



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस 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.	Muhammed Kaif 9670129407
2	Vehicle No. / वाहन संख्या	UP57BP8047
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569369
4	Period of Insurance / बीमा अवधि	6/01/2026 to 5/01/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/2026, 9:30 AM
6	Place of Accident / दुर्घटना का स्थान	Jamriningar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Farhan Akhtar, UP572022 9170332672 0002747
8	Estimated Loss / अनुमानित हानि	₹280/-
9	Cause of Accident / दुर्घटना का कारण :	मेरी वाहन मेरे ब्रदर मरदान अखतर ने मार मारकर जा रहे थे तभी अचानक एक सामने से वाहन आता लक्कर मार दिया तो वाहन मेरी डमिडा हो गया
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197140 Ujupta Automobiles Palwan

Date / दिनांक : 17/3/2026.  
हस्ताक्षर

Md. Kaif  
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/2026/7002/0/46575

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

Period of Insurance 6/02/2026 to 5/01/2027

Claim No. 569369

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 : Muhammad Saad  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9670129407

2. THE INSURED VEHICLE

Make & Year <u>Huwo/2024</u>	Engine No. <u>HAIIEOPHM20255</u> Chassis No. <u>MBLHAW237PHM89</u> <u>602</u>	Registration No. <u>UP57BP</u> <u>8047</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? No  
 (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 : \_\_\_\_\_



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? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? : N/A  
(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? : N/A  
(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 17/3/20 200

Signature of the insured Md. Kaif

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 ..... *md. Kaif* .....  
Occupation .....  
Address .....  
.....  
.....

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

# GOVERNMENT OF UTTAR PRADESH

## Transport Department PADRAUNA(KUSHI NAGAR)

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP57BP8047 Registration Date : 01-Jan-2024  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304  
 Owner Name : MUHAMMED KAIF Son/wife/daughter of : SIKANDAR AJAM  
 Full Address: (Permanent) : VILL-SANDI KHURD, POST-SIDHUA BANGAR, THANA-RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-SANDI KHURD, POST-SIDHUA BANGAR, THANA-RAVINDRA NAGAR, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 31-Dec-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 : AA2087555199 Rear HSRP No : AA2088315220  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2023  
 No of Cylinders : 1 Chassis No : MBLHAW237PHM89602  
 Engine No : HA11E8PHM20255 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 : BLACK GREY STRIPE 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 L & T FINANCE HOLDINGS LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 30-Dec-2023.

Purchase dt : 30-Dec-2023 Sale Amt : 74991/-  
 OTT Date : 30-Dec-2023 Amount/Rcpt No : 7500 / UP57D24010000077  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 16-Feb-2024

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Jan-2024 to 31-Dec-2038

Date : 02-Mar-2024 18:07:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 02-Mar-2024

P 6748630

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/569369

Motorsathi Care Private Limited  
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
MUHAMMED KAIF	2000-11-18	9670129407	SIKANDAR AJAM	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP57BP8047	HA11E8P11M20255	MBLHAW237P11M89602	2023	100	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)	
PADRAUNA ( KUSHINAGAR )	Solo		---	2	1283.26	
Address			City / District	Pin Code	State	
VILL-SANDI KHURD POST-SIDHUA BANGAR			PADRAUNA ( KUSHINAGAR )	274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
FARHIN KHATOON	Female	21 Years	SISTER	2026-01-06 10:51	Midnight of 2027-01-05	

Section A. VRC: 834.68 TCR: 479.08 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (35%): 388.22 Total with GST(A) 925.54

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: 303.15 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 54.57 Total with GST(D): 357.72

Total(Section A+B+C+D) Offered Price After Discount: 1283

Package Period Covered	2026-01-06 To 2027-01-05	2027-01-06 To 2028-01-05	2028-01-06 To 2029-01-05	2029-01-06 To 2030-01-05	2030-01-06 To 2031-01-05
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 2028-12-29 (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 Companys 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 Meerut.

