

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.	Dayanand Singh 7081760171
2	Vehicle No. / वाहन संख्या	UPS2AU1580
3	Policy No. / पालिसी संख्या	MS/2025/1001/0/46575/462501
4	Period of Insurance / बीमा अवधि	18-08-25 - 17-08-25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	
6	Place of Accident / दुर्घटना का स्थान	
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish Kumar Singh UPS2 20130206044
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण :		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	/ NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dinkar Automobiles Pratapnagar Deoria UP

08-01-25

Date / दिनांक :  
हस्ताक्षर

दयानन्द सिंह

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 \_\_\_\_\_

Certificate/Policy No. MS/2025/7001/O/46573

Tel. No. \_\_\_\_\_

Period of Insurance 18-08-25 - 17-08-26  
 Claim No. 462501

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 : Dayanand Singh  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>B-6007</u>	Registration No.
	Chassis No. <u>16343</u>	<u>UP52AU</u> <u>1580</u>

- (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 NA  
 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. : \_\_\_\_\_  
 (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 : \_\_\_\_\_

### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : \_\_\_\_\_
- (b) Age : \_\_\_\_\_
- (c) Address : \_\_\_\_\_
- (d) Is the Driver : \_\_\_\_\_
  - 1. 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? : \_\_\_\_\_
- (g) Driving Licence Number : \_\_\_\_\_
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : \_\_\_\_\_
- (j) Was the licence temporary/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? : \_\_\_\_\_

### 4. OTHER INSURANCE

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

### 5. DETAILS OF ACCIDENT

- (a) Date and Time : \_\_\_\_\_
- (b) Place : \_\_\_\_\_
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : \_\_\_\_\_
- (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 : \_\_\_\_\_
- (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? : \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(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 : 07-01-26  
(b) Place : गढ़वा चौराहा  
(c) What was stolen? : Bike Split  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(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 08-01-2026

Signature of the insured दामन सिंह

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 ..... *द.मानसिंह*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MIS/2025/7001/O/46575/462501

**Care Private Limited**  
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Contact: 01 79410 50643  
 Email: info@motorsathi.com  
 For the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
Dayanand Singh	1972-06-01	7477089486	Lt Bharat Singh	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
ISS ALL BLACK E20	UP52AU1580	HA10AGH1HK6007	MBLHAR082H1K16343	2018-02-11	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Vehicle Type
20500.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	PP/Lease/Hire-Purchase Agreement	Branch Office of PP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	20500.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
Vill Sundarpar, Po Ratasiya Kothi, Ps Bankata, Deoria - 274703				274703	1518.99
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
LALITA DEVI	Female	40 Years	WIFE	2025-08-18 12:23	Midnight of 2026-08-17

Section A. VRC: 432.23 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 432.23

Section B. EC: 664.00 EC Service: 100.00 ECPD: 0.00 Sub Total: 764.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 764.00 GST (CGST @ 9% + SGST @ 9%) (B): 137.52

Total with GST(B): 901.52

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 Assure: 156.98 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 28.26 Total with GST(D): 185.24

Total(Section A+B+C+D) Offered Price After Discount: 1519

Package Period Covered	2025-08-18 To 2026-08-17	2026-08-18 To 2027-08-17	2027-08-18 To 2028-08-17	2028-08-18 To 2029-08-17	2029-08-18 To 2030-08-17
ADV	20500	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 from 2025-08-18 until 2026-08-17.

