

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.	Gulab Singh Chaudhary 7505818331
2	Vehicle No. / वाहन संख्या	UP85BZ4594
3	Policy No. / पालिसी संख्या	MSI 2025/7001/0/46575/400801
4	Period of Insurance / बीमा अवधि	30/11/25 to 29/11/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-11-2026 को लगभग 11:30 AM पार बलें दहीपरा
6	Place of Accident / दुर्घटना का स्थान	राज रोड पर डडा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Devendra UP8520070016181 9417918563
8	Estimated Loss / अनुमानित हानि	7970/-
09.	Cause of Accident / दुर्घटना का कारण :	• चूक से मरी गाड़ी लेकर पार हो पा अचानक ब्रेक से 2 फरक सी देवां हाथ डरगाड
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.	Main Hero Company Alwar Pul NH-2 MTR

Date / दिनांक : 22/11/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

का गुलाब सिंह



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/2025/20010/46573/400801
 Tel. No. _____ Period of Insurance 30/11/25 to 29/11/26
 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 : Culab Singh Choudhary
 (b) Address for correspondence : Magla Mohar Pal
 (c) Telephone : 7505010331

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>13/12/2021</u>	Engine No. <u>DF17ELMAK00052</u> Chassis No. <u>MBLWF0246MG, K0114</u>	Registration No. <u>UP05 B24594</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? NO
 (d) If a Motor Cycle/scooter
 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 : NA
 (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 : _____

Signature

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Devendra
- (b) Age : _____
- (c) Address : _____
- (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? : _____
- (g) Driving Licence Number : U PDS 20070016181
- (h) Issuing Authority : Mathura
- (i) Date of Expiry : 16/11/2027
- (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 : 15/1/26 4 वी
- (b) Place : राजराज
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : दोनों गा. गा. के बीच में रास्ता में आयाक मारा
- (e) If any third party was responsible for this accident give the name and address : नाही

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimated
- (b) Estimated cost of repairs : 7970/-
- (c) When and where can the damaged vehicle be inspected : Sain 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 : NA
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : _____

राजराज

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? : _____
(e) Date and Diary No. : _____

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 : _____

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 22/1/26 500

Signature of the insured _____

Signature

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/400801

Motorsathi Care Private Limited
 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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
GULAB SINGH CHOUDHARY	1988-07-14	7505818331	DIARAM SINGH	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
VX	UP85BZ4594	JF17ELMGK00052	MBLJFW246MGK01114	2021-12-13	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
50500.00	NA	0.00	0.00	0.00	50500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Seat	SHRIRAM FINANCE LIMITED	---	2	1507.16	
Address			City / District	Pin Code	State	
NAGLA MOHAR SINGH, RAL., Mathura, Uttar Pradesh, 281504				281504	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
GEETA	Female	35 Years	WIFE	2025-01-30 12:59	Midnight of 2026-01-29	

Section A, VRC: 406.64 TCR: 417.13 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 81.33 Total with GST(A) 742.44

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%): 45.61 Total MS Services with GST(C): 299.00

Section D, Drive Assure: 394.68 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 71.04 Total with GST(D): 465.72

Total(Section A+B+C+D) Offered Price After Discount: 1507

Package Period Covered	2025-01-30 To 2026-01-29	2026-01-30 To 2027-01-29	2027-01-30 To 2028-01-29	2028-01-30 To 2029-01-29	2029-01-30 To 2030-01-29
ADV	50500	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 2026-12-09 (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.

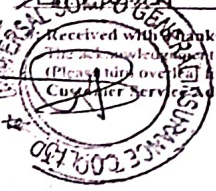
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh 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 MOTORSAATHI 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.

Received with thanks Rs 1507.14 ON 2025-01-30 from Mr./Ms. GULAB SINGH CHOUDHARY against the ARN No. INCP00400801
 (Please turn over 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



Handwritten signature

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 Dilip Kumar
Signature [Signature]
Address

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

Bank Account Number
Name of the Bank

[Signature]