

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.	PRATUSH GUPTA, 6388174247
2	Vehicle No. / वाहन संख्या	UP31BX4130
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/40505
4	Period of Insurance / बीमा अवधि	01/02/2025 से 31/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/01/2026, 11:00 PM
6	Place of Accident / दुर्घटना का स्थान	गौरिया के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MANOJ KUMAR, 9889005563 UP3120090494761
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बेहदम ते लबीमपुर जा रहे थे। तभी अचानक गौरिया के पास सामने से गाप के अचानक सामने आ जाने के कारण मुझे आनन-फानन में ब्रेक लगाना पड़ा जिससे मेरी गाड़ी अनिर्मान्य हॉम्पर बायीं ओर गिरकर हीलवैल 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 LRP ROAD MKNTIMPUR KNERI, 9151154036

Date / दिनांक : 27/01/2026
हस्ताक्षर

प्रत्यूष गुप्ता
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/2025/7001/0A6575/401505

Tel. No.

Period of Insurance 01/02/25 to 31/01/26
 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 : PRATOSH GUPTA
 (b) Address for correspondence : NO: BENJAM, KHERI
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>JF16EMMGMO2149</u> Chassis No. <u>MBLJFW46XMGM03145</u>	Registration No. <u>UP31BX</u> <u>4130</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 : MANOJ KUMAR
 (b) Age : 01/01/1987
 (c) Address : MOH: SHIV COLONY E IDGAH LAKHIMPUR KHERT
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : RELATIVE
 (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 : UP3120090494761
 (h) Issuing Authority : 06/03/2021
 (i) Date of Expiry : 11/08/2029
 (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 : 23/01/2026 1:00 PM
 (b) Place : गोरिया के पास
 (c) Speed of vehicle at the time of accident : 30-40 Km
 (d) Give a short description of the accident : गोरिया के पास बायन से गांव के अचानक बायन आ जाने के कारण
 (e) If any third party was responsible for this accident give the name and address : हउरे आवन-सावन से बूम लगाना पडा सिक्के, मेरी गाडी अचानक होकर बायन और ठिककर हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERT, 9151154096

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 : N/A
 (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? : _____ N/A
(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? : _____ 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 27/01/2006

Signature of the insured प्रमूष गुप्ता

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. UP31BX4130 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 पुष्प गुप्ता
Occupation
Address

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act. 1962.

1. Full Name and Address of the declarant PRATOSH GUPTA - C/O: AMIT KUMAR
..... GUPTA, R/O: BENJAM, KHERTI, UTTAR PRADESH -
..... 261501
.....
2. Particulars of transaction
Account Type Number
3. Amount of the transaction Rs.
4. Are you assessed to tax ? Yes / No
5. If yes,
 - i) Details of Ward / Circle / Range where the last return of income was filed.
 - ii) Reasons for not having permanent account number / General Index Register Number
6. Details of document being produced in support of address in column (1)
.....

Verification

I, PRATOSH GUPTA do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 27/01/2021

Place KHERTI

92492341
.....
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/401505

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	
PRATUSH GUPTA	2006-01-01	6388174247	SRI AMIT KUMAR GUPTA	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PLUS LX	UP31BX4130	JF16EMMGM02149	MBLJFW46XMGM03145	2022-08-16	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
49500.00	NA	0.00	0.00	0.00	49500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	STATE BANK OF INDIA	---	2	1719.50	
Address			City / District	Pin Code	State	
R/O BEHJAM, KHERI, PS- NEEMGAON, Kheri, Uttar Pradesh, 261501				261501	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AMIT KUMAR GUPTA	Male	43 Years	FATHER	2025-02-01 15:22	Midnight of 2026-01-31	

Section A, VRC: 398.59 TCR: 350.46 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 749.05

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: 447.84 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 80.61 Total with GST(D): 528.45

Total(Section A+B+C+D) Offered Price After Discount: 1720

Package Period Covered	2025-02-01 To 2026-01-31	2026-02-01 To 2027-01-31	2027-02-01 To 2028-01-31	2028-02-01 To 2029-01-31	2029-02-01 To 2030-01-31
ADV	49500	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 2027-08-11 (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 1719.49 ON 2025-02-01 from Mr./Ms. PRATUSH GUPTA against the ARN No. INCP00401505

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

प्रत्यूष गुप्ता

GOVERNMENT OF UTTAR PRADESH

Transport Department - LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BX4130 Registration Date : 16-Aug-2022
 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, , -
 Owner Name : PRATUSH GUPTA Son/wife/daughter of : SRI AMIT KUMAR GUPTA
 Full Address: (Permanent) : R/O BEHJAM, KHERI, PS- NEEMGAON, KHERI, UTTAR PRADESH-261501
 Full Address: (Temporary) : R/O BEHJAM, KHERI, PS- NEEMGAON, KHERI-UTTAR PRADESH-261501
 Fitness UpTo : 15-Aug-2037 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 : AA2057298451 Rear HSRP No : AA2058050050
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2021
 No of Cylinders : 1 Chassis No : MBLJFW46XMGM03145
 Engine No : JF16EMMGM02149 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : PLEASURE + (ZX+) Wheel base : 1238
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 106
 Colour : MATT VERNIER GREY Laden/GV Wt (kgs) : 236
 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 HERO FINCORP LTD, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 12-Aug-2022.