**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](http://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](http://www.motorsathi.com) Customer Care Toll Free Phone No.: 7941050643 email id: [info@motorsathi.com](mailto: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 1518.99 ON 2025-08-18 from Mr./Ms. Dayanand Singh against the ARN No. INCP00462501  
 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 Deoria  
FORM 23  
CERTIFICATE OF REGISTRATION**



Registration No : UP52AU1580 Registration Date : 11-Feb-2018  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...  
Owner Name : DAYANAND SINGH Son/wife/daughter of : LT BHARAT SINGH  
Full Address: (Permanent) : VILL SUNDARPAR, PO RATASIYA KOTHI, PS BANKATA, DEORIA, UTTAR  
PRADESH-274703  
Full Address: (Temporary) : VILL SUNDARPAR, PO RATASIYA KOTHI, PS BANKATA, DEORIA-UTTAR  
PRADESH-274703

Fitness UpTo : 10-Feb-2033 Tax UpTo : One Time  
Owner Serial No : 1

**Detailed Description**

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
Ownership : INDIVIDUAL Norms : BHARAT STAGE IV  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No :  
Type of Body : SOLO WITH PILLION Rear HSRP No :  
No of Cylinders : 1 Month/Year of Manuf. : 10 2017  
Engine No : HA10AGHHKB6007 Chassis No : MBLHAR082HHK16343  
Horse Power(BHP) : 8.24 Fuel : PETROL  
Maker's Classification : SPLENDOR + (SELF-DRU Wheel base : 1230  
M-CAST)  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Uniaden Wt (kgs) : 112  
Colour : VBK Laden/GV Wt (kgs) : 242  
Other Criteria : AC Fitted : NO

**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 : 04-Feb-2018 Sale Amt : 50798/-  
OTT Date : 04-Feb-2018 Amount/Rcpt No : 5080 / UP52D18020000817  
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 11-Feb-2018

**Other State/Transfer/Conversion Details**

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

This certificate is valid from 11-Feb-2018 to 10-Feb-2033

Date : 12-Feb-2018 10:42:37

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 12-Feb-2018



2026, 17/58  
121

संवा में

दिनांक 07/01/20

श्रीमान आना अक्षय महोदय इंदौर  
विषय - मोटरसाइकिल चोरी होने के सम्बन्ध में

महोदय

सविनय निवेदन यह है कि प्रायः दयानन्द  
सिंह श. इ. श्री भरत सिंह जय सुन्दरपार  
अवतलिया होला पीठ इतलिया कोठी आना तनकटा  
के निवासी है। हमारी गाड़ी प्रमोदचौराहा  
फ्लोरिया मोड़ पर मुकेश सिंह कुशवाहा के दुकान  
के सामने खड़ा किया था। कुछ समय के लिए  
सवतलिया जाने गये जोरुह, से 10 मिनट बाद  
सवतली लैवे वापस आये तो हमारी मोटरसाइकिल  
वहा पर नहीं थी। जो कि गाड़ी नं. UP52AV1580  
थी जो कि गाड़ी इन्फेडर फस बेल्ट नज्बा है।

अतः श्रीमान जो से निवेदन है क्षम  
वीन कर उच्चत कर्तव्य करने का  
कृपा करे।

दयानन्द सिंह  
प्रायः

दयानन्द सिंह  
जय- सुन्दरपार अवतलिया होला  
देवरिया

फोन - 7081760171  
7407708986  
7477089486



Uttar Pradesh Police

उत्तर प्रदेश पुलिस

Lost Article Information Report Registered by e-thana

ई-थाना द्वारा वस्तु या अभिलेख खोने की रिपोर्ट

Police Unit: Police Computer Center,  
Technical Services HQ, Lucknow  
पुलिस इकाई: पुलिस कंप्यूटर केंद्र,  
तकनीकी सेवायें मुख्यालय, लखनऊ

L. A.R No. 20260000020447  
एल.ए.आर.नं.

Date 07/01/2026  
दिनांक

1. Complainant/शिकायतकर्ता:

a) Name/नाम Dayanand Singh b) Mobile No./मोबाइल नं. 7081760171  
c) Father/Husband's Name/पिता/पति का नाम: Late Bharat Singh d) Email/ई-मेल: surajkunar7374@gmail.com  
e) Address/पता: Sundarpar Bhatwaliya Tola Post Ratasia Kothi

