

10 / 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.	RAKESH KUMAR , 9525190836
2	Vehicle No. / वाहन संख्या	UP57 BA 4580
3	Policy No. / पालिसी संख्या	MC/2025/7001/0/46575/423462
4	Period of Insurance / बीमा अवधि	04/04/25 - 03/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/11/25 , 11 AM
6	Place of Accident / दुर्घटना का स्थान	TAMKURI ROAD
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAKESH KUMAR DLNo-UP5720110004435 mob- 9525190836
8	Estimated Loss / अनुमानित हानि	30 न्य /-
09.	Cause of Accident / दुर्घटना का कारण :	रेलवे क्रासिंग पर खड़े थे तभी पिछे से इसरे बाइक वाला लाकर लडा दिया जिससे गांडी आगे वाली गांडी में भी जाकर लड गई और गिर गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	RISHABH - MOTO RS, 63015-25464

Date / दिनांक : 12/11/25
हस्ताक्षर

Signature of Insured / बीमाधारक के

Rakesh Kumar



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 **MOTORSATHI'**

Certificate/Policy No. **MS/2025/7001/0/46575/423462**

Tel. No. **9525190836**

Period of Insurance **04/04/25 - 03/04/26**
 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 : **RAKESH KUMAR**
 (b) Address for correspondence : **VIL - PARDIYAR PURAB PATIT, POST- SEORANI KUSHINAGAR**
 (c) Telephone : **279906**

2. THE INSURED VEHICLE

Make & Year 03/2021	Engine No. HAI1EVMHC92745 Chassis No. MBLHAW124MHCD1332/KSN/11/2025	Registration No. UP57BA4580
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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? **NA**
 (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? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAKESH KUMAR
(b) Age : 50
(c) Address : VILL- PARDIYAR PURAB PART. SEORAMI, KUSHI NAGAR
(d) Is the Driver
1. Owner : 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? : NA
(g) Driving Licence Number : UP 57 2011 000 4935
(h) Issuing Authority : UP
(i) Date of Expiry : 01/05/2035
(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?: N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 08/11/25, 11AM
(b) Place : TAMKULI ROAD
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : रस्ते कांसिंग पर गाडी को लपेटे से लडा दिया जिससे गीर गई
(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 : AS per Estimate
(b) Estimated cost of repairs : 3874/-
(c) When and where can the damaged vehicle be inspected : RISHABH - MOTORS

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? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
(b) If yes, give full details : NA

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? :
(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 12/11/2020

Signature of the insured Rakesh Kumar

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. UP57 BA48 80 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/-

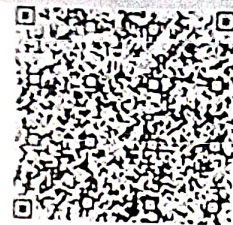
Witness
Name
Signature
Address

Signature Rakesh Kumar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: UP57BA4580	Registration Date	: 15-Apr-2021
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: ALT
Dealer's Name & Address	: M/S VAISHNOVO MOTORS, 105, NH-28, GORAKHPUR ROAD, JHUGAWA KUSHINAGAR, .. 189-274403		
Owner Name	: RAKESH KUMAR	Son/wife/daughter of	: S/O- VASANT PRASAD
Full Address: (Permanent)	: VILL- PAKADIYAR PURAB PATTI, PO- SEORAH, PS- SEORAH, KUSHINAGAR. UTTAR PRADESH-274406		
Full Address: (Temporary)	: VILL- PAKADIYAR PURAB PATTI, PO- SEORAH, PS- SEORAH, KUSHINAGAR-UTTAR PRADESH-274406		
Fitness UpTo	: 14-Apr-2036	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA2031902136
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 03/2021
Front HSRP No	: AA2031181888	Chassis No	: MBLHAW124MHCD1332/KS N/II/2025
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 97.20
Engine No	: HA11EYMHC92745	Wheel base	: 1236
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: SPLENDOR +(13S-SELF-DRU M-CAST)	Unladen Wt (kgs)	: 112
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 242
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: BLACK-SILVER STR		
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	As Regd.	Description	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	: 05-Apr-2021	Sale Amt	: 64310/-
OTT Date	: 05-Apr-2021	Amount/Rcpt No	: 6431 / UP57D21040000930
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 15-Apr-2021		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Apr-2021 to 14-Apr-2036

