

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.	SAJDA Mob.No: 9648279419.
2	Vehicle No. / वाहन संख्या	UPS7BE2896
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/41525
4	Period of Insurance / बीमा अवधि	17/03/2025-40-16/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09-01-2026 - 6:30 PM.
6	Place of Accident / दुर्घटना का स्थान	पटखेरा - चौरा पट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AMJAD ANSARI UPS7 20240009579, 7052199131.
8	Estimated Loss / अनुमानित हानि	25347=00-
09	Cause of Accident / दुर्घटना का कारण :-	श्री. देवर का लडका अमजद अंसारी जोडी लोकर डकार पट गया था जोडी साथ का घट के सेतकनी तमी पटलेवा दौर है पट से पट जे अम-डल लाल-डाल सेवया नियत जोडी भा जावत रहपट रिफरया शिव जोडी इती अत ही प्रथम नं दिनांक 9-01-26 : 6:30 PM.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ANMU MOTORS. 9415278119. TAMKUHIPAD. KUSHINAGAR.

SAJDA KHATOON

Date / दिनांक : - 11/01/2026  
हस्ताक्षर

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 Munch

Certificate/Policy No. \_\_\_\_\_

Tel. No. \_\_\_\_\_

17/03/2025 to 16/03/2026.

Period of Insurance \_\_\_\_\_

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 : SA JDA
- (b) Address for correspondence : VILL - HATA. TAMKWHIRAJ.
- (c) Telephone : 1 MULLA - KUSHIHPADUR. UD. 9648279419.

2. THE INSURED VEHICLE

Make & Year <u>2022</u>	Engine No. Chassis No.	Registration No. <u>UP57BE</u> <u>2896</u>
----------------------------	---------------------------	--

- (a) Was the vehicle in proper working condition? Yes
- (b) For what purpose was the vehicle being used at the time of accident? NO
- (c) Was trailer attached? NO
- (d) If a Motor Cycle/scooter Yes
  - 1. Was a side-car attached NO
  - 2. Was a pillion rider carried NO

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 trailor attached? : \_\_\_\_\_
  - (h) Number of passengers carried : \_\_\_\_\_
  - (i) Number of Passenger permitted : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : AMJAD ANSARI
- (b) Age : 21
- (c) Address : VILL. DHURIA MOT. KUSHI NAGAR, UP.
- (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 : NO
- (f) Was he under the influence of intoxication Liquor or drugs? : NO
- (g) Driving Licence Number : UP57 2024 0009579
- (h) Issuing Authority : KUSHI NAGAR
- (i) Date of Expiry : 31-12-2045
- (j) Was the licence temporary/permanent : No
- (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 : 09/01/2026.
- (b) Place : 42201
- (c) Speed of vehicle at the time of accident : 30
- (d) Give a short description of the accident : मेरी गाड़ी का मजदूर मजदूर जो भी एक मोटर गाड़ी
- (e) If any third party was responsible for this accident give the name and address : शिव प्रसाद या पति सुनील या देवता शिव प्रसाद

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : 94601 मोटोर्स, अजमेर, लखनौ साइडकी मोटोर्स 21/2/26
- (b) Estimated cost of repairs : 25347/-
- (c) When and where can the damaged vehicle be inspected : ANNU 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 : N/A
- (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 : \_\_\_\_\_

N/A

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. : \_\_\_\_\_

N/A

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 : \_\_\_\_\_

N/A

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 11/01/2026 200

Signature of the insured

SAJDA KHATOON

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 25347)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP57 DE 2896 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. 25347/-

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name Aman Shahanshah  
Signature Aman Shahanshah  
Address HATA  
TAMKUHIPAD  
KUSHINAGAR

Signature SAJDA KHATOON  
Occupation \_\_\_\_\_  
Address W/O HATA  
416 TAMKUHIRAJ  
PO KUSHINAGAR (U.P)  
Bank Account Number \_\_\_\_\_  
Name of the Bank \_\_\_\_\_



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

**UP57 20240009579**



Issue Date: **31-05-2024**    Validity (NT): **31-12-2045**    Validity (TR)\*: \_\_\_\_\_



Holder's Signature

(31-05-2024)

