

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS 2026 001 O 46575 569816

Motorsathi Care Private Limited  
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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                       |              |
|--|-------------------|----------------------------------|---|---------------------|-----------------------------|--------------|
| RAMLESH SINGH  | 1988-10-16        | 9792920376                       | SIYARAM SINGH                           | Hero Motocorp       | DESTINI                     |              |
| Sub Model  | Vehicle Regn. No. | Engine No.                       | Chassis No.                             | Year of Mfg         | Cubic Capacity              | Vehicle Type |
| PRIME  | UP31CH7131        | JF17ERRGE08947                   | MBLJFN356RGE08937                       | 2024                | 125                         | TW           |
| Asset Declared Value (ADV)                               | Side Car ADV      | Non-Electrical Accessories ADV   | Electrical Accessories ADV              | CNG/LPG/Bi-Fuel ADV | Total ADV                   |              |
| 63500.00   | NA                | 0.00                             | 0.00                                    | 0.00                | 63500.00                    |              |
| Place of Regn.   | Body Type         | HP/Lease/Hire-Purchase Agreement | Branch Office of HP/Lease/Hire-Purchase | Seating Capacity    | Offered Payment (incl. GST) |              |
| LAKHIMPUR KHERI  | Solo              | SHRIRAM FINANCE LIMITED          | ---                                     | 2                   | 2031.04                     |              |
| Address  |                   |                                  | City / District                         | Pin Code            | State                       |              |
| R.O RAMAPUR MEERPUR, RAMAPUR MEERPUR, PS- KOTWALI, KHERI |                   |                                  | LAKHIMPUR KHERI                         | 262701              | Uttar Pradesh               |              |
| Nominee Name   | Nominee Gender    | Nominee Age                      | Nominee Relation                        | Package Start Date  | Package End Date            |              |
| NEELU SINGH  | Female            | 28                               | WIFE                                    | 2026-01-20 15:40    | Midnight of 2027-01-19      |              |

Section A: VRC: 850.07 ICR: 374.65 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1224.72  
 Section B: FC: 0.00 LC Service: 0.00 CPD: 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: 308.75 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 55.57 Total with GST(D): 364.32

Total(Section A+B+C+D) Offered Price After Discount: 2031

| Package Period Covered            | 2026-01-20 To 2027-01-19 | 2027-01-20 To 2028-01-19 | 2028-01-20 To 2029-01-19 | 2029-01-20 To 2030-01-19 | 2030-01-20 To 2031-01-19 |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ADV                               | 63500                    | 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 2029-10-28 (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:** One package should cancelled if void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, misadventure or material fact or non-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: D-1050643  
 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. The company is not liable for any loss or damage to the vehicle or its contents arising out of or in connection with this agreement shall be subject to the extent to jurisdiction of the court at Meerut.



Received with Thanks Rs 2031.04 ON 2026-01-20 from Mr./Ms. RAMESH SINGH against the ARN No. INCP00569816  
 The Insured shall indemnify the Insurer against any loss or damage up to Rs. 100 - & Depreciation is applicable as per terms & conditions\*  
 \*This cover is subject to Deductible Co-insurance, Co-payment, Partial reimbursements, IMT - 22, 16, 18  
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

**SAVARI 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-0426-55 | Date                | 12-04-2026    |
| Customer Name     | RAMESH SINGH ..       | Contact No.         | 9792920376    |
| VIN               | MBLJFN356RGE08937     | Model               | DESTINI PRIME |
| Insurance Company |                       | Reg No.             | UP31CH7131    |
| HMCGL Card No     | 1073024560002975      | HMCGL Card Category | Gold          |

| S No               | Part Number   | HSN No.  | Billing Type | Rate     | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|---|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------|
| 1                  | 61140ABSD00SS -WIND SCREEN WH-004P                      | 87141090 | Paid         | 429.66   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 507.00     |
| 2                  | 53205ABS000SS -COVER HANDLE FR PSW (WH-004P)            | 87141090 | Paid         | 976.27   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 1,152.00   |
| 3                  | 64305ABS300SS -SET COVER FR. UPPER (PEARL SILVER WHITE  | 87141090 | Paid         | 1,171.19 | 9   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 1,382.00   |
| 4                  | 64309ABS300YS -FRONT COVER LOWER (MET. NEXUS BLUE BL(BR | 87141090 | Paid         | 1,093.22 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 1,290.00   |
| 5                  | 81131ABS000S -COVER INNER                               | 87141090 | Paid         | 421.19   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 497.00     |
| 6                  | 6433AABS200SS -COVER L FLOOE SIDE SA PSWESM             | 87141090 | Paid         | 632.20   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 746.00     |
| 7                  | 6432AABS200SS -COVER R FLOOR SIDE SA PSWESM WH 004P     | 87141090 | Paid         | 632.20   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 746.00     |
| 8                  | 37200ABS311S - SPEEDOMETER ASSY                         | 87141090 | Paid         | 2,859.32 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 3,374.00   |
| 9                  | 53175AAW000S -LEVER R STRG.HANDLE                       | 87141090 | Paid         | 83.90    | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 99.00      |
| <b>Parts Total</b> |   |          |              |          |     |        |        |         |        |            | 0.00     | 9,793.00   |

| Labour Details    |  |         |              |          |        |        |         |        |            |          |            |          |
|-------------------|--|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|----------|
| S No              | Job Code                                 | SAC No. | Billing Type | Rate     | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |          |
| 1                 | 102032 - ACCIDENTAL LABOUR-DESTINI PRIME | 998729  | Paid         | 1,695.00 | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 2,000.10   |          |
| <b>Jobs Total</b> |  |         |              |          |        |        |         |        |            |          | 0.00       | 2,000.10 |

|                  |                  |
|------------------|------------------|
| Parts Total      | 9,793.00         |
| Labour Total     | 2,000.10         |
| SGST (Parts) 9%  | 746.92           |
| CGST (Parts) 9%  | 746.92           |
| SGST (Labour) 9% | 152.55           |
| CGST (Labour) 9% | 152.55           |
| <b>Total</b>     | <b>11,793.10</b> |

Rupees in Words: Eleven Thousand Seven Hundred Ninety Three 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.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after

10730 - Main W/S

## CERTIFICATE OF REGISTRATION

**Registration No** : UP31CH7131 **Registration Date** : 05-Nov-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** : RAMESH SINGH **Son/wife/daughter of** : SIYARAM SINGH  
**Full Address: (Permanent)** : R/O RAMAPUR MEERPUR, RAMAPUR MEERPUR, PS KOTWALI, KHERI, UTTAR PRADESH-262701  
**Full Address: (Temporary)** : R/O RAMAPUR MEERPUR, RAMAPUR MEERPUR, PS KOTWALI, KHERI-UTTAR PRADESH-262701  
**Fitness UpTo** : 04-Nov-2039 **Owner Serial No** : 1

### Detailed Description

|                               |                      |                             |                     |
|-------------------------------|----------------------|-----------------------------|---------------------|
| <b>Class of Vehicle</b>       | : M-CYCLE/SCOOTER    | <b>Link Vehicle No</b>      | :                   |
| <b>Ownership</b>              | : INDIVIDUAL         | <b>Norms</b>                | : BHARAT STAGE VI   |
| <b>Maker's Name</b>           | : HERO MOTOCORP LTD  | <b>Rear HSRP No</b>         | : AA1036446846      |
| <b>Front HSRP No</b>          | : AA1037300655       | <b>Month/Year of Manuf.</b> | : 05/2024           |
| <b>Type of Body</b>           | : SOLO WITH PILLION  | <b>Chassis No</b>           | : MBLJFN356RGE08937 |
| <b>No. of Cylinders</b>       | : 1                  | <b>Fuel</b>                 | : PETROL            |
| <b>Engine No</b>              | : JF1YERRGE08947     | <b>Cubic Capacity</b>       | : 124.60            |
| <b>Horse Power(BHP)</b>       | : 8.98               | <b>Wheel base</b>           | : 1245              |
| <b>Maker's Classification</b> | : DESTINI PRIME      | <b>Standing Cap</b>         | : 0                 |
| <b>Seating Cap(in all)</b>    | : 2                  | <b>Unladen Wt (kgs)</b>     | : 115               |
| <b>Sleeper Cap</b>            | : 0                  | <b>Laden/GV Wt (kgs)</b>    | : 245               |
| <b>Colour</b>                 | : PEARL SILVER WHITE | <b>AC Fitted</b>            | : NO                |
| <b>Other Criteria</b>         | :                    |                             |                     |
| <b>Vehicle Purchase As</b>    | : 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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 29-Oct-2024.**

|                               |               |                            |                           |
|-------------------------------|---------------|----------------------------|---------------------------|
| <b>Purchase ut</b>            | : 29-Oct-2024 | <b>Sale Amt</b>            | : 74555/-                 |
| <b>OTT Date</b>               | : 29-Oct-2024 | <b>Amount/Rcpt No</b>      | : 7456 / UP31D24110000607 |
| <b>Vehicle is Govt./ Pvt.</b> | : PRIVATE     | <b>Tax Exempted or Not</b> | : NOT EXEMPTED            |

**Date of Approval** : 28-Nov-2024

### Other State/Transfer/Conversion/Reassign Details

|                       |   |                        |   |
|-----------------------|---|------------------------|---|
| <b>Previous Owner</b> | : | <b>Previous RegNo</b>  | : |
| <b>Old State</b>      | : | <b>Entry Date</b>      | : |
| <b>Transfer Date</b>  | : | <b>Conversion Date</b> | : |

**This certificate is valid from 05-Nov-2024 to 04-Nov-2039**

Date : 29-Nov-2024 11:14:52

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 विभाग  
 मोटर  
 वाहन विभाग  
 Kanpur  
 Signature of Reg. Signing Authority  
 Date : 29-Nov-2024

**P 9937262**

भारत सरकार  
Government of India



नाम सिंघ  
 RAMESH SINGH  
 जन्म तिथि / DOB : 16/10/1988  
 लिंग / Male

6863 8632 1187




आधार - आम आदमी का अधिकार

भारत सरकार  
Government of India



नाम सिंघ  
 RAMESH SINGH  
 जन्म तिथि / DOB : 16/10/1988  
 लिंग / Male

6863 8632 1187



आधार - आम आदमी का अधिकार

भारत सरकार  
वित्त विभाग

INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



नाम / Name  
RAMESH SINGH

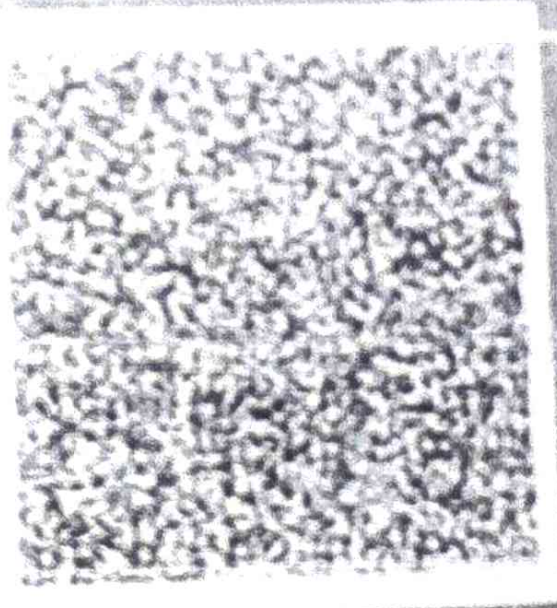
पिता का नाम / Father's Name  
SIVARAM SINGH

जन्म तिथि /  
Date of Birth  
16/10/1988

स्थायी आयकर पहचान  
Permanent Account Number Card

LSLP S7290G

हस्ताक्षर / Signature





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.                       | रमेश सिंह: 9792920376   |
| 2   | Vehicle No. / वाहन संख्या  | UP31CH7131  |
| 3   | Policy No. / पालिसी संख्या   | MS/2026/7001/0146575/569816   |
| 4   | Period of Insurance / बीमा अवधि  | 20/01/2026 से 19/01/2027  |
| 5   | Date of loss & Time / दुर्घटना का दिनांक & समय                                       | 14/03/2026 1:00PM   |
| 6   | Place of Accident / दुर्घटना का स्थान  | राजापुर मन्दिर के पास   |
| 7   | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं      | Ram Singh - 9792920376<br>UP3120256004373   |
| 8   | Estimated Loss / अनुमानित हानि   |   |
| 09. | Cause of Accident / दुर्घटना का कारण :   | राजापुर मन्दिर के पास सामने से बायीं ओर से स्कूटी से टक्कर हो गई जिससे मेरी गाड़ी लँघो और गिरकर क्षतिग्रस्त 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. | MOSARRAM AUTO SALES, LRPROND<br>LAKHIMPUR-KHERTI, 9151154036  |

Date / दिनांक : 14/03/2026  
हस्ताक्षर

रमेश 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 MEERUT

Certificate/Policy No. MS/2026/1001/0146575/569

Tel. No.

Period of Insurance 20/01/2026 से 19/01/2027 <sup>816</sup>

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 : RAMESH SINGH  
 (b) Address for correspondence : R/O RAMAPUR MEERPUR, PS-KOTWALI, KHERI  
 (c) Telephone : 9192920376

2. THE INSURED VEHICLE

|   |  |  |
|---|--|--|
| Make & Year<br><u>HERO</u><br><u>2024</u> | Engine No. <u>JF17ERRGE08947</u><br>Chassis No. <u>MBLJFN356RGE08937</u> | Registration No.<br><u>UP31CH</u><br><u>7131</u> |
|---|--|--|

- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? N/A  
 (c) Was trailer attached? N/A  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached? N/A  
 2. Was a pillion rider carried? N/A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : RAMESH SINGH
- (b) Age : 30/10/1988
- (c) Address : R/O
- (d) Is the Driver
1. Owner : Yes
  2. paid driver? : No
  3. Owner's relative or friend? : No
- (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 : UP31 2025000U373
- (h) Issuing Authority : Kheri
- (i) Date of Expiry : 01/04/2035
- (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 : 14/03/2026 1:00 PM.
- (b) Place : राजापुर मा-देर के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h.
- (d) Give a short description of the accident : राजापुर मा-देर के पास सामने से बायीं ओर से स्कूटी से टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सतिग्रस्त हो गई
- (e) If any third party was responsible for this accident give the name and address : ही नहीं

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LPPROAD
- (c) When and where can the damaged vehicle be inspected : LAKHIMPUR-KHERI, 9151154036

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? : NSA

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? : 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 14/03/ 2006

Signature of the insured

रविश कुमार

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. CP31CH7131 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 मिशर सिंह  
Occupation .....  
Address .....

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