2. Incident details/घटना:

a) Date/Time of Report/रिपोर्ट दर्ज करने का दिनांक/समय: 07/01/2026 16:00  
b) Date/Time of Loss/खोने का दिनांक/समय:  
In between/From 07/01/2026 16:00 से  
Date/दिनांक: Time/समय: के बीच  
To Date/दिनांक: Time/समय:

c) Place of Loss/खोने का स्थान: Bramdev Chauraha Par Hero Splender Motorcycle Sabji Kharidate Samay Chari Ho Gaya

3. Lost Article/खोयी वस्तु व अभिलेख:

S. No. (क्र.सं.)	Property Category (सम्पत्ति श्रेणी)	Property Type (सम्पत्ति के प्रकार)	Value (मूल्य)	Value (मूल्य)	Description (विवरण)
1	Others	OTHERS DETAILS(Hero Splender Plus UP52 AU1580)			

4. Any Other Details/अन्य विवरण:

Bramdev Chauraha Phapheliya mod Par Hero Splender Motorcycle Mukesh Kushwaha ke dukan ke samane khada kar ke Sabji Kharidane chale gaye sabji kharid kar wapas aakar dekha meta motorcycle waha nahi tha bazar me idhar udhar bahut dhudhane ke bad bhi nahi mila kisi ne mera motorcycle chura liya  
UP52AU1580 Hero Splender plus

Name (नाम): MEETU SHRIVASTAVA

Rank (पद): उप निरीक्षक ( ई-थाना प्रभारी )

Telephone No / टेलीफोन नंबर: 0522-2390261


Note/टिप्पणी: This is a computer generated report. No signature is required. यह कंप्यूटर जनित रिपोर्ट है। हस्ताक्षर की आवश्यकता नहीं है।

Disclaimer/महत्वपूर्ण:

- This app is for lodging report of articles lost in Uttar Pradesh.  
इस प्रणाली द्वारा केवल उत्तर प्रदेश में खोयी वस्तु या अभिलेख की सूचना ही दर्ज की जाती है।
- Report lodged under this app is not a subject matter of enquiry or investigation.  
इस रिपोर्ट के आधार पर कोई जांच या विवेचना अपेक्षित नहीं है।
- False report to police is a punishable offence. झूठी रिपोर्ट दर्ज कराना दंडनीय अपराध है।
- Report printed on / रिपोर्ट मुद्रित करने की तिथि 07/01/2026 06:33 PM

**UNION OF INDIA Driving Licence** (UP) (NT)



**UP52 20130006044**

	जारी करने की तिथि Date of Issue <b>13/05/2013</b>	वैधता / Validity <b>12/05/2033</b>
	जन्म तिथि Date of Birth <b>04/08/1994</b>	Blood Group <b>Unknown</b>


नाम / Name  
**MANISH KUMAR SINGH**

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of  
**ARUN KUMAR SINGH**

**UP52 20130006044** UP00150832MT

		
LMV 13/05/2013	MCWG 13/05/2013	

पता / Address  
 VILL. SUMER PAR KSHATWALIYA  
 PO. RATIYA KOTHI  
 PS. SAHAWA MEGHA

  
 Holder's Signature

(UP) Form 7 Rule 16(2)

जारीकर्ता / Issuing Authority Sign



भारत सरकार

Government of India

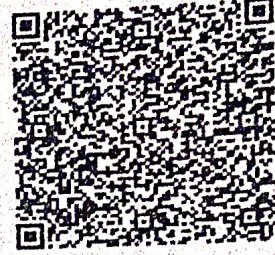


दयानंद सिंह

Dayanand Singh

जन्म तिथि / DOB : 01/06/1972

पुरुष / Male



3295 5133 2789

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: भरत सिंह, सुन्दरपार,  
रतसिया, देवरिया, उत्तर प्रदेश,  
274703

Address:

S/O: Bharat Singh, Sundarpar,  
Ratsia, Deoria, Uttar Pradesh,  
274703

3295 5133 2789



1947



help@uidai.gov.in

www

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

DAYANAND SINGH  
BHARAT SINGH  
01/06/1972

Permanent Account Number

DRWPS1485R

Signature

