



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

Div. Br. Office Address _____

Certificate/Policy No. MS/2025/7001/0/46575/455156

Tel. No. _____

Period of Insurance 15-7-2025 To 14-7-2026

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 : Vishnu
 (b) Address for correspondence : Ajnokh Baraha Mathura
 (c) Telephone : 7817938454

2. THE INSURED VEHICLE

Make & Year <u>Hero/ Spl+</u> <u>2024</u>	Engine No. <u>HA11E7RB1B00271</u> <u>MBCHAW224RG1C10657</u>	Registration No. <u>UP-85-CQ</u> <u>2402</u>
---	--	--

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Private
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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. : N/A
 (d) Nature of permit : _____
 (e) Nature of goods carried : _____
 (f) Was the vehicle plying for hire : _____
 (g) If Lorry/Jeep/Tractor, was trailor attached? : _____
 (h) Number of passengers carried : N/A
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vishnu
- (b) Age : 23
- (d) Is the Driver
1. Owner : owner
 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? : N/A
- (g) Driving Licence Number : UP8520250017425
- (h) Issuing Authority : UP85 Mathura
- (i) Date of Expiry : 9-2-2042
- (j) Was the licence temporary/permanent : 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?: N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 13-12-2024 8:30 PM
Barabaha
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : शामन तिल गाप आने के कारण गाडी उल्टी 2x1 तक
- (e) If any third party was responsible for this accident give the name and address : हकीमेट के पास

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : _____
- (b) Estimated cost of repairs : 3501
- (c) When and where can the damaged vehicle be inspected : Radha Motors, Barabaha

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
- (b) Address : _____
- (c) Full Details of personal injury sustained : N/A
- (d) Name and address of firm/property damaged : _____
- (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? : _____
(b) If yes, give full details : _____ N/A

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : _____ N/A
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____ N/A
(e) Date and Diary No. : _____

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____ N/A
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____ N/A
(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 15-12- 20025

Signature of the insured विप्लव

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 _____

Occupation _____

Address _____

Bank Account Number _____

Name of the Bank _____

Handwritten signature

To / सेवा में,

The Oriental Insurance Co Ltd /

दि आरएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

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.	Vishnu 7817938454
2	Vehicle No. / वाहन संख्या	UP-85-CQ-2402
3	Policy No. / पालिसी संख्या	M3/2025/7001/0/46575/455156
4	Period of Insurance / बीमा अवधि	15-7-2025 To 14-7-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-12-2025 8:30 PM
6	Place of Accident / दुर्घटना का स्थान	Barbana
7	इंशुरर का नाम, डी एल नं. & मोबाइल नं	Vishnu UP.8520250017425
8	Estimated Loss / अनुमानित हानि	3581
09.	Cause of Accident / दुर्घटना का कारण :	बरसाना से गाँव आते समय रास्ते के आगे अचानक निल गाय आने के कारण गाड़ी उल्टे चक्कर मारी हाव कि तुरंत गिर कर क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Radha Motors Barbana Mathura 281405 7500412615

Date / दिनांक : 15-12-2025

हस्ताक्षर

विष्णु

Signature of Insured / बीमाधारक के

Accident Department

Policy No. MS/2025/7001/0/46575/455156

Claim No. _____

The Oriental Insurance Co.Ltd.

(INCORPORATED IN INDIA)

Subsidiary to General Insurance Corporation of India
Regd. Office : Oriental House, P.B.No. 7037,
A-25-27, Asaf Ali Road, New Delhi 110 002

Received from THE ORIENTAL INSURANCE CO.LTD. the sum of
Rupees _____
in full payment of our Bill No. _____ dated _____
for repairs done to Motor Vehicle No. UP-85-CQ-2402 belonging to the

