

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

Sir / महोदय, Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	PRAMOD KUMAR 8299749840
2	Vehicle No. / वाहन संख्या	UPS3 EJ.0311
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/460998
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/2025 & 8:40 pm
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRAMOD KUMAR UPS3 20210007091
8	Estimated Loss / अनुमानित हानि	5000/-
9.	Cause of Accident / दुर्घटना का कारण :	बैक रोड से आघात जाले समय ड्राइवर ने अचानक एक गाड़ी सामने आ आए जाइए अनिच्छित ब्रेक ई रिसा से चकल गय।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	HERO D.P. MOTOR SUMER SAMR GORAKHPUR

Date / दिनांक : 18/12/2025
हस्ताक्षर

प्रमोद कुमार
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/2023/709/0/46875/

Tel. No. _____

Period of Insurance 14/08/2023

Claim No. 460925

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 : PRAMOD KUMAR
 (b) Address for correspondence : MADHOPUR GORAKHPUR
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero 4</u> <u>2022</u>	Engine No. <u>41121</u> Chassis No. <u>01211</u>	Registration No. <u>UPS3</u> <u>ET-0311</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.
 (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 : 242
 (b) Unladen Weight : 112
 (c) Weight of goods carried/Load Challan No. : NO
 (d) Nature of permit : Jeep
 (e) Nature of goods carried : NO
 (f) Was the vehicle plying for hire : Yes
 (g) If Lorry/Jeep/Tractor, was trailer attached? : NO
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name _____
- (b) Age _____
- (c) Address _____
PRAMOD KUMAR
30
- (d) Is the Driver
 1. 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?

- (g) Driving Licence Number
UP3320210007091
- (h) Issuing Authority
RJD-419.
- (i) Date of Expiry
14/01/2025
- (j) Was the licence temporary/permanent
permanent
- (k) Details of endorsement/suspension, if any

- (l) Has he been involved in any accident before?

- (m) Has he been charged by the policy? If so, why?

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time
14/12/2024 8:10 PM.
- (b) Place
GORAKHPUR
- (c) Speed of vehicle at the time of accident
40.
- (d) Give a short description of the accident
DRIVER OF MOTOR CYCLE STOPPED
- (e) If any third party was responsible for this accident give the name and address
DR. S. R. SINGH 244001

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
front & left
- (b) Estimated cost of repairs
5000/-
- (c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name
N/A
- (b) Address
N/A
- (c) Full Details of personal injury sustained
N/A
- (d) Name and address of any person/hospital giving medical attention to injured person
N/A
- (e) Full details of property damaged
N/A
- (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 NO
 - (b) Did a Police Constable take particulars of the accident? NO
 - (c) Was accident reported to Police? If not, why? NO
 - (d) If yes, to which Police Station? NO
 - (e) Date and Diary No. NO

10. THEFT

- (a) Date and Time NO
- (b) Place NO
- (c) What was stolen? NO
- (d) Estimated cost of replacement? NO
- (e) By whom discovered and reported? NO
- (f) Has theft been reported to Police? NO
- (g) When? NO
- (h) Which Police Station? NO
- (i) C.R. diary Number NO

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.

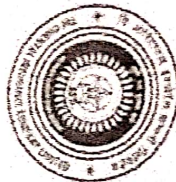
Date 19/11/2025

Signature of the insured मोहित 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. _____ 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 समीर कुमार
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Motorsathi Care Private Limited
B.Dass Compound Opposite, DAV Public School,
Contact us at:
Phone: +91 79410 50643
Email: info@motorsathi.com
Visit the help section of www.motorsathi.com

मोतर्सथी कार प्राइवेट लिमिटेड
(भारत सरकार का उपक्रम)
B.Dass Compound Opposite, DAV Public School,
Naurangabad, Grand Trunk Road, Naurangabad,
Allgarh, Uttar Pradesh, (202001), India



PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA KAMATE PASS
THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking)
B-10, Connaught Place, New Delhi-110022, India
011-26119419/26123758

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Pramod Kumar	1995-10-15	8299749840	Bhaju Ram Gaud	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
NTEC DRUM SELF E20	UP53EJ0311	HA11EANHH14121	MRLHAW177NHH10121	2022-08-18	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
47500.00	NA	0.00	0.00	0.00	47500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo			2	1311.39	
Address			City / District	Pin Code	State	
NEAR SEWAI FACTORY MADHOPUR SURAJKUND PO- GORAKHNATH PS- TIWARIPUR				273015	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MADHURI DEVI	Female	43 Years	MOTHER	2025-08-15 12:55	Midnight of 2026-08-14	

Section A, VRC: 763.06 TCR: 448.40 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 227.10 Total with GST(A) 984.36
 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: 277.14 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.89 Total with GST(D): 327.03
Total(Section A+B+C+D) Offered Price After Discount: 1311

Package Period Covered	2025-08-15 To 2026-08-14	2026-08-15 To 2027-08-14	2027-08-15 To 2028-08-14	2028-08-15 To 2029-08-14	2029-08-15 To 2030-08-14
ADV	47500	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 2027-08-14 (DETAILS ARE A 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 & 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/-
 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 & 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.

D.P. MOTORS
Sagar Complex, Sumer Sagar
Gorakhpur (U.P.)
Mob. 9151025501/9151025502

* Received with Thanks Rs 1311.38 ON 2025-08-10 from Mr./Ms. Pramod Kumar against the ARN No. INCP00460995
 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, Allgarh, Allgarh, Uttar Pradesh, (202001), India



GOVERNMENT OF UTTAR PRADESH
Transport Department Gorakhpur RTO
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP53EJ0311
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, . . , 188-273010
 Owner Name : PRAMOD KUMAR
 Full Address: (Permanent) : NEAR SEWAI FACTORY MADHOPUR, SURAJKUND PO- GORAKHNATH, PS- TIWARIPUR, GORAKHPUR, UTTAR PRADESH-273015
 Full Address: (Temporary) : NEAR SEWAI FACTORY MADHOPUR, SURAJKUND PO- GORAKHNATH, PS- TIWARIPUR, GORAKHPUR-UTTAR PRADESH-273015
 Fitness UpTo : 17-Aug-2037
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2061848720
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11EANHH41121
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ XTEC
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : BLACK TORNADO GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 18-Aug-2022
 Purpose For Printing RC : HPT
 Son/wife/daughter of : BHAJU RAM GAUD
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2060791833
 Month/Year of Manuf. : 08/2022
 Chassis No : MBLHAW177NHH01211
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1995
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

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 w.e.f. .

Purchase dt : 15-Aug-2022
 Sale Amt : 74528/-
 OTT Date : 15-Aug-2022
 Amount/Rcpt No : 7453 / UP53D22080003978
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Aug-2022

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Aug-2022 to 17-Aug-2037

(Signature)
 कर/पंजीयन अधिकारी
 मोटर वाहन विभाग

Date : 13-Jun-2024 15:23:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 13-Jun-2024

P 7793827

आयकर विभाग
INCOME TAX DEPARTMENT



संघीय सरकार
GOVT. OF INDIA



संघीय संघीय खाते
Permanent Account Number Card
FLSPK59590

नाम / Name
PRAMOD KUMAR

पिता का नाम / Father's Name
BHAJU RAM GOUND

जन्म का तिथि / Date of Birth
15/10/1995

हस्ताक्षर / Signature

25052017



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP53 20210007091



Date of First Issue (03-03-2021)

Issue Date 03-03-2021 Validity (NT) 14-10-2025 Validity (TR)*

Holder's Signature

Organ Donor: **N**

Name:

PRAMOD KUMAR

Date of Birth:

15-10-1995

Blood Group:

Son/Daughter/Wife of: **BHAJU RAM GAUD**

Address:

**101 NEAR SAWAI FACTORY MADHOPUR
SURAJKUND POST GORAKHNATH PS, TIWARIPUR
GORAKHPUR, UP 273015**

UPDL000005211205

DL No: UP53 20210007091



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By
MCHG	MCHG	UP53	03-03-2021	NT			
LIWV	LIWV	UP53	03-03-2021	NT			
MVSD							

Emergency Contact Number

UP53 GORAKHPUR
Licensing Authority



भारत सरकार
GOVERNMENT OF INDIA



प्रमोद कुमार
Pramod Kumar
जन्म तिथि/ DOB: 15/10/1995
पुरुष / MALE



2845 3418 0934

आधार-आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA

पता:
S/O. मंगू राम गौड़, 101,
मैकई फैक्टरी के पास,
साधोपुर प्रखण्ड, गोरखपुर,
बिहार,
पिन कोड - 273015

Address:
S/O. Mangoo Ram Gauri, 101, near
Mekhai Factory, Madhupur sub-division,
Gorakhpur, Saran district,
Uttar Pradesh - 273015

2845 3418 0934

Aadhaar -Aam Admi ka Adhikar