Date : 11-Jun-2025 11:13:24

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 11-Jun-2025

Q 3298730

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/423462

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
RAKESH KUMAR	1975-05-02	9525190836	S/O- VASANT PRASAD	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
DRUM SELF E20	UP57BA4580	HA11EYMH1C92745	MBLHAW124MHCD1332	2021-04-04	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
38500.00	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	38500.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
VILL- PAKADIYAR PURAB PATTI, PO- SEORAHI, PS- SEORAHI, Kushinagar, Uttar Pradesh,				845404	1061.73
					State
					Bihar
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MANJU DEVI	Female	47 Years	WIFE	2025-04-04 17:24	Midnight of 2026-04-03

Section A, VRC: 631.36 TCR: 454.30 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 294.51 Total with GST(A): 791.15

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): 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: 229.30 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 41.28 Total with GST(D): 270.58

Total(Section A+B+C+D) Offered Price After Discount: 1062

Package Period Covered	2025-04-04 To 2026-04-03	2026-04-04 To 2027-04-03	2027-04-04 To 2028-04-03	2028-04-04 To 2029-04-03	2029-04-04 To 2030-04-03
ADV	38500	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 UP TO 2026-04-03 (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 1 lakh 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 1061.73 ON 2025-04-04 from Mr./Ms. RAKESH KUMAR against the ARN No. INCP00423462
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

DL No: UP57 20110004435 UPDL571000011815



Invalid Carriage (Regn Numbers)*
Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP57	02-05-2011	NT				
LMV	UP57	02-05-2011	NT				
MVSD							

Emergency Contact Number
Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20110004435

Issue Date 28-04-2025
Validity (NT) 01-05-2035

Validity (TR)*



RAKESH KUMAR

Name:

Date of Birth: 02-05-1975

Blood Group:

Son/Daughter/Wife of:

VASANT PRASAD

Organ Donor: N



Holder's Signature

Address:
PAKADIYAR PURAB PATTI SEORAH TANKUHI
RAJ, KUSHINAGAR 274401

Date of First Issue 02-05-2011



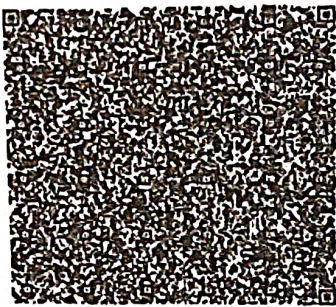


भारतीय विरिद्ध प्रमाण प्रामिक्करण
Unique Identification Authority of India



श्री: S/O बसंत प्रसाद साह, ग्राम कोइरवाही, पोस्ट कोइरवाही, ठाकराहा, पश्चिमी चम्पारण, बिहार - 845404

Address: S/O Basant Prasad Sah, Vill Koirahti, post Koirahti, Thakraha, West Champaran, Bihar - 845404



7486 1542 6434

VID : 9199 5921 7167 2136



1047



help@uidai.gov.in



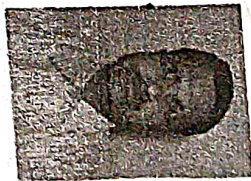
www.uidai.gov.in



भारत सरकार
Government of India



राकेश कुमार
Rakesh Kumar
जन्म तिथि/DOB: 02/05/1975
पुरुष/ MALE



7486 1542 6434

VID : 9199 5921 7167 2136

भारत सरकार, भोरी पहचान

सिद्ध

सिद्ध

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

RAKESH KUMAR

BASANT PRASAD SAH

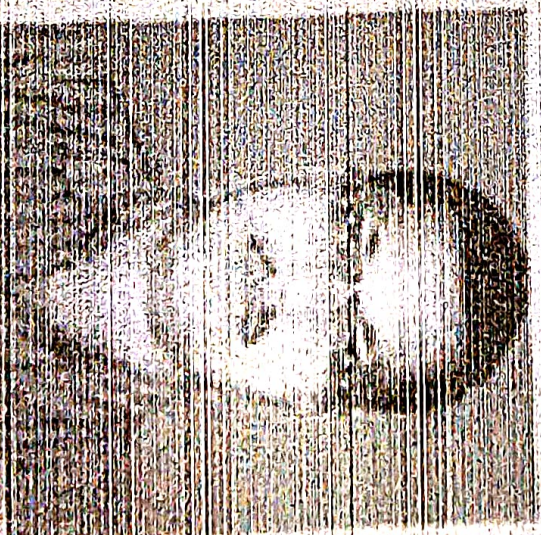
02/05/1975

Permanent Account Number

CTMPKA209A

RAKESH KUMAR

02/05/1975



18092013