

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.	Gddee Rai
2	Vehicle No. / वाहन संख्या	9931089593
3	Policy No. / पालिसी संख्या	UP57BQ3882
4	Period of Insurance / बीमा अवधि	MS/2025/7001/0/46575/431829
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/04/2025 to 27/04/2026 17/12/25 / 4:30PM
6	Place of Accident / दुर्घटना का स्थान	
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Salemgarh Rajan Kumar / 9931089593
8	Estimated Loss / अनुमानित हानि	BR28 20060026292 6698/-
9.	Cause of Accident / दुर्घटना का कारण :	Salemgarh chauraha par wrong side se aarhe ek two wheeler ne takkar maardi.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
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.	Yash Automobiles Salemgarh Kusw Nagar. 7897481257

Date / दिनांक : 18/12/25.
हस्ताक्षर

Gddee Rai
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/2025/7001/0/46575/431823

Tel. No. _____

Period of Insurance 28/04/25 to 27/04/2026
 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 : Goldie Rai
 (b) Address for correspondence : Mukundpur Salangan Kustinagan
 (c) Telephone : 9931083593

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u>	Engine No. <u>JA16EWP6L06985</u> Chassis No. <u>MBLJFW494P6L00883</u>	Registration No. <u>UP57BQ3882</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? No
 (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 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 : Rajan Kumar
(b) Age : 39
(c) Address : Muleundpur PO - Salemgarh Kushinagar
(d) Is the Driver
1. Owner :
2. paid driver?
3. Owner's relative or friend? : Husband
(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 : BR28 20060026292
(h) Issuing Authority : Government of UP
(i) Date of Expiry : 17/03/2029
(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 : 17/12/2025 and 9:30 PM
(b) Place : Salemgarh
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : Front Damage
(e) If any third party was responsible for this accident give the name and address : No

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Salemgarh Chaudhri per wrong side se
(b) Estimated cost of repairs : 66987/-
(c) When and where can the damaged vehicle be inspected : carhe etc two wheels ne dg karkar

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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
- (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? : _____
- (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 accident shall be forfeited.

Date 18/12/25 200

Signature of the insured Goldie Rai



भारत सरकार
Government of India



Issue Date: 02/03/2017



गोल्डी राय
Goldee Rai
जन्म तिथि / DOB : 04/07/1993
महिला / Female



9920 1110 7086

मेरा आधार, मेरी पहचान

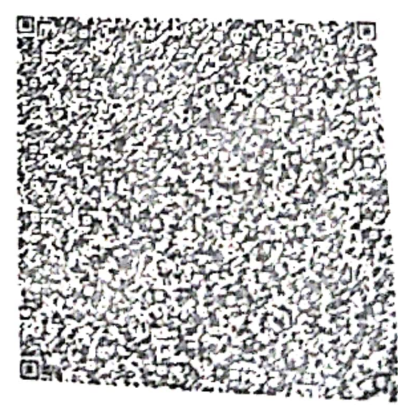


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 22/01/2022

पता: अर्धागिनी: राजन कुमार, मुकुंदपुर,
कुशीनगर, उत्तर प्रदेश, 274409
Address: W/O: Rajan Kumar, Mukundpur,
Kushinagar, Uttar Pradesh, 274409



9920 1110 7086



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✉ help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CTIPR5237D

नाम / Name
GOLDEE RAI

पिता का नाम / Father's Name
YASHWANT RAI

जन्म की तारीख / Date of Birth
04/07/1993



A PAN Application Digitally Signed, Card Not Valid unless Physically Signed

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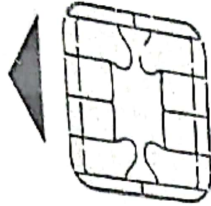


सत्यमेव जयते

Indian Union Driving Licence Issued by Uttar Pradesh



BR28 20060026292



Issue Date: 18-09-2019
Validity (NT): 17-09-2029
Validity (TR): _____



[Signature]
Licence Holder's Signature

(06-10-2006)