Purchase dt : 12-Aug-2022 Sale Amt : 74050/-
 OTT Date : 12-Aug-2022 Amount/Rcpt No : 7405 / UP31D22080000846
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Aug-2022

Other State/Transfer/Conversion Details

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

This certificate is valid from 16-Aug-2022 to 15-Aug-2037

Date : 23-Aug-2022 10:51:56

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 लखीमपुर खैरी Date: 23-Aug-2022

316/24
 ए० सी० जे० ए०
 जनपद-खैरी
 13/11/24

N 4185904



भारत सरकार
Government of India



Issue Date : 15/08/2016



प्रत्यूष गुप्ता
Pratush Gupta
जन्म तिथि / DOB : 01/01/2006
पुरुष / Male

3487 0344 5356

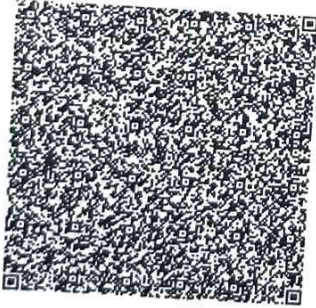
मेरा आधार, मेरी पहचान

www.uidai.gov.in

help@uidai.gov.in

1947

3487 0344 5356



Address: C/O: Amit Kumar Gupta, Behjam,
Kheri, Uttar Pradesh, 261501

पता: एवारा: अमित कुमार गुप्ता, बेहजम,
खीरी, उत्तर प्रदेश, 261501

Print Date : 10/08/2023



Unique Identification Authority of India

भारतीय विशिष्ट पहचान प्राधिकरण



प्रत्यूष गुप्ता

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.

MOSARAM AUTO SALES

KHERI, LAKHIMPUR, KHERI, 262701
 7408404715, 7408404714, 7800009644
 09AAJFM3951B1ZD

ESTIMATE

Estimate No. 10730-03-REST-0126-828 Date 27-01-2026
 Customer Name PRATUSH GUPTA Contact No. 6388174247
 VIN MBLJFW46XMG03145 Model PLEASURE+ XTEC
 Insurance Company Reg No. UP31BX4130
 HMCGL Card No HMCGL Card Category

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53205AAL500RS -"COVER HANDLE FR (NH-1, BLACK)"	87141090	Paid	655.93	1	9.00	9.00	0.00	0.00	0.00	0.00	774.00
2	33100AALE21S -LIGHT ASSY HEAD	85122010	Paid	2,644.07	1	9.00	9.00	0.00	0.00	0.00	0.00	3,120.00
3	64303AAL510S -FRONT GRILL CHROME GARNISH	87141090	Paid	311.02	1	9.00	9.00	0.00	0.00	0.00	0.00	367.00
4	64305AAL500PS -COVER FR LOWER (BL(BR)-0023M (G))	87141090	Paid	1,347.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,590.00
5	64200AALJ00ES -COVER FR UPPER BL(BR)-021M(F)	87141090	Paid	1,429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,687.00
6	61000ABH510VS -FRONT FENDER YL(BR)-004M(G)	87141090	Paid	1,007.63	1	9.00	9.00	0.00	0.00	0.00	0.00	1,189.00
7	81131AAL500FS -COVER INNER (SBP 200076)	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
8	35010AAL601S -KIT, LOCKS & KEYS	83012000	Paid	504.24	1	9.00	9.00	0.00	0.00	0.00	0.00	595.00
9	64330AALE20US -COVER L FLOOR SIDE J YELLOW YL BR 004M G	87141090	Paid	437.29	1	9.00	9.00	0.00	0.00	0.00	0.00	516.00
10	64310AALD00S -PANEL FLOOR	87141090	Paid	316.95	1	9.00	9.00	0.00	0.00	0.00	0.00	374.00
11	83550AALJ00ES -BODY COVER LEFT BL(BR)-021M(F)	87141090	Paid	1,327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
12	88120AALD01S -MIRROR ASSEMBLY LEFT BACK	84831099	Paid	403.39	1	9.00	9.00	0.00	0.00	0.00	0.00	476.00
13	88110AALD01S -MIRROR ASSEMBLY RIGHT BACK	84831099	Paid	403.39	1	9.00	9.00	0.00	0.00	0.00	0.00	476.00
Parts Total											0.00	13,422.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PLEASURE+ XTEC	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	13,422.00
Labour Total	2,000.10
SGST (Parts) 9%	1,023.71
CGST (Parts) 9%	1,023.71
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	15,422.10