#: Received with Thanks Rs 1283.26 ON 2026-01-03 from Mr./Ms. MUHAMMED KAIF against the ARN No. INCP00569369

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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

DL No: UP57 20220002747

UPDL000007655976



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	23-02-2022	NT			
	LMV	UP57	23-02-2022	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR

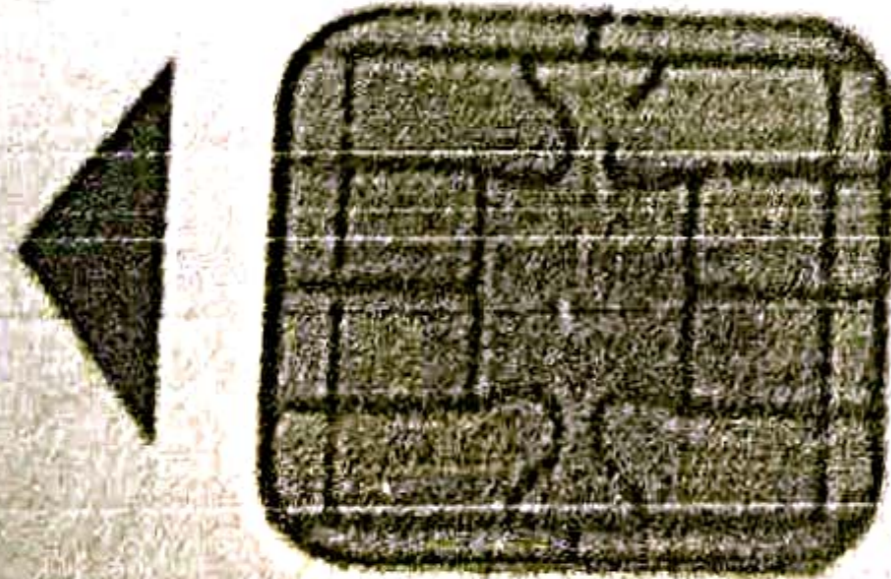
Form 7 Rule 16(2)



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP57 20220002747



Issue Date  
23-02-2022

Validity (NT)  
04-04-2034

Validity (TR)\*  
\_\_\_\_\_



(23-02-2022)

Name: FARHAN AHTAR

Holder's Signature

Date of Birth: 05-04-1994

Blood Group:

Organ Donor: Y

Son/Daughter/Wife of: SIKANDAR AZAM

Address:

