



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.	SATISH KUMAR SINGH & 9838959790
2	Vehicle No. / वाहन संख्या	UP52 AR 2498
3	Policy No. / पालिसी संख्या	MS/2025/7001/C/46575/436703
4	Period of Insurance / बीमा अवधि	11/5/25 to 10/05/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/11/26 & 02:20PM
6	Place of Accident / दुर्घटना का स्थान	पूजा चौड़ा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Satish Kumar Singh & 9838959790 UP5220090002595
8	Estimated Loss / अनुमानित हानि	₹ 50,000/-
09.	Cause of Accident / दुर्घटना का कारण: गुणवत्ता से अपने गुणवत्ता मोतीवाल रोड वाले समय रात में पूजा चौड़ा के सामने से एक ट्रैक्टर वाले ट्रैक्टर-गाड़ी जिसमें मोती मोती वाले तेल में गिरने का कारण हो गया है।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	Crompati Automobiles Purnea Dewara & 7651989597

Date / दिनांक : 14/11/26  
हस्ताक्षर

Satish Singh

Satish Singh  
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/2025/7001/0/16575/436703

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

Period of Insurance 11/05/2025 to 10/05/2026

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 : Satish Kumar Singh  
 (b) Address for correspondence : Auro Chattri  
 (c) Telephone : 9822959790

2. THE INSURED VEHICLE

Make & Year <u>Hero - 2016</u>	Engine No Chassis No <u>4 06236</u> <u>* 02509</u>	Registration No <u>UP52 AK2A 98</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?  
 (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? NA  
 (h) Number of passengers carried \_\_\_\_\_  
 (i) Number of Passenger permitted \_\_\_\_\_



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SATISH KUMAR SINGH  
 (b) Age : 21/07/1989  
 (c) Address : AURA CHAURI  
 (d) Is the Driver  
 1. Owner : YES  
 2. paid driver? : NA  
 3. Owner's relative or friend? : Owner's  
 (e) If paid driver, how long has he been in your employment : NA  
 (f) Was he under the influence of intoxication Liquor or drugs? : NA  
 (g) Driving Licence Number : UP220090002595  
 (h) Issuing Authority : 16/03/2009  
 (i) Date of Expiry : 15/03/2029  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (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 : 12/11/26 @ 02:20 PM  
 (b) Place : Yaf. - ...  
 (c) Speed of vehicle at the time of accident : 40 km/h  
 (d) Give a short description of the accident :  
 (e) If any third party was responsible for this accident give the name and address :  
 3121-2121 H 3147 3000 ...  
 Yaf. ...  
 ...

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : A-5 Part Estimated  
 (b) Estimated cost of repairs : 5783/-  
 (c) When and where can the damaged vehicle be inspected : Grampati Automobiles, Purnea  
 Dewa 7651929197

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 : NA  
 (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? : \_\_\_\_\_ 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? : \_\_\_\_\_ NA  
(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? : \_\_\_\_\_ NA  
(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 14/1/26 200

Signature of the insured Satish Singh

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 Satish Singh  
Occupation .....  
Address .....  
.....  
.....

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

TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रश्न २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA

पंजीकरण प्रमाण पत्र का फार्म भारत

UTTAR PRADESH TRANSPORT DEPARTMENT, APTO, DEORIA

Registration Number **UP52AK2498**  
 (पंजीकरण संख्या)  
 Owner's Name & Address **SATISH KUMAR SINGH**  
 (वाहन स्वामी का नाम एवं पता)  
 Son/wife/daughter of: **MAINEJAR SINGH**  
 Full Address: **VILL AURA CHAURI PO G.I. STATE PS DEORIA DEORIA -**  
 (Permanent)  
 Full Address: **VILL AURA CHAURI PO G.I. STATE PS DEORIA DEORIA -**  
 (Current)

Dealer's Name & Address **GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD DEORIA**  
 (दिक्रेता का नाम)

Vehicle Class **MOTOR CYCLE**  
 (श्रेणी)  
 Chassis Number **MBLJA05EMG9D02509**  
 (चेसिस संख्या)  
 Engine Number **JA05ECG9D06838**  
 (इंजन संख्या)  
 Type of Body **SOLO**  
 (बाडी का प्रकार)  
 Maker's Name **SUPER SPLENDOR**  
 (निर्माता का नाम)  
 HP / Lease Agreement with **HERO MOTO CORP LTD**  
 (हार्चर/लीज समझौता किससे)

Description and Size of Tyres  
 (थायरों का विवरण एवं आकार)  
 (a) Front Axle  
 (फ्रन्ट एक्सल)  
 (b) Rear Axle  
 (रियर एक्सल)  
 (c) Any other Axle  
 (अन्य कोई एक्सल)  
 (d) Tandem Axle  
 (टैन्डम एक्सल)

Vehicle Registered Against **NEW VEHICLE** Case  
 Air Conditioner (A.C.) Fitted-No  
 Standing Capacity - 0 Sleeper Capacity - 0

