

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.	RAKESH KUMAR 8402913788
2	Vehicle No. / वाहन संख्या	UPS3 EU3692
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/89898
4	Period of Insurance / बीमा अवधि	21/01/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/01/2026 & 3:00 Pm.
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHUBHAM KUMAR UPS3 20240003027
8	Estimated Loss / अनुमानित हानि	5000/-
09.	Cause of Accident / दुर्घटना का कारण :	गोरखपुर की सुरतकुंड जंक्शन क्षेत्र में अज्ञान से चौराहे पर एक वाहन अचानक से घुमावदार हो गया.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SERVICE.
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.	HERO D.P. MOTOR SUMER SARAY GORAKHPUR

21 जनवरी 2026

Date / दिनांक : 19/01/2026.
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 _____ Certificate/Policy No. MS/2625/7001/0/46 STS/
 Tel. No. _____ Period of Insurance 21/01/2026 Claim No. 39248

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 : RAKESH KUMAR
 (b) Address for correspondence : GORAKHPUR, GORAKHPUR
 (c) Telephone : 8468913788

2. THE INSURED VEHICLE

Make & Year <u>Hero & 2029</u>	Engine No. Chassis No. <u>72938</u> <u>16006</u>	Registration No. <u>UP33</u> <u>EV 3692</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 Use.
 (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 : 239
 (b) Unladen Weight : 109
 (c) Weight of goods carried/Load Challan No. : No
 (d) Nature of permit : Per.
 (e) Nature of goods carried : No.
 (f) Was the vehicle plying for hire : Yes.
 (g) If Lorry/Jeep/Tractor, was trailer attached? : No
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHUBHAM KUMAR
(b) Age : 22
(c) Address :
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? :
(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 : UPS 3 20240023027
(h) Issuing Authority : RTO - GUP
(i) Date of Expiry : 04/05/2043
(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 : 12/01/2026 @ 3:00 pm.
(b) Place : GORAKHPUR
(c) Speed of vehicle at the time of accident : 40
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
शिवजी का बेटा का बदन
वर्तमान निवास : गोरखपुर
आपका पता क्या है।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Bunt & Runt Damage
(b) Estimated cost of repairs : 5000/-
(c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NO
(b) Address : NO
(c) Full Details of personal injury sustained : NO
(d) Name and address of any person/hospital giving medical attention to injured person : NO
(e) Full details of property damaged : NO
(f) Has notice of any claim been given to you? : NO

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NO
(b) If yes, give full details NO

9. WITNESS

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

10. THEFT

- (a) Date and Time NO
(b) Place NO
(c) What was stolen? NO
(d) Estimated cost of replacement? NO
(e) By whom discovered and reported? NO
(f) Has theft been reported to Police? NO
(g) When? NO
(h) Which Policy Station? NO
(i) C.R. diary Number NO

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 19/01/2026

21/01/2026
Signature of the insured

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 *21/05/12*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the Income Tax Act, 1962.

1. Full Name and Address of the declarant RAKESH KUMAR
Savitri Puram Humayunpur Gorakhpur
Azadpur.

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax ?

Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, RAKESH KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 19/01/2026

Place GORAKHPUR

[Signature]
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Program Proposal Two-Wheeler Package Contract - Bundled

PRIMA, AOM, JAL, AVAKASH SAGIO SURAKSHA NAMDE PRAS

THE ORIENTAL INSURANCE COMPANY LIMITED

U66010DL1947GO1007158



Company Opposite DAV Public School, Naurangabad, Grand Trunk Road, Aligarh, Uttar Pradesh, 202001
 Phone: +91 79410 30643
 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	
RAKESH KUMAR	1963-01-01	7392918053	BAIJNATH PRASAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP53EU3692	HAI1E8PHH72538	MBLHAW236PHH16006	2023	160	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
58000.00	NA	0.00	0.00	0.00	58000.00	
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	1874.24	
Address			City / District	Pin Code	State	
SHIV SAVITRIPURAM HUMAYUPUR,UTTARI PO-GORAKHNATH,PS-GORAKHNATH,GORAKHPUR				273015	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHUBHAM KUMAR	Male	21 Years	SON	2025-01-22 13:48	Midnight of 2026-01-21	

Section A, VRC: 467.03 TCR: 273.76 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 740.79
 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): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00
 Section D, Drive Assure: 585.97 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 105.48 Total with GST(D): 691.45
 Total(Section A+B+C+D) Offered Price After Discount: 1874

Package Period Covered	2025-01-22 To 2026-01-21	2026-01-22 To 2027-01-21	2027-01-22 To 2028-01-21	2028-01-22 To 2029-01-21	2029-01-22 To 2030-01-21
ADV	58000	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 2028-11-09 (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 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.

