? : _____
 (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 : VPS220160001479
 (h) Issuing Authority : Deoria.
 (i) Date of Expiry : 27/01/2036
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : Na.
 (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 : 01/11/25
 (b) Place : Nagara Chauraha
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : मे - क से अरवली जारहा ना उफा तफे में लाग नीरहा पुडा हा उनी नीर मर मारो गाडी मे पीके से एक डीली रोको से ने रोपी मालुके मर मर हापी अउर सापु से एक एक म पु एक गदिने वरिसे देना
 (e) If any third party was responsible for this accident give the name and address : Na

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : _____
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : _____

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? : _____
- Na.



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 Deoria.

Certificate/Policy No. MS/2025/7001/0146575/466981

Tel. No.

Period of Insurance 21/09/25 TO 20/09/26
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Salim
 (b) Address for correspondence : State bank gali Azad megar ward No.6 PO- Barha/Deoria.
 (c) Telephone : 9369777319

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2024</u>	Engine No. <u>HA11E7KHA46007</u> Chassis No. <u>MBLHAW22XRHA45675</u>	Registration No. <u>UP52CB4931</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.

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

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 : _____

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 07/11/25 200

Signature of the insured _____

शालिम कुंशी

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CB4931 Registration Date : 30-Jul-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , 190-274001
 Owner Name : SALIM Son/wife/daughter of : EHASAN KURAISHI
 Full Address: (Permanent) : VILL- STATE BANK GALI AZAD NAGAR, WARD NO- 6 PO- BARHAJ, BARHAJ DEORIA, DEORIA, UTTAR PRADESH-274601
 Full Address: (Temporary) : VILL- STATE BANK GALI AZAD NAGAR, WARD NO- 6 PO- BARHAJ, BARHAJ DEORIA, DEORIA-UTTAR PRADESH-274601
 Fitness UpTo : 29-Jul-2039 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 : AA2104670987 Rear HSRP No : AA2105367913
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2024
 No of Cylinders : 1 Chassis No : MBLHAW22XRHA45675
 Engine No : HA11E7RHA46007 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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 w.e.f. .

Purchase dt : 24-Jul-2024 Sale Amt : 77526/-
 OTT Date : 24-Jul-2024 Amount/Rcpt No : 7753 / UP52D24070003298
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Aug-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 30-Jul-2024 to 29-Jul-2039

Date : 21-Aug-2024 16:01:10

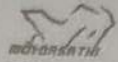
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 21-Aug-2024



P 9262173

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/466981

Motorsathi Care Private Limited
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
Contact us at:
Phone: +91 79410 50643
Email: info@motorsathi.com
Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SALIM	1975-03-10	8887792088	S/O EHASAN KURAIISHI	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg.	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52CB4931	HA11E7RHA46007	MBLHAW22XRHA45675	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
58000.00	NA	0.00	0.00	0.00	58000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1340.49	
Address			City / District	Pin Code	State	
VILL- STATE BANK GALI AZAD NAGAR, WARD NO- 6 PO- BARHAJ, BARHAJ DEORIA, 274601				274601	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHUHEL KURAIISHI	Male	19 Years	SON	2025-09-21 11:27	Midnight of 2026-09-20	

Section A, VRC: 815.27 TCR: 342.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 166.38 Total with GST(A) 991.09
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00
Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
Section D, Drive Axle: 296.10 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 53.30 Total with GST(D): 349.40
Total(Section A+B+C+D) Offered Price After Discount: 1340

Package Period Covered	2025-09-21 To 2026-09-20	2026-09-21 To 2027-09-20	2027-09-21 To 2028-09-20	2028-09-21 To 2029-09-20	2029-09-21 To 2030-09-20
ADV	58000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-07-23 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1340.49 ON 2025-09-21 from Mr./Ms. SALIM against the ARN No. INCF00466981
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please refer website for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 15
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



UNION OF INDIA Driving Licence



UP52 20160001479



नाम / Name

MD MERAJ QURAIISHI

पति/पति का नाम / Son/Daughter/Wife of

MD MURTUJA QURAIISHI

वारी जारी की तिथि
Date of Issue

28/01/2016

रक्त समूह / Blood Group

27/01/2036

जन्म तिथि
Date of Birth

10/01/1997

Unknown

UP52 20160001479

UP03680117MT



LMV

28/01/2016



MCWG

28/01/2016

पता / Address

W.N. 6 AZADNAGAR UTTARI BARRAJ BAZAR
BARRAJ
DECRIA -

Holder's Signature

नाम / Issuing Authority Sig

DECRIA



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ICXPS9152N



नाम / Name
SALIM

पिता का नाम / Father's Name
EHASAN KURRAISHI

जन्म की तारीख / Date of Birth
10/03/1975

हस्ताक्षर / Signature



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