



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/2025/7001/0/46575/45667

Tel. No. _____

Period of Insurance 19-7-2025 To 18-7-2026

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 : biopal Singh
(b) Address for correspondence : Pisawa-2 - Mathura
7902131190

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u> <u>Spl+</u>	Engine No. <u>HA1167PHB52217</u> Chassis No. <u>MBLHAW229PHB15129</u>	Registration No. <u>UP-8S-CH-</u> <u>8303</u>
--	--	---

(a) Was the vehicle in proper working condition? Yes
(b) Was the vehicle used for business? Private
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
1. Was a side-car attached
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. : N/A
(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 : N/A
(i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name

Ajay Singh

(b) Age

38

(c) Address

Pisawa Mathura

(d) Is the Driver

1. Owner

2. paid driver?

3. Owner's relative or friend?

Brother

your employment

(f) Was he under the influence of intoxication
Liquor or drugs?

N/A

(g) Driving Licence Number

UP8520240005355

(h) Issuing Authority

UP85 Mathura

(i) Date of Expiry

10-3-2034

(j) Was the licence temporary/permanent

Permanent

(k) Details of endorsement/suspension, if any

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

N/A

(m) Has he been charged by the police in 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

19-12-2025 8:30 PM

(b) Place

Chhatra Road Barabanki

(c) Speed of vehicle at the time of accident

(d) Give a short description of the accident

सामने चल रही गाड़ी से टकराकर गाड़ी हानी हुई हो गयी

(e) If any third party was responsible for this
accident give the name and address

N/A

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage

(b) Estimated cost of repairs

16097

(c) When and where can the damaged vehicle
be inspected

Radha Motors

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name

(b) Address

N/A

(c) Name and address of any person/hospital
giving medical attention to injured person

(d) Full details of property damaged

(e) Has notice of any claim been given to you?

N/A

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other : _____
(b) Did a Police Constable take particulars of The accident? : _____ N/A
(c) Was accident reported to Police? If not, Why? : _____ N/A
(d) If yes, to which Police Station? : _____
Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____ N/A
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : _____
(g) When? : _____ N/A
(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 22-12 2002025

Signature of the insured 21/4/07

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 20/11/17

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

To / सेवा में,

The Oriental Insurance Co Ltd /

.....

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.	Gopal Singh 7902131190
2	Vehicle No. / वाहन संख्या	UP-85-CH-8303
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/456677
4		19-7-2025 TO 18-7-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19-12-2025 8:30 PM
6	Place of Accident / दुर्घटना का स्थान	Chhata Road Barsana
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ajay Singh UP8520240005355
8	Estimated Loss / अनुमानित हानि	16097
9.	Cause of Accident / दुर्घटना का कारण	ब्रह्मना से गाँव जाते समय शरत के आधे चाल रही गाड़ी में धुस गयी जिससे सिधे दाए के तरफ गिरकर क्षतिग्रस्त हो गयी।
10	SURVEYOR / स्पॉट / फाइनल सर्वेयर का नाम	
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.	Radha Motors . Barsana Mathura 281405 7500412615

गोपाल

Date / दिनांक : 22-12-2024
हस्ताक्षर

Signature of Insured / बीमाधारक के



Accident Department

Policy No. MS/2025/7001/0/46575/456677

Claim No. _____

The Oriental Insurance Co.Ltd.

(INCORPORATED IN INDIA)

Subsidiary to General Insurance Corporation of India

Regd. Office : Oriental House, P.B.No. 7037,

A-25-27, Asaf Ali Road, New Delhi 110 002

Received from THE ORIENTAL INSURANCE CO.LTD. the sum of
Rupees _____
in full payment of our Bill No. _____ dated _____
for repairs done to Motor Vehicle No. UP-85-CH-8303 belonging to the
hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

Signature

Insured's Countersignature



Repairer's Stamp/Signature

I/We hereby acknowledge having received from _____
_____ my/our Motor Vehicle No. _____
which has been repaired to my/our satisfaction, and I/We admit that the payment of
Rs. _____ made by THE ORIENTAL INSURANCE COMPANY LIMITED
for such repairs is in the full discharge of my/our claim upon the said Company under
its Policy No. _____ in respect of the damage
caused to the said Motor Vehicle in an accident that occurred on or about
the _____ day of _____ 20

Dated this _____ day of _____ 20

The Insured is requested to sign
at two places marked as : X

X

Signature

Signature of Insured

V-55 BIL

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: **MS-2025-7001-O-46575-456677**

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	
GOPAL SINGH	1999-07-10	7902131190			SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Hero	Year of Mfg	Cubic Capacity
VX		HA11E7PHB52217	MBLHAW229PHB15129		15-06-2023	
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Typ	
0.95	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	HDB FINANCIAL SERVICES LIMITED		2	0.95	
Address			City / District	Pin Code	Offered Payment (incl. GST)	
					1802.63	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KAMLESH	Female	24 Years	WIFE	2025-07-19 00:00	Midnight of 2026-07-18	

Section A, VRC: 548.57 TCR: 417.13 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) **Total with GST(A)** 1177.68
 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): 253.39 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%) (C)**: 299.00
 Section D, Drive Assure: 276.23 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%) (D)**: 49.72 **Total with GST(D)**: 325.95
Total(Section A+B+C+D) Offered Price After Discount: 1803
GST (CGST @9% + SGST @9%): 49.72 Total with GST(D): 325.95

Package Period Covered	2025-07-19 To 2026-07-18	2026-07-19 To 2027-07-18	2027-07-19 To 2028-07-18	2028-07-19 To 2029-07-18	2029-07-19 To 2030-07-18
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THIS VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

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 Company's accountability in respect of any one request or series of requests arising out of one event. Up to Rs - 100000/ Not to exceed actual cost of breakdown. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com.

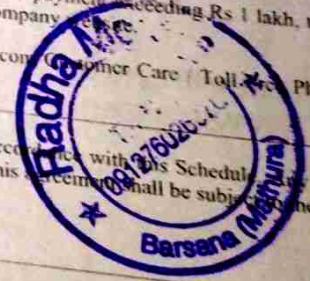
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

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 Meerut.



Received with Thanks Rs 1802.63 ON 2025-07-19 from Mr./Ms. **GOPAL SINGH**
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India