Rs. =====

X

विष्णु

Insured's Countersignature

Affix One
Rupee
Revenue
Stamp When
Amount
exceeds
Rs. 3,000/-

Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
my/our Motor Vehicle No. _____
which has been repaired to my/our satisfaction, and I/We admit that the payment of
Rs. _____ made by THE ORIENTAL INSURANCE COMPANY LIMITED
in full discharge of my/our claim against said Company under
its Policy No. _____ in respect of the damage
caused to the said Motor Vehicle in an accident that occurred on or about
the _____ day of _____ 20

Dated this _____ day of _____ 20

The Insured is requested to sign
at two places marked as : X

X

विष्णु

Signature of Insured

V-55 BIL



Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/455156

Motorsathi Care Private Limited

B.D.S.S. Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India
 Contact us at:
 Phone: 91-9410-50643
 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	
VISHNU	2002-02-10	7500050856	RAJENDRA	Hero MotoCorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Tyf
BS-III BLACK E20	UP85CQ2402	HAI117RGB00271	MBLHAW223RGC10657	2024	100	13
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	1805.87	
Address			City - District	Pin Code	State	
R O AJNOKH AJNOKH Mathura Uttar Pradesh 25				381405	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
JYOTI	Female	20 Years	WIFE	2025-07-15 11:20	Midnight of 2026-07-14	

Section A: ARC: 815.27 TCR: 342.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (9%): 0.00 Total with GST(A): 1157.47

Section B: LC: 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): 253.39 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 45.61 Total MS Services with GST(C): 299.00

Section D: Drive Assure: 296.10 AHDC, DOC & Additional External Tyre Cover(AETC): 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: 1866

Package Period Covered	2025-07-15 To 2026-07-14	2026-07-15 To 2027-07-14	2027-07-15 To 2028-07-14	2028-07-15 To 2029-07-14	2029-07-15 To 2030-07-14
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 2029-07-14 (DETAILS ARE 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 a 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, non-disclosure 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. Lakh 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 MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: 9410506433 Phone No: 9410506433 email: 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 of Aligarh.

Received with Thanks on 2025-07-14 from Mr./Ms. VISHNU against the ARN No. INCP00455156
 The acknowledgement is subject to a compulsory deposit of Rs. 100 - & Depreciation is applicable as per terms & conditions.
 (Please non-overhead stamps) Considered as 15min Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: B.D.S.S. Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP85CQ2402	Registration Date	: 17-Jul-2024
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA. U.P., ... 145-281004		
Owner Name	: VISHNU	son/wife/daughter of	: S/O RAJENDRA
Full Address: (Permanent)	: R/O AJNOKH. AJNOKH. MATHURA. UTTAR PRADESH-281405		
Full Address: (Temporary)	: R/O AJNOKH. AJNOKH. MATHURA-UTTAR PRADESH-281405		
Fitness UpTo	: 16-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	: AA1034044553	Rear HSRP No	: AA1033838727
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 03/2024
No of Cylinders	: 1	Chassis No	: MBLHAW224RGC10657
Engine No	: HA11E7RGB00271	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ BLK STRIPE I3 S (DRS)	Wheel base	: 1236
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 111
Colour	: BLACK AND ACCENT	Laden/GV Wt (kgs)	: 241
Other Criteria	:	AC 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 w.e.f. .

Purchase dt	: 15-Jul-2024	Sale Amt	
OTT Date	: 15-Jul-2024	Amount/Rcpt No	: 77526/-
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: 7753 / UP85D24070003064
Date of Approval	: 12-Aug-2024		: NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Jul-2024 to 16-Jul-2033

Date: 17-Aug-2024 16:21:05

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 17-Aug-2024
 Registering Authority
 Motor Vehicle Deptt.
 MATHURA

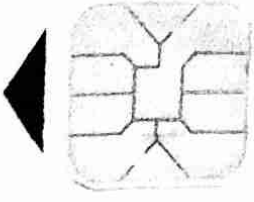
P 9212620



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

UP

UP85 20250017425



Issue Date: 08-08-2025
Validity (NT): 09-02-2042

Validity (TR)*



Holder's Signature

Date of First Issue: 08-08-2025

Name: **VISHNU**
Date of Birth: **10-02-2002** Blood Group:
Son/Daughter/Wife of: **RAJENDRA**