D.P. MOTORS
 Gaur Complex, Sunder Sagar
 Gorakhpur (U.P.)
 Mob. 9151028501, 9151025502

Received with Thanks Rs 1874.24 ON 2025-01-22 from Mr./Ms. RAKESH KUMAR against the ARN No. INCP00398481
 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

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53EU3692 Registration Date : 16-Nov-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, .. 188-273010
 Owner Name : RAKESH KUMAR Son/wife/daughter of : BAIJNATH PRASAD
 Full Address: (Permanent) : SHIV SAVITRIPURAM HUMAYUPUR, UTTARI PO- GORAKHNATH, PS- GORAKHNATH, GORAKHPUR, UTTAR PRADESH-273015
 Full Address: (Temporary) : SHIV SAVITRIPURAM HUMAYUPUR, UTTARI PO- GORAKHNATH, PS- GORAKHNATH, GORAKHPUR-UTTAR PRADESH-273015
 Fitness UpTo : 15-Nov-2038 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
 Front HSRP No : AA2083674738 Rear HSRP No : AA2088318689
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2023
 No of Cylinders : 1 Chassis No : MBLHAW236PHH16006
 Engine No : HA11E8PHH72538 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : FORCE SILVER Laden/Gv Wt (kgs) : 239
 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 : 10-Nov-2023 Sale Amt : 74991/-
 OTT Date : 10-Nov-2023 Amount/Rcpt No : 7500 / UP53D23110006321
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Dec-2023

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 16-Nov-2023 to 15-Nov-2038

Date : 29-Dec-2023 13:33:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar
 कर/पंजीयन अधिकारी
 Date : 29-Dec-2023
 मोटर वाहन विभाग
 गोरखपुर (उ०प्र०)

P 4987669



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



UP53 20240023027



Issue Date: 15-06-2024
Validity (NT): 04-05-2043
Validity (TR):



Holder's Signature

Date of First Issue: 15-06-2024

Name: **SHUBHAM KUMAR**
 Date of Birth: 05-05-2003 Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **RAKESH KUMAR**
 Address:
**SHV SAVITRI PURAM HUMAYUPUR UTTARI
 GORAKHNATH GORAKHPUR UTTAR PRADESH
 273615**

DL No: **UP53 20240023027**

UPDL000000780386



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*
<input checked="" type="checkbox"/>	MCWG	UP53	15-06-2024	NT			
<input checked="" type="checkbox"/>	LMV	UP53	15-06-2024	NT			
<input type="checkbox"/>	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR



भारत सरकार
Government of India



राकेश कुमार
Rakesh Kumar
जन्म तिथि/DOB: 01/01/1963
पुरुष/ MALE



3544 8269 7057
VID: 9179 8602 6746 3224

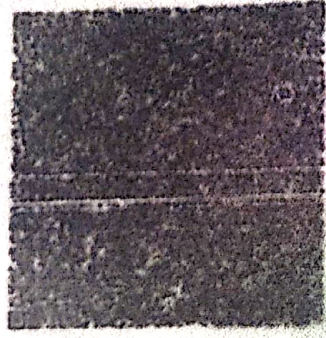
मेरा आधार, मेरी पहचान



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O बैजनाथ प्रसाद, शिव सवित्रीपुरम हुमायुपुर उत्तरी,
गोरखनाथ, गोरखपुर,
उत्तर प्रदेश - 273015

Address:
S/O Baijnath Prasad, shiv savitripuram
humayupur uttari, gorakhnath, Gorakhpur,
Uttar Pradesh - 273015



QR Code with Photograph

3544 8269 7057
VID: 9179 8602 6746 3224



http://aaid.gov.in

www.10221-2009.in

FORM 60
(See third provision to of Rule 114B)
Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant RAKESH KUMAR
Savithripuram Humayyapur Gorkhnath
Aosabhpur

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax ?

Yes / No
 Yes

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, RAKESH KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date

19/01/2026

Place

GORKHNATH

Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.