

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.	AS mohammad 9897915696
2	Vehicle No. / वाहन संख्या	UP85C 21505
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/453624
4	Period of Insurance / बीमा अवधि	7/7/25 to 1/7/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/01/2026 • 4 बजे के आसपास शाम को
6	Place of Accident / दुर्घटना का स्थान	• मधुवा बृन्दावन रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ASmohammad 9897915696 UP85 20200009009
8	Estimated Loss / अनुमानित हानि	14206/-
09.	Cause of Accident / दुर्घटना का कारण :	• मैं अपनी बाईक से बृन्दावन की ओर जा रहा था तभी मेरी गाड़ी के सामने एक कुत्ता आया था जिससे मेरी गाड़ी अनियंत्रित होकर डिवाइडर से टकरा गई।
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.	Jain Hero company A hor Pol NH 2 MTR

Date / दिनांक : 14/1/26
हस्ताक्षर

ASmohammad
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/2005/700/0/46575/45364

Tel. No. _____

Period of Insurance 7/1/25 to 17/26

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 : Asmohammad
 (b) Address for correspondence : Radhe Shyam Colony
 (c) Telephone : 9097915696

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>AD12</u>	Engine No. <u>H11EBP4F35325</u> Chassis No. <u>MBLHAC099P4F02334</u>	Registration No. <u>UP05CJ1505</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? NO
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NO
 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 trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

Asmohammad

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Asmohammad
(b) Age :
(c) Address :
(d) Is the Driver :
1. Owner : owner
2. paid driver? :
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment : NO
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UPD5 20200009009
(h) Issuing Authority : Mathura
(i) Date of Expiry : 5/5/2039
(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 : 9/1/26 4 बजे
(b) Place : वृन्दावन रोड
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : मैं अपनी कार से जा रहा था। एक मिनट में कार
(e) If any third party was responsible for this accident give the name and address : को गवा और गाड़ी चलाकर कि बड़े पब्लिक में

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimated
(b) Estimated cost of repairs : 14206/-
(c) When and where can the damaged vehicle be inspected : Jain hero company

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? :
/ N A /

Asmohammad

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 Dilip Kumar
Name
Signature
Address



Signature Asmahammad
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/453624

Care Private Limited

B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Phone: 7941050643

Website: www.motorsathi.com

For details section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
AS MOHAMMAD	1999-05-06	987915696	CHAND BABU	Hero Motocorp	HF DELUXE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
HERO K START	UP85CJ1505	HA11EBP4F35325	MBLHAC099P4F02334	2023-07-07	100
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
46000.00	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	HERO FINCORP LTD.		2	46000.00

Address	City / District	Pin Code	State
AS MOHAMMAD SHYAM COLONY, JAISINGHPURA BANGAR, Mathura, Uttar Pradesh, 281003		281003	Uttar Pradesh

Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
AS SHYAMANI	Female	53 Years	MOTHER	2025-07-07 16:04	Midnight of 2026-07-06

TCR: 692.78 TCR: 379.96 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 263.91 Total with GST(A) 808.83
 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

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
 MS Services(A): 251.62 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 45.29 Total with GST(D): 296.91
 Total (A+B+C+D) Offered Price After Discount: 1106

Period Covered	2025-07-07 To 2026-07-06	2026-07-07 To 2027-07-06	2027-07-07 To 2028-07-06	2028-07-07 To 2029-07-06	2029-07-07 To 2030-07-06
	46000	NIL	NIL	NIL	NIL
Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-07-06 (DETAILS ARE AS STATED BY THE CUSTOMER).

CONDITIONS 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) racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.
 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 driving 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 Motor Vehicle Rules, 1989.

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

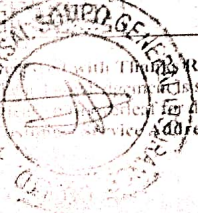
NOTE: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, non-disclosure of material fact or non-co-operation of the coverage.

ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.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 courts at Aligarh.

Rs 1105.72 ON 2025-07-04 from Mr./Ms. AS MOHAMMAD against the ARN No. INCP00453624
 subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (For details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



AS MOHAMMAD