247 VILL SADI KHURD BANJARA PATTI POST  
SIDHUA BANGAR  
PS-KASIA, DIST-KUSHINAGAR, UP 274304

Date of First Issue

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



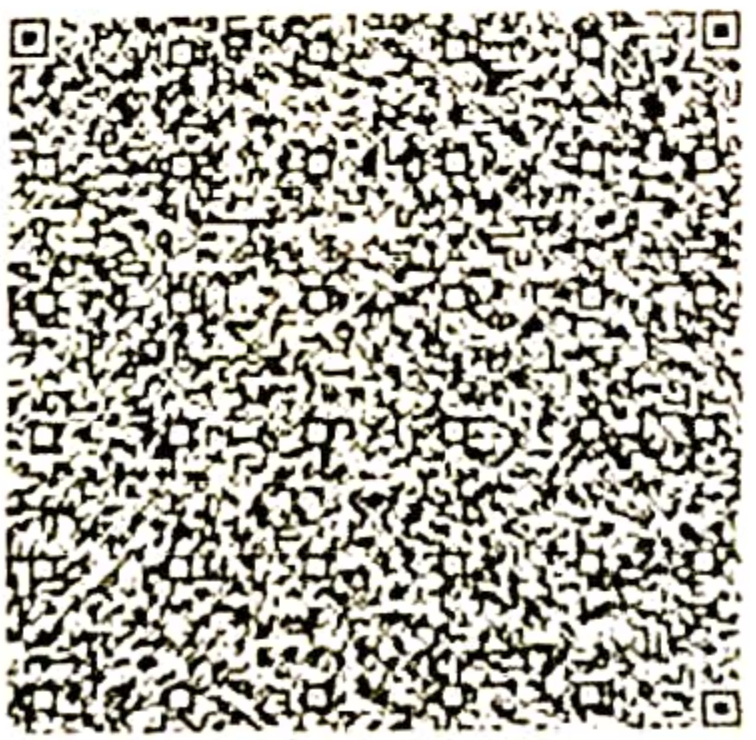
नाम / Name  
MUHAMMED KAIF

पिता का नाम / Father's Name  
SIKANDAR AJAM

जन्म की तारीख /  
Date of Birth  
18/11/2000

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

FQFPPK5212L



16072022

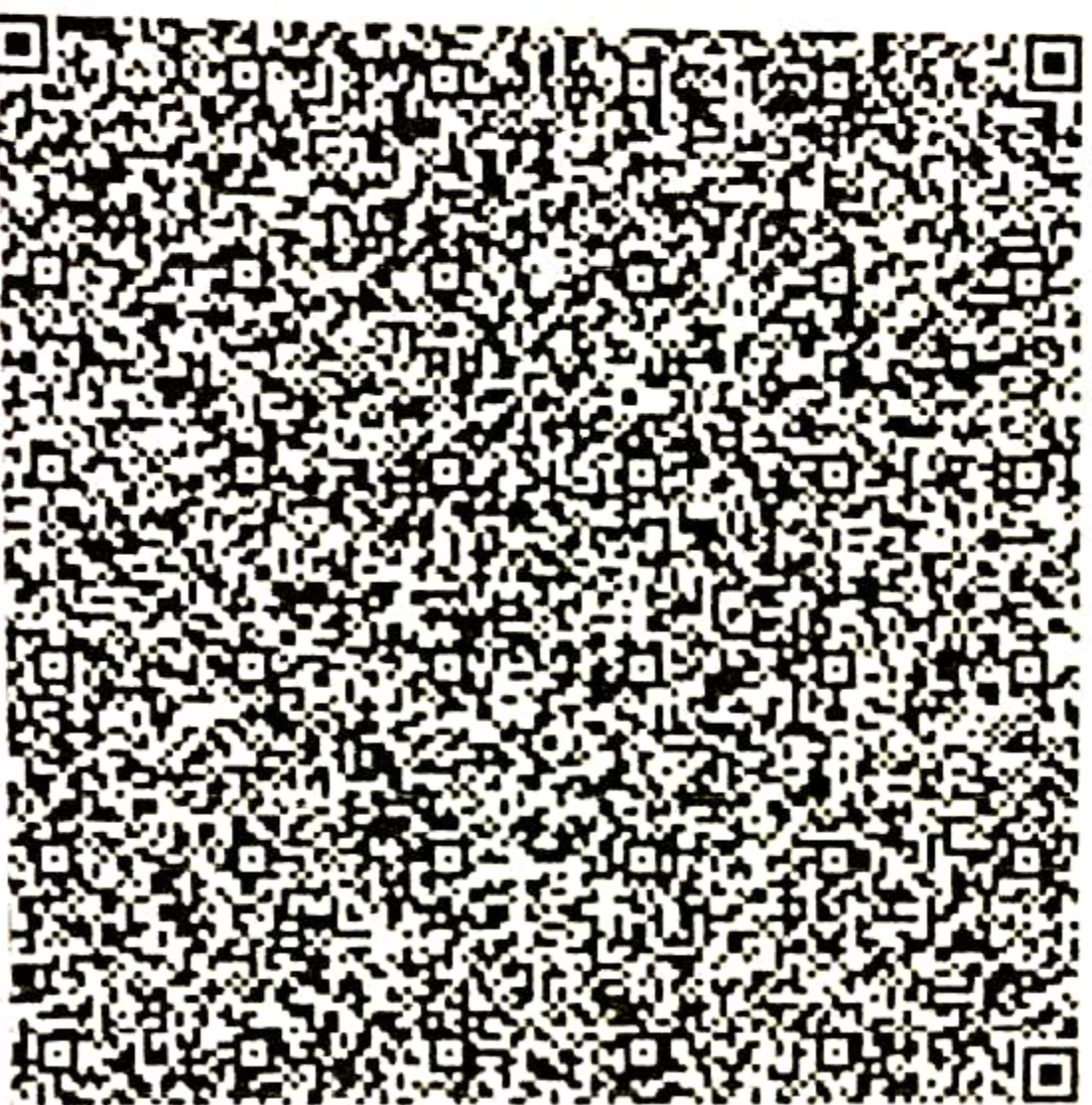
हस्ताक्षर / Signature  
M. Kaif



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O: सिकन्दर आजम, साडी खुर्द, सदी खