

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड  
MEERUT

The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	निजामुद्दीन, 6387814988
2	Vehicle No. / वाहन संख्या	UP31 BZ 7302.
3	Policy No. / पालिसी संख्या	MS/2026/7001/0146575/572004.
4	Period of Insurance / बीमा अवधि	08/04/2026 से 07/04/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/APR/2026 @ 2:00 PM.
6	Place of Accident / दुर्घटना का स्थान	ग्राम चीनी गाँव के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	निजामुद्दीन, 6387814988 UP3120250007334.
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : ग्राम चीनी गाँव के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी दायाँ ओर गिरकर सतिग्रस्त 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, URP ROAD LAKHIMPUR-KHERI, 9151154036.

Date / दिनांक : 25/APR/2026  
हस्ताक्षर

निजामुद्दीन  
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 MEEPUT

Certificate/Policy No. MS/2026/7001/046575/57200

Tel. No.

Period of Insurance 08/04/2026 to 07/04/2027  
 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 : NT JAMUDDIN
- (b) Address for correspondence : R/O BELAVA, BELKHERA, BEL, UP, 261501.
- (c) Telephone : 6387814988

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>JA07AMP9C04119</u> Chassis No. <u>MBLJAW392P9C01891</u>	Registration No. <u>UP31BZ</u> <u>7302</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? \_\_\_\_\_
  - 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 : NT JAMUDDIN  
 (b) Age : 07/07/1969  
 (c) Address : R/O BELVA, BEL, LAKHIMPUR-KHERI, UP 261501  
 (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 20250007334  
 (h) Issuing Authority : 28/05/2025  
 (i) Date of Expiry : 27/05/2030  
 (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 : 24/04/2026 2:00PM.  
 (b) Place : गमवाँ गाँव के पास  
 (c) Speed of vehicle at the time of accident : 30-40 km/h.  
 (d) Give a short description of the accident : गमवाँ गाँव के पास सामने से साइ से टक्कर हो गई  
 (e) If any third party was responsible for this accident give the name and address : निससे मेरी गाड़ी दायी ओर गिरकर सतिग्रस्त हो गई.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
 (b) Estimated cost of repairs : MOSARRAM AUTO SALES, LRP  
 (c) When and where can the damaged vehicle be inspected : R/O RD. - 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? : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (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 old and all rights to accident shall be forfeited.

Date 25/10/11 2011

Signature of the insured [Signature]

Discharge Voucher

ACCIDENT DEPARTMENT Discharge Voucher

ACCIDENT DE

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 the loss and/or  
my/our motor Car/Vehicle No. UP 31B 2730 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 [Handwritten Signature]  
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 or 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 NIJAMUDDIN S/O RAHAMAT  
ALLI, R/O BELAVA KHERI, LAKHIMPUR KHERI,  
UP, 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, NIJAMUDDIN do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 25/APR/2026

Place KHERI

NIJAMUDDIN  
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 1<sup>st</sup> 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.

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BZ7302 Registration Date : 12-Apr-2023  
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 : NIJAMUDDIN Son/wife/daughter of : SRI RAHAMAT ALI  
Full Address: (Permanent) : R/O BELAVA BEL, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-261501  
Full Address: (Temporary) : R/O BELAVA BEL, KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-261501  
Fitness UpTo : 11-Apr-2038 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 : AA2074637184 Rear HSRP No : AA1024710532  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2023  
No of Cylinders : 1 Chassis No : MBLJAW392P9C01891  
Engine No : JA07AMP9C04119 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267  
S

Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Uniaden Wt (kgs) : 123  
Colour : BLACK Laden/GV Wt (kgs) : 253  
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. 08-Apr-2023.

Purchase dt : 08-Apr-2023 Sale Amt : 86718/-  
OTT Date : 08-Apr-2023 Amount/Rcpt No : 8672 / UP31D23040001188  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 12-Apr-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 12-Apr-2023 to 11-Apr-2038

Date : 20-Apr-2023 10:44:33

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 20-Apr-2023

ये गाड़ी की रजिस्ट्रेशन तिथि से पाहनेत है।  
कृपया ना इस गाड़ी को खरीदे ना ही बेये।

P 2340381

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/572004

Motorsathi Care Private Limited  
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

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
NIJAMUDDIN	1969-01-01	9054085494	SRI RAHAMAT ALI	Hero Motocorp	SUPER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
XTEC DRUM SELF	UP31BZ7302	JA07AMP9C04119	MBLJAW392P9C01891	2023	125
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV
48000.00	NA	0.00	0.00	0.00	48000.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo	HERO FINCORP LTD.		2	1950.78
Address			City / District	Pin Code	State
R/O BELAVA BEL,KHERI,PS-PHARDHAN,KHERI,UTTAR PRADESH				261501	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MOHD VAKEEL	Male	23 Years	SON	2026-04-08 12:01	Midnight of 2027-04-07

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(A) 1192.08  
 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: 268.39 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.31 Total with GST(D): 316.70  
**Total(Section A+C+D) Offered Price After Discount: 1951**

Package Period Covered	2026-04-08 To 2027-04-07	2027-04-08 To 2028-04-07	2028-04-08 To 2029-04-07	2029-04-08 To 2030-04-07	2030-04-08 To 2031-04-07
DV	48000	NIL	NIL	NIL	NIL
IS Services Period Covered (NODI)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-04-07 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**RESTRICTIONS 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: 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.

**CLAIMER:** 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 account holder shall 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.

**REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone: 1800-101050643  
 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. Any dispute arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut.



Received with Thanks Rs 1950.78 ON 2026-04-08 from Mr./Ms. NIJAMUDDIN against the ARN No. INCP00572004  
 Acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 For more details turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

**Indian Union Driving Licence**  
Issued by Ukar-Predch

UP31 20250007334

Issue Date: 20-05-2025  
Validity (NT): 27-05-2030

Validity (TM):



UP31

Name: **COMRUPDMM**  
Date of Birth: 01-01-1969  
Blood Group: **INDEFINITE**

Son/Daughter/Wife of: **INDEFINITE**

Address: **DEHAVA, DEL. LANGUR, JOURA, CHANDI, UTTAR  
PRADESH 201501**

Organ Donor: **II**

Holder's Signature



Date of First Issue: 20-05-2025

DL No: UP31 20250007334

UPDL311000012445



Invalid Carriage (Regn Numbers):

Hazardous Validity: **Nil**

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
LMV	UP31	UP31	20-05-2025	LMV			
AMVSD							

Emergency Contact Number

**Parkas**  
Licensing Authority  
UP31 LANGUR, JOURA, CHANDI, UTTAR PRADESH

Form 7 Rule 16(2)

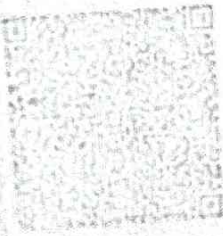


सर्वोच्च  
Government of India

श्रीमान्  
Mianuddin  
पति / DOB: 01/01/1959  
पुरुष / Male

2114 2402 5167

सर्वोच्च एन आई एन



सर्वोच्च  
Unique Identification Authority of India

पति  
श्रीमान् राहमत अली बेलावा, बेलावा,  
खैर, बेलावा, उत्तर प्रदेश, 261501

Address:  
S/O: Rahamat Ali, belawa, Bel,  
Khair, Bel, Uttar Pradesh, 261501

2114 2402 5167

1037  
1037  
+91 300 1517

help@uidai.gov.in



www.uidai.gov.in