Entered By: ADALAT 23-Apr-2016

Registration Date **16-Apr-2016**  
 (पंजी. तिथि)  
 Owner's Serial **1**  
 (वाहन स्वामी क्रमांक)  
 Manufacturing Year **04/2016**  
 (निर्माण का वर्ष)  
 No. of Cylinders **1**  
 (सिलिंडर की संख्या)  
 Unladen Weight **121 kgs**  
 (खाली भार)  
 Laden Weight **251 kgs**  
 (भरा हुआ भार)  
 Seating Capacity **2 (including driver)**  
 (सीट क्षमता)  
 Colour **GBK**  
 (रंग)  
 Horse Power **9 HP / 124 CC**  
 (अश्व शक्ति)  
 Fuel Used **PETROL**  
 (इंधन)  
 Tax paid upto **Life Time**  
 (कर भुगतान)  
 Tax Rate **Life Time (RT- Rs. 5480/-)**  
 (कर-दर)  
 Fitness Valid upto **15-Apr-2031**  
 (फिटनेस की वैधता)  
 Wheel Base **1285**  
 (कील बेस)

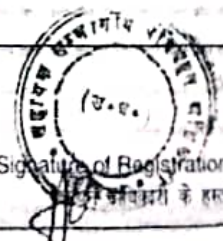
Registered Axle Weight  
 (पंजीकृत एक्सल भार)  
 (a) Front Axle  
 (फ्रन्ट एक्सल)  
 (b) Rear Axle  
 (रियर एक्सल)  
 (c) Any other Axle  
 (अन्य कोई एक्सल)  
 (d) Tandem Axle  
 (टैन्डम एक्सल)

Sr. No. **RC-X 0111622**  
 (क्र.सं.)

Specimen Signature of the Owner  
 वाहन स्वामी के हस्ताक्षर

Specimen Signature of Financier  
 फिना पोषक के हस्ताक्षर

Signature of Registration Authority  
 पंजीकरण अधिकारी के हस्ताक्षर



# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/436703

Motorsathi Care Private Limited  
 B.D. 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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
SATISH KUMAR SINGH	1989-07-01	9838959790	MAINEJAR SINGH	Hero Motocorp	SUPER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
DRUM SELF CAST BLA	UP52AK2498	JA05ECG9D06836	MBLJA05EMG9D02509	2016-04-16	125
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
17000.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	17000.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
VILL AURA CHAURI PO G.I STATE, PS DEORIA, DEORIA, Uttar Pradesh,				274001	2141.01
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
KAJAL SINGH	Female	30 Years	WIFE	2025-05-11 16:04	Midnight of 2026-05-10

Section A, VRC 381.19 TCR 409.93 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) 0.00 Total with GST(A): 791.12  
 Section B, FC 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): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%) 43.47 Total MS Services with GST(C): 285.00  
 Section D, Drive Assure 138.45 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 24.92 Total with GST(D): 163.37

Total(Section A+B+C+D) Offered Price After Discount: 2141

Package Period Covered	2025-05-11 To 2026-05-10	2026-05-11 To 2027-05-10	2027-05-11 To 2028-05-10	2028-05-11 To 2029-05-10	2029-05-11 To 2030-05-10
ADV	17000	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 2025-05-11 until 2026-05-10.

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carnage 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 MOTORSAATHI 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 2141.02 ON 2025-05-09 from Mr./Ms. SATISH KUMAR SINGH against the ARN No. INCP00436703

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.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India





भारत सरकार  
GOVERNMENT OF INDIA

Issue Date: 25/06/2020

Download Date: 05/10/2020



सतीश कुमार सिंह  
Satish Kumar Singh  
जन्मतिथि /DOB: 01/07/1989  
पुरुष / MALE

4862 6008 2880  
VID : 9119 2076 3524 6237

मेरा आधार, मेरी पहचान



आधार

पता:

S/O मैनेजर सिंह, ग्राम औरा चौरी पोस्ट जी.आई स्टेट,  
देवरिया, देवरिया,  
उत्तर प्रदेश - 274001

**Address:**

S/O Manegar Singh, VILLAGE AURA CHAURI  
POST G.I SATATE, Deoria, Deoria, Uttar  
Pradesh - 274001

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

QR Code With Photograph



4862 6008 2880



1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No.1947,  
Bangalore-560 001



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आयकर विभाग

INCOME TAX DEPARTMENT

SATISH KUMAR SINGH

MAINEGER SINGH

01/07/1989

Permanent Account Number

CHIPS9506C

*Satish Singh*

Signature



भारत सरकार

GOVT. OF INDIA



03052014

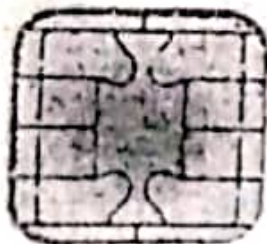




# UNION OF INDIA Driving Licence

UP NT

UP52 20090002595



जारी करने की तिथि  
Date of Issue

16/03/2009

वैधता / Validity

15/03/2029

जन्म तिथि  
Date of Birth

01/07/1989

Blood Group  
Unknown



नाम / Name

**SATISH KUMAR SINGH**

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

**MANEGAR SINGH**

DUPLICATE

UP52 20090002595

UP04863068MT



LMV  
16/03/2009



MCWG  
16/03/2009



UP

Form 7 Rule 16(2)

पता / Address

**AURA CHAURI  
G.I ESTATE  
DEORIA -**

*Satish Singh*  
Holder's Signature

जारीकर्ता / Issuing Authority Sign  
**DEORIA**