



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/2025/7001/0/46575/455892

Tel. No. _____

Period of Insurance 15.7.2025 To 14.7.2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED

- (a) Name : Radhika sharma
 (b) Address for correspondence : Barang Mathura
 (c) Telephone : 9084973166

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u> <u>Destini 125</u>	Engine No. <u>JF7E NP61E04862</u> Chassis No. <u>MBLFW S32P61E03801</u>	Registration No. <u>UP 25-CL</u> <u>3880</u>
---	--	--

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Private
 (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. : 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? : N/A
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rakesh kumar
(b) Age : 7-6-1998 -
(c) Address : Barabani mathura
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Relative
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? : NIA
(g) Driving Licence Number : UP8520190014547
(h) Issuing Authority : UP85 mathura
(i) Date of Expiry : 6-6-2038
(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?: NIA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 1-1-2026 11:30AM
(b) Place : Barabani
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : सामान्य दुर्घटना के कारण उत्पन्न 2+2 कर के कारण
(e) If any third party was responsible for this accident give the name and address : NIA

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : Radha Motors Barabani Mathura

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address : NIA
(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 : NIA
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ N/A _____
(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? : _____ N/A _____
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____ N/A _____
(e) 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 3-1-20026

Signature of the insured 21/10/20026

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

To / 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.	Radhika Sharma 9084973166
2	Vehicle No. / वाहन संख्या	UP-8S-CL-3880
3	Policy No. / पालिसी संख्या	M8/2025/7001/0/46575/455692
4	Period of Insurance / बीमा अवधि	15-7-2025 To 14-7-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	1-1-2026 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	Barabaha mathura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rakesh kumar UP8S20190014547
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : भेरा पडोसी वाजाज जा रहा जा शक्ति के गेट के धक्के पर सामने अपानिक रथ रूकी आ गयी जिससे रथकड गती उठे हाथ के कारण गिर कर क्षतिग्रस्त हो गयी	
10	Spot Survey / स्पॉट सर्वे / स्पॉट 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. Barabaha mathura 281405 7500412615

Date / दिनांक : 5-1-2026

हस्ताक्षर


शाशिका गौरवादी

Signature of Insured / बीमाधारक के

Accident Department

Policy No. MS/2025/7001/0/46575/455692

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-CL-3880 belonging to the hereunder countersigned whose Satisfaction Voucher duly signed is also appended.

Rs. =====

X

शारिका गोरेवा



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

शारिका गोरेवा

Signature of Insured

V-55 BIL

पृथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास
दि ओरिएण्टल इन्शोरेंस कंपनी लिमिटेड
(भारत सरकार का उपक्रम)



PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA HAMARE PASS
THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking)

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/455692

Motersathi 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@motersathi.com
Visit the help section of www.motersathi.com

RADHIKA GOSWAMI	2003-12-16	210811588	D/O SONIL GOSWAMI	Hero Motocorp	Motersathi	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
NTEC VX	UP85CL3280	JF17BNPGE04862	MBLJFW532PGE03801	2023	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
67500.00	NA	0.00	0.00	0.00	67500.00	
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	1753.68	
Address			City / District	Pin Code	State	
R/O of MAHIWAN VALE SAOPAR VALI, KUNJ BARSANA, Mathura-281405				281405	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
TAPSVI GOSWAMI	Female	17 Years	SISTER	2025-07-15 16:36	Midnight of 2026-07-14	

Section A: VRC: 948.80 TCR: 398.25 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1347.05

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%): 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: 344.60 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 62.03 Total with GST(D): 406.63

ADV	67500	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 2028-11-11. (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) Delivery of goods d) Race 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 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, 1959.

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. Limit 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.motersathi.com or Motersathi 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, 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 MOTERSATHI CARE PVT LTD AT: Website: www.motersathi.com Customer Care / Toll Free Phone No.: 7941050643



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 court of law at Mathura.

Received with Rs 1753.68 on 2025-07-15 from Mr./Ms. RADHIKA GOSWAMI against the ARN No. INCP00455692
The acknowledgment is valid only for the amount in excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please turn over for driver's Personal 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