Organ Donor: **N**

Address:
**AJNOKH BARSANA AJNOKH CHHATA MATHURA
UTTAR PRADESH 281405**

UPDL851000026167

DL No: **UP85 20250017425**



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	UP85	08-08-2025	NT			
	LMV	UP85	08-08-2025	NT			

Emergency Contact Number

Singh
Licensing Authority
UP85 MATHURA

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT

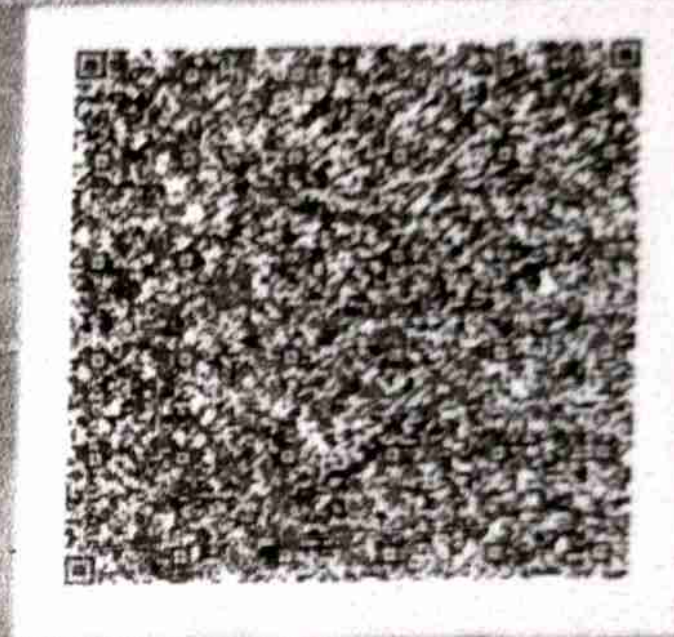


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CIEPV0913R



नाम / Name
VISHNU

पिता का नाम / Father's Name
RAJENDRA

जन्म की तिथि / Date of Birth
10/02/2002

विष्णु

हस्ताक्षर / Signature

13854



भारत सरकार
Government of India



विष्णु
Vishnu
जन्म तिथि / DOB : 10/02/2002
पुरुष / MALE



2505 5761 6154

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: राजेंद्र, आजनोख, आजनोख, मथुरा, उत्तर प्रदेश -
281405

Address:
S/O: Rajendra, Ajnokh, Ajnokh, Mathura, Uttar
Pradesh - 281405



2505 5761 6154



1947



help@uidai.gov.in



www.uidai.gov.in

M/S RADHA MOTORS

State Code: 9 Contact: 9760116827, , ,
 GSTIN No: 09BJCPA7451D1ZK
 Associate Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 23850-02-REST-1225-43
 Customer Name VISHNU
 VIN MBLHAW224RGC10657
 Insurance Company
 HMCGL Card No
 Part Details

Date 16-12-2025
 Contact No. 7817938454
 Model SPLENDOR +
 Reg No. UP85CQ2402
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAEC00XS -FRONT VISOR NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
2	33100AAEC1099S -LIGHT	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
3	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00

LEG

Parts Total

0.00 2,932.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	550.00	9.00	9.00	0.00	0.00	0.00	0.00	649.00

Jobs Total

0.00 649.00

Parts Total	
Labour Total	2,932.00
SGST (Parts) 9%	649.00
CGST (Parts) 9%	223.63
SGST (Labour) 9%	223.63
CGST (Labour) 9%	49.50
Total	3,581.00

Rupees in Words: Three Thousand Five Hundred Eighty Only

Authorised Signatory

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of BARSANA Jurisdiction Only

23850 - Main W/S