Name: **AMJAD ANSARI**  
 Date of Birth: **01-01-2006**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **KHURSHED ALAM**  
 Address: **Dhuria Kot Kushinagar Uttar Pradesh 274407**

Organ Donor: **N**

Date of First Issue

**DL No: UP57 20240009579**

UPDL000013535031



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	31-05-2024	NT			
	LMV	UP57	31-05-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

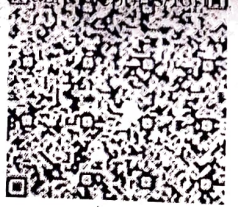
Form 7 Rule 16(2)



**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department PADRAUNA(KUSHI NAGAR)**

**FORM 23**

**CERTIFICATE OF REGISTRATION**



Registration No : **UP57BE2896** Registration Date : 18-Mar-2022  
 Description of Vehicle : **M-CYCLE/SCOOTER** Purpose For Printing RC : **NEW**  
 Dealer's Name & Address : **M/S RISHAB MOTORS, TAMKUHI ROAD SEVRAHI, KUSHINAGAR, . . .**  
 Owner Name : **SAJDA** Son/wife/daughter of : **FIROJ**  
 Full Address: (Permanent) : **HATA, TAMKUHI RAJ, (DHURIA IMILIA), KUSHINAGAR, UTTAR PRADESH-274407**  
 Full Address: (Temporary) : **HATA, TAMKUHI RAJ, (DHURIA IMILIA), KUSHINAGAR-UTTAR PRADESH-274407**  
 Fitness UpTo : **17-Mar-2037** Tax UpTo : **One Time**  
 Owner Serial No : **1**

**Detailed Description**

Class of Vehicle : **M-CYCLE/SCOOTER** Link Vehicle No :  
 Ownership : **INDIVIDUAL** Nominee Name : **FIROJ**  
 Relationship with the : **Spouse** Norms : **BHARAT STAGE VI**  
 Nominee :  
 Maker's Name : **HERO MOTOCORP LTD**  
 Front HSRP No : **AA2052276580** Rear HSRP No : **AA1019363478**  
 Type of Body : **SOLO WITH PILLION** Month/Year of Manuf. : **03/2021**  
 No of Cylinders : **1** Chassis No : **MBLJAW138MHC02902**  
 Engine No : **JA06EWMHC22428** Fuel : **PETROL**  
 Horse Power(BHP) : **9.02** Cubic Capacity : **113.20**  
 Maker's Classification : **PASSION PRO (DISC-SELF-CAST)** Wheel base : **1270**  
 Seating Cap(in all) : **2** Standing Cap : **0**  
 Sleeper Cap : **0** Unladen Wt (kgs) : **118**  
 Colour : **Moon Yellow** Laden/GV Wt (kgs) : **248**  
 Other Criteria : **AC Fitted** : **NO**  
 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 : **16-Mar-2022** Sale Amt : **73820/-**  
 OTT Date : **16-Mar-2022** Amount/Rcpt No : **7382 / UP57D22030001834**  
 TaxUpTo : **One Time** Vehicle is Govt./ Pvt. : **PRIVATE**  
 Tax Exempted or Not : **NOT EXEMPTED** Date of Approval : **22-Mar-2022**

**Other State/Transfer/Conversion Details**

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

This certificate is valid from **18-Mar-2022 to 17-Mar-2037**

Date : 27-Jun-2022 15:37:10

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 KUSHI  
 Date : 27-Jun-2022

**N 3852076**



 भारत सरकार  
 Government of India


 सजदा  
 Sajda  
 जन्म तिथि/ DOB: 20/07/1992  
 महिला / FEMALE



**3690 1002 2921**




**मेरा आधार, मेरी पहचान**


 भारतीय विशिष्ट पहचान प्राधिकरण  
 Unique Identification Authority of India

**पता:**  
 संबोधित: फिरोज, हाता, कुशीनगर,  
 उत्तर प्रदेश - 274407

**Address:**  
 W/O: Firoj, Hata, Kushinagar,  
 Uttar Pradesh - 274407

**3690 1002 2921**

 1947
  help@uidai.gov.in
  www.uidai.gov.in

Package Contract No.: MS/2025/7001/O/46575/415235

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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SAJDA	1992-07-20	9648279419	FIROJ	Hero Motocorp	PASSION	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
Passion Pro FI DRUM SELF CAST	UP57BE2896	JA06EWMHC22428	MBLJAW138MHC02902	2022-03-18	113	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
44000.00	NA	0.00	0.00	0.00	44000.00	
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	952.46	
Address			City / District	Pin Code	State	
HATA, TAMKUIH RAI, (DHURIA IMILIA), Kushinagar, Uttar Pradesh, 274407				274407	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
FIROJ ANSARI	Male	39 Years	HUSBAND	2025-03-17 11:34	Midnight of 2026-03-16	

Section A, VRC: 647.93 TC: 363.44 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 336.59 Total with GST(A) 674.78

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: 235.32 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.36 Total with GST(D): 277.68

Total (Section A+B+C+D) Offered Price After Discount: 952

Package Period Covered	2025-03-17 To 2026-03-16	2026-03-17 To 2027-03-16	2027-03-17 To 2028-03-16	2028-03-17 To 2029-03-16	2029-03-17 To 2030-03-16
ADV	44000	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 2027-03-15 (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 Rule, 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](http://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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050643 email id: [info@motorsathi.com](mailto: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 952.46 ON 2025-03-11 from Mr./Ms. SAJDA against the ARN No. INCP00415235

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

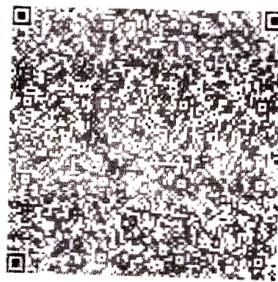


स्थायी लेखा संख्या

Permanent Account Number

SCYPS0243B

नाम / Name Sajda  
जन्म तिथि / Date of Birth 20/07/1992  
लिंग / Gender Female  
आधार संख्या / Aadhaar Number XXXXXXXX2921



Signature Not Verified

Digitally signed by  
DS INCOME TAX  
DEPARTMENT 12  
Date: 2024.01.03  
00:00:50 IST

Permanent Account Number(PAN) is a ten digit alpha numeric number allotted by the Income-tax department for compliance to the provisions of Income-tax Act and Rules including filing of Income-tax return, payment of taxes etc.

स्थायी लेखा संख्या (पैन) एक दस अक्षरों का अक्षरांक संख्या है जो आयकर अधिनियम के प्रावधानों के तहत कर का भुगतान और आयकर रिटर्न भरने के लिए नियमों का अनुपालन इत्यादि करने हेतु आवंटित किया जाता है।

Quoting of PAN is mandatory for several transactions specified under Income-tax Act, 1961 (Refer Rule 114B of Income-tax Rules, 1962).

आयकर अधिनियम, 1961 के तहत निर्दिष्ट कई लेनदेन के लिए स्थायी लेखा संख्या (पैन) का उल्लेख अनिवार्य है (आयकर नियम, 1962 के नियम 114B के अनुसार)।

Possession or use of more than one PAN is against the law and may attract penalty of Rs 10,000/-

एक से अधिक स्थायी लेखा संख्या (पैन) रखना या उपयोग करना कानून के विरुद्ध है और इसके लिए 10,000 रुपये का अर्थदंड लगाया जा सकता है।

The PAN card enclosed contains QR Code which is readable by a specific mobile App.

संलग्न पैन कार्ड में एनहान्स क्यूआर कोड शामिल है जो एक विशिष्ट एंड्रॉइड मोबाइल ऐप द्वारा पठनीय है।

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या  
Permanent Account Number  
SCYPS0243B

नाम / Name  
Sajda

इस कार्ड के खोने / पाने पर कृपया सूचित करें / लौटाएं:  
संयुक्त निदेशक (पद्धति) -1, पैन मॉड्यूल  
श्री मंत्रालय, आयकर भवन, सेक्टर -3, वैशाली,  
गाज़ियाबाद - 201010, उत्तर प्रदेश

If this card is lost / someone's lost card is found,  
please inform / return to:  
Joint Director (Systems)-1, PAN Module  
9th floor, Aayakar Bhawan, Sector - 3, Vaishali,  
Ghaziabad - 201010, Uttar Pradesh

Tel no: 0120-2770078, Fax: 0120-2770078  
Mail id: epan@incometax.gov.in