Date of First Issue

Name: **RAJAN KUMAR**
Date of Birth: **18-01-1986** Blood Group: **B+ VE** Organ Donor: **Y**
Son/Daughter/Wife of: **SURESH PRASAD**
Address:
**VILL-MUKUND PUR PO-SALEMGAD PS
TAREYASUJAN PADRAUNA, KUSHINAGAR 274407**

DL No: BR28 20060026292

UPDL000001156675



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	BR28	06-10-2006	NT			
	LMV	BR28	06-10-2006	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 D.L. 16/73

10
11
12



Motorsathi Care Private Limited
 Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact: 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
GOLDEE RAI	1993-07-04	9931089593	RAJAN KUMAR	Hero Motocorp	PLEASURE PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
PLUS XTFC E20 MBK	UP57BQ3882	JF16EWPGLO6989	MBLJFW491PGI00883	2024	110
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
61500.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HIP/Lease/Hire-Purchase Agreement	Branch Office of HIP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	61500.00
Address			City / District	Pin Code	State
ILL - MUKUNDPUR, PO - SALEMGARH PS - TAMKUIH RAJ Kushinagar, 274409				274409	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
RAJAN KUMAR	Male	35 Years	HUSBAND	2025-04-28 16:14	Midnight of 2026-04-27

Option A, VRC: \$23.30 TCR: 290.28 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1113.58
 Option 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 ST(B): 0.00

Option 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
 Option D, Drive Assure: 299.02 AHDC, DOC & Additional External Tyre Cover(APTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 53.82 Total with GST(D): 352.84

Final (Section A+B+C+D) Offered Price After Discount: 1466

Package Period Covered	2025-04-28 To 2026-04-27	2026-04-28 To 2027-04-27	2027-04-28 To 2028-04-27	2028-04-28 To 2029-04-27	2029-04-28 To 2030-04-27
ADV	61500	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 2029-02-13 (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 retaining 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: 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.

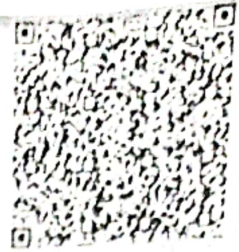
TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 Email id: info@motorsathi.com



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 1466.42 ON 2025-04-28 from Mr./Ms. GOLDEE RAI against the ARN No. INCP00431829
 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),

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



Registration No : UP57BQ3882 Registration Date : 21-Feb-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . . 189-274304
 Owner Name : GOLDEE RAI Son/wife/daughter of : RAJAN KUMAR
 Full Address: (Permanent) : VILL-MUKUNDPUR, PO-SALEMGARH, PS-TAMKUHIRAJ, KUSHINAGAR, UTTAR
 PRADESH-274409
 Full Address: (Temporary) : VILL-MUKUNDPUR, PO-SALEMGARH, PS-TAMKUHIRAJ, KUSHINAGAR, UTTAR
 PRADESH-274409
 Fitness Up To : 20-Feb-2039 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 Rear HSRP No : AA2095538852
 Front HSRP No : AA2096537682 Month/Year of Manuf. : 11/2023
 Type of Body : SOLO WITH PILLION Chassis No : MBLJFW494PGL00883
 No of Cylinders : 1 Fuel : PETROL
 Engine No : JF16EWPGL06989 Cubic Capacity : 110.90
 Horse Power(BHP) : 8.04 Wheel base : 1238
 Maker's Classification : PLEASURE + CX Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 106
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 236
 Colour : BLUISH TEAL AC Fitted : NO
 Other Criteria :
 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 w.e.f. .

Purchase dt : 14-Feb-2024 Sale Amt : 82888/-
 OTT Date : 14-Feb-2024 Amount/Rcpt No : 8289 / UP57D24020002926
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Mar-2024
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 21-Feb-2024 to 20-Feb-2039

Date : 16-Apr-2024 13:31:14

Taxation Particulars / Advance Registration Mark Fee Details:

A.R.T.O.
 Signature of Registering Authority
 Date: 16-Apr-2024

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