

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....MEERUT.....

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.	अरसेन यादव, 9670673022
2	Vehicle No. / वाहन संख्या	UP34BS4712
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/394480
4	Period of Insurance / बीमा अवधि	07/01/2025 से 06/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025 12:00 am.
6	Place of Accident / दुर्घटना का स्थान	ओयल मेम रोड पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रंजीत सिंह यादव, 9670673022 UP3420140010728
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : ओयल मेम रोड पर सामने से गाय आ गयी जिससे मुझे ब्रेक लगाना पड़ा जिससे मेरी गाड़ी डिसेबिलिटी होकर बायीं ओर गिस्कर काबिज 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.	MOSARAM AUTO SALES, LRPRAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 16/12/2025
हस्ताक्षर

अरसेन यादव
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 MEEERUT

Tel. No.

Certificate/Policy No. MS/2025/7001/0/46575/3944

Period of Insurance 07/01/2025 से 06/01/2026 ⁸⁰

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 : UGRASEN YADAV
 (b) Address for correspondence : UMARIYA KALAN, KEOTIKALAN, SITAPUR
 (c) Telephone : 9670673622

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HAIJE8PHD35620</u> Chassis No. <u>MBLHAN239PHD7549J</u>	Registration No. <u>UP34BS</u> <u>4JR</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried
- N/A

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 : N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RANJEET SINGH YADAV
 (b) Age : 02/07/1991
 (c) Address : VILL-UMARIYA KALIA PS KYONTI KALAN,
THANA HARGAON, SITAPUR.
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : BHAI
 (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 : UP34 2014 0010728
 (h) Issuing Authority : 19-11-2014
 (i) Date of Expiry : 18-11-2034
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NO
 (l) Has he been involved in any accident before? : NO
 (m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 14/12/2025 12:00 Pm
 (b) Place : आयल मेड
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : आयल में रोड पर सामने से गया आ गया जिससे मुझे ब्रेक लगाना पड़ा जिससे मेरो गाड़ी डिस्कब्लेस होकर बारी ओर निकर निकल कर हो गई
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES, 2R PROAD
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERI

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? : NO
(b) If yes, give full details : NO

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? : N/A
(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? : N/A
(g) When? :
(h) Which Policy 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 16/12/2005

Signature of the insured उमर सेन पादक

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. UP34BS4712 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 उज्ज्वल सिंह
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

mups://vanan.parrivahan.gov.in/... Paper...

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34BS4712
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : VIJAY AUTO MOBILES, BUS STATION ROAD, LAKHIMPUR KHERI, ...
 Owner Name : UGRASEN YADAV
 Registration Date : 01-Jul-2023
 Purpose For Printing RC : NEW
 Son/wife/daughter of : S/O SHRAVAN KUMAR YADAV
 Full Address: (Permanent) : UMARIYA KALAN, KEOTIKALAN, , SITAPUR, UTTAR PRADESH-261121
 Full Address: (Temporary) : UMARIYA KALAN, KEOTIKALAN, , SITAPUR-UTTAR PRADESH-261121
 Fitness Up To : 30-Jun-2038
 Owner Serial No : 1

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2077986412
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8PHD35620
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : BLACK-SILVER STR
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1025809147
 Month/Year of Manuf. : 04/2023
 Chassis No : MBLHAW239PHD75491
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 AC Fitted : NO

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 w.e.f. .

Purchase dt	: 30-Jun-2023	Sale Amt	: 73331/-
OTT Date	: 30-Jun-2023	Amount/Rcpt No	: 7334 / UP34D23070000034
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 05-Jul-2023		

Other State/Transfer/Conversion Details

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

This certificate is valid from 01-Jul-2023 to 30-Jun-2038

Date : 11-Jul-2023 14:56:10

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Motor Vehicle Department
 SITAPUR (U.P.)
 Date: 11-Jul-2023

P 3497568

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No. MS 2025 7001 O/16575 194480

Motorsathi Care Private Limited
 B-10A, Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India.
 C-10A, 10/10
 Phone: +91 92110 50645
 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	
UGRASEN YADAV	1998-12-01	9026583802	S/O SHRAVAN KUMAR YADAV	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP34BS1717	HX11L8PHD35670	MBLHAW239PHD75491	2023-07-01	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
59000.00	NA	0.00	0.00	0.00	59000.00	
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	180% 95	
Address			City / District	Pin Code	State	
UMARIYA KALAN,KEOTIKALAN,SITAPUR				201121	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RANJEET SINGH YADAV	Male	33 Years	BROTHER	2025-01-07 16:16	Midnight of 2026-01-06	

Section A, VRC: 475.09 TCR: 278.48 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 753.57

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): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00

Section D, Drive Assure: 596.08 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 107.30 Total with GST(D): 703.38

Total(Section A+B+C+D) Offered Price After Discount: 1899

Package Period Covered	2025-01-07 To 2026-01-06	2026-01-07 To 2027-01-06	2027-01-07 To 2028-01-06	2028-01-07 To 2029-01-06	2029-01-07 To 2030-01-06
ADV	59000	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 2028-06-29 (DIT MS APP 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 1lakh, the accountability of company 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 MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care Toll Free Phone No. 79110 50645 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. 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 jurisdiction of the courts at Aligarh.



Received with Thanks Rs 1898.94 ON 2025-01-07 from Mr./Ms. UGRASEN YADAV against the ARN No. INC P00394480

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India.

UNION OF INDIA **Driving Licence**



UP34 20140010728



जारी करने की तिथि
Date of Issue
19/11/2014

वैधता / Validity
18/11/2034

जन्म तिथि
Date of Birth
02/07/1991

Blood Group
Unknown



नाम / Name

RANJEET SINGH YADAV

पिता/पति का नाम / Son/Daughter/Wife of

SHRAVAN KUMAR YADAV

UP34 20140010728

L-01868138MT


LMV
19/11/2014

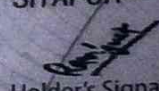

MCWG
19/11/2014



Form 7 Rule 16(2)

पता / Address

VILL UMARIYA KALA POST KYONTI KALA
THANA HARGAON
SITAPUR -


Holder's Signature


जारीकर्ता / Issuing Authority Sign
SITAPUR



भारत सरकार
Government of India


अग्रसेन यादव
Ugrasen Yadav
जन्म तिथि / DOB 01/12/1998
पुरुष / Male



5096 2846 2530

आधार - आम आदमी का अधिकार



आधार


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
S/O: श्रवण कुमार यादव, उमरिया
कलां, कोतिकलन, सीतापुर, क्योती
कलां, उत्तर प्रदेश, 261121

Address:
S/O: Shravan Kumar Yadav,
Umariya kalan, Keotikalan,
Sitapur, Keoti Kalan, Uttar
Pradesh, 261121

5096 2846 2530


1947
1800 300 1947


help@uidai.gov.in


www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

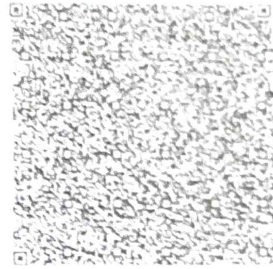


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BBNPY0098K



नाम / Name

UGRASEN YADAV

पिता का नाम / Father's Name

SHRAVAN KUMAR YADAV

जन्म की तारीख / Date of Birth

01/12/1998

उग्रसेन यादव

हस्ताक्षर / Signature