

To / सेवा में,  
The Oriental Insurance Co Ltd /  
द्वि 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.	7017724506
2	Vehicle No. / वाहन संख्या	UP85CT8952
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/469446
4	Period of Insurance / बीमा अवधि	26/09/2025 To 23/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	2/03/26 • 04:30 PM
6	Place of Accident / दुर्घटना का स्थान	भलौटा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Fateh Singh UP8520250016152 6397021931
8	Estimated Loss / अनुमानित हानि	8062/-
9	Cause of Accident / दुर्घटना का कारण : •	मेरी गाड़ी लोड वा रहा था अचानक सामने गाड़ी आ गयी और मेरी गाड़ी उससे टकराकर सीधे दाहिने घिस गयी।
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.	Satendra Pal Jain Hero Company 9760527341

Date / दिनांक : 9/3/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
Ravan Singh



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/2025/7001/0/46375/46944

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

Period of Insurance 28/9/25 to 27/9/26

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 : Pavan Singh  
 (b) Address for correspondence : Amar Colony  
 (c) Telephone : 2017724506

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>6124/1223</u>	Engine No. <u>HA11EBP4M01379</u> Chassis No. <u>MBLHAC09914H01321</u>	Registration No. <u>UPDLJ 8952</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 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 trailer attached?  
 (h) Number of passengers carried  
 (i) Number of Passenger permitted

\_\_\_\_\_

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\_\_\_\_\_

Pavan Singh

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Fateh Singh
- (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 : \_\_\_\_\_
- (f) Was he under the influence of intoxication Liquor or drugs? : NO
- (g) Driving Licence Number : UP05.202500/61S2
- (h) Issuing Authority : mathura
- (i) Date of Expiry : 14/5/2042
- (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 : 21/3/26 . 4.30
- (b) Place : सतोद्य
- (c) Speed of vehicle at the time of accident : \_\_\_\_\_
- (d) Give a short description of the accident : \_\_\_\_\_
- (e) If any third party was responsible for this accident give the name and address : हे नम का लका गाडी नकल रई १११  
शका गाडी का गड भी कमालिये एडवको

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimated
- (b) Estimated cost of repairs : 8062
- (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 : \_\_\_\_\_
- (e) Full details of property damaged : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : \_\_\_\_\_

Ravan Singh



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 ..... Dilipk .....  
Signature .....  
Address .....

Signature ..... Jawan Singh .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled



ARN No.: MS28257001/0/46575-469446  
 Universal Surety Private Limited  
 27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
 Tel: 011-26100444  
 Web: www.motorsathi.com  
 For the purchase of a new motor vehicle

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
PAVAN SINGH	2003-08-27	7017724506	LAKHAN SINGH	Hero Motors	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
NA, START	UPR5C18952	HA116BP4H01379	MBLHAC099P4H01321	2023	160	TV
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45500.00	NA	0.00	0.00	0.00	45500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD		2	1392.71	
Address			City / District	Pin Code	State	
AMAR COLONY, BAKKI PUR, 281004				281004	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
WINDA DIMI	Female	36 Years	MOTHER	2025-09-28 16:15	Midnight of 2026-09-27	

Section A: YEC: 66.25 TCR: 375.83 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 261.05 Total with GST(A): 900.03  
 Section B: 0.00 FC 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(D): 251.70 MS Services(E): 0.00 MS Services(F): 0.00 GST (CGST @9% + SGST @9%): 45.61 Total MS Services with GST(C): 299.00  
 Section D: Gross Amount: 248.88 AHDG, DOC & Additional Universal Life Cover(AITC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 44.80 Total with GST(D): 291.68

Package Period Covered	2025-09-28 To 2026-09-27	2026-09-28 To 2027-09-27	2027-09-28 To 2028-09-27	2028-09-28 To 2029-09-27	2029-09-28 To 2030-09-27
ADV	45500	NIL	NIL	NIL	NIL
MP Service Period Covered (NOPL)	13.00	NIL	NIL	NIL	NIL

**THIS VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-09-05 (DETAILS ARE AS PROVIDED BY THE CUSTOMER)**

**RESTRICTIONS 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) Transport of 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](http://www.motorsathi.com) or [www.motorsathi.com](http://www.motorsathi.com).

**THIS POLICY:** 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 or non-disclosure of material fact or non-cooperation 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 compliance of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REQUEST REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No: 2941050644**

**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 of Meerut.



Rs 1392.71 ON 2825-09-28 from Mr./Ms. PAVAN SINGH against the ARN No. INCP06469446 is subject to a compulsory excess of Rs 1000/- & Depreciation is applicable as per terms & conditions. For details Consolidated Stamp Duty Paid Enclosures: IMT - 22, 16, 18 Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India