

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

The Oriental Insurance Co Ltd
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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

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.	ABOUL HAMEED 9580707903 बीमाधारक का नाम / मोबाइल नं.
2	Vehicle No. / वाहन संख्या	UP31CE0608
3	Policy No. / पालिसी संख्या	MS/2025/7000/0/46575/454911
4	Period of Insurance / बीमा अवधि	12/07/2025 से 11/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025, 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	वेगमबाग डे पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ISRAT ALI 9696809339 UP3120110015703
8	Estimated Loss / अनुमानित हानि	Estimated Loss अनुमानित हानि
9	Cause of Accident / दुर्घटना का कारण :	गाड़ी पार हाउस ले घर वा रहे थे। तभी अचानक वेगमबाग डे पास पीछे से मोटर साइकिल वाले ने टक्कर मार दी जिससे मेरी गाड़ी सामने वाली में जा गिरी जिससे मेरी गाड़ी बायीं ओर गिरकर त्रिभुज 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 LRROAD LAKHIMPUR KHERRI, 9151154036

अबुल हमीद

Date / दिनांक : 23/12/2025
हस्ताक्षर

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 Meerut

Certificate/Policy No. MS/2025/7001/0/46575/4549
 11

Tel. No.

Period of Insurance 12/07/25 @ 11/07/26
 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 : ABDUL HAMEED
 (b) Address for correspondence R/O: BEGAM BAAGI, LAKHIMPUR, KHERI, PS-SADAR KOTWALI
 (c) Telephone : 9580707903

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>H11E8RH877724</u> Chassis No. <u>MBLHAW239RHBA2307</u>	Registration No. <u>UP3ICE0608</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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ISPRAT ALI
- (b) Age : 20-06-1977
- (c) Address : _____
- (d) Is the Driver
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : BHROT
- (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 : UP3120110015709
- (h) Issuing Authority : 30/Jul/2011
- (i) Date of Expiry : 19/Jul/2027
- (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 : 20/12/2025 5:00 PM.
- (b) Place : वेगम बाग के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : वेगम बाग के पास पोलि से मोटरसाइकिल चालने के समय
- (e) If any third party was responsible for this accident give the name and address : मार दो जिससे मेरी गाड़ी सामने वाली में जा गिरी जिससे मेरी बर्षी और जोकर मार भरा हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND FRONT AND LEFT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP ROAD
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? : NIA
- (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? : NIA
- (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 93/12/2025

अरुण कुमार
Signature of the insured

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 UP31CF0608 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 अनिल कुमार
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS2025 7001/O-46575-454911

Motorsathi Care Private Limited
 B-Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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
ABDUL HAMEED	1961-01-01	9580707903	SRI AMEER ALI	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF E20	UP31CE0608	HA11E8RHB77724	MBLHAW239RHBA2307	2024	100 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
57000.00	NA	0.00	0.00	0.00	57000.00
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	1922.89
Address			City / District	Pin Code	State
R/O-BEGAM BAAG LAKHIMPUR, KHERI, PS-SADAR KOTWALI				262701	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
NADEEM AHMAD	Male	20 Years	SON	2025-07-12 17:25	Midnight of 2026-07-11

Section A. VRC: 801.21 TCR: 336.30 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1137.51
 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: 291.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 52.38 **Total with GST(D):** 343.38
Total(Section A+B+C+D) Offered Price After Discount: 1923

Package Period Covered	2025-07-12 To 2026-07-11	2026-07-12 To 2027-07-11	2027-07-12 To 2028-07-11	2028-07-12 To 2029-07-11	2029-07-12 To 2030-07-11
ADV	57000	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 2029-03-22 (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 Companys 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 MOTORSATHI 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 Aligarh.



#: Received with Thanks Rs 1922.89 ON 2025-07-12 from Mr./Ms. ABDUL HAMEED against the ARN No. INCP00454911
 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



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CE0608 Registration Date : 29-Mar-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
 Owner Name : ABDUL HAMEED Son/wife/daughter of : SRI AMEER ALI
 Full Address: (Permanent) : R/O-BEGAM BAAG LAKHIMPUR, KHERI, PS-SADAR KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O-BEGAM BAAG LAKHIMPUR, KHERI, PS-SADAR KOTWALI, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 28-Mar-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 : AA2094337309 Rear HSRP No : AA1032945401
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024
 No of Cylinders : 1 Chassis No : MBLHAW239RHBA2307
 Engine No : HA11E8RHB77724 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 : 23-Mar-2024 Sale Amt : 74991/-
 OTT Date : 23-Mar-2024 Amount/Rcpt No : 7500 / UP31D24030004765
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Apr-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 29-Mar-2024 to 28-Mar-2039

Date : 12-Apr-2024 10:51:41

Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर् खीरी
 Signature of Registering Authority

Date : 12-Apr-2024

P 6788543

Know Your Driving Licence Status

Driving Licence No. UP3120110015703

No. *

Date Of Birth *

Details Of Driving License: UP3120110015703

Current Status ACTIVE

Holder's Name I* R* T* A*

Old / New DL No. UP31 /15703/LMP/2011

Source Of Data SARATHI

Driving License Initial Details

Initial Issue Date 30-Jul-2011

Initial Issuing Office ASST.RTO, LAKHIMPUR KHERI

Driving License Validity Details

Non-Transport From: 30-Jul-2011 To: 19-Jun-2027

Transport From: NA To: NA

Hazardous Valid Till NA Hill Valid Till NA

Class Of Vehicle Details

COV Category	Class Of Vehicle	COV Issue Date
NT	LMV	30-Jul-2011
NT	MCWG	30-Jul-2014



भारत सरकार
GOVERNMENT OF INDIA



अब्दुल हमीद
Abdul Hameed

जन्म वर्ष / Year of Birth : 1961

पुरुष / Male



9478 0719 7965

आधार – आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O अमीर अली, बेगम बाग,
लखीमपुर, खीरी, खीरी, उत्तर प्रदेश,
262701

Address: S/O Ameer Ali, begam
baag, Lakhimpur, Kheri, Kheri,
Uttar Pradesh, 262701

1047
1800 180 1047

help@uidai.gov.in

www
www.uidai.gov.in

P.O. Box No: 1047,
Bengaluru-560 001

आयकर विभाग
INCOME TAX DEPARTMENT

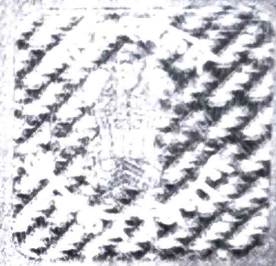


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ATPPH1569K



नाम / Name
ABDUL HAMEED

पिता का नाम / Father's Name
AMEER ALI

जन्म की तारीख / Date of Birth
01/01/1961

अब्दुल हमीद

हस्ताक्षर / Signature



02062017

अब्दुल हमीद

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-1225-722	Date	24-12-2025
Customer Name	ABDUL HAMEED	Contact No.	9580707903
VIN	MBLHAW239RHBA2307	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CE0608
HMCGL Card No	1073024500001399	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
3	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	77300ADH700CS -REAR COWL RIGHT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
10	77400ADH700CS -REAR COWL LEFT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
11	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
12	77235AAE300RS -CENTER REAR COWL NH-1 TYPE-1	87141090	Paid	202.54	1	9.00	9.00	0.00	0.00	0.00	0.00	239.00
Parts Total											0.00	8,547.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	8,547.00
Labour Total	2,000.10
SGST (Parts) 9%	651.89
CGST (Parts) 9%	651.89
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	10,547.10

Rupees in Words: Ten Thousand Five Hundred Fourty Seven and paise Ten Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.

10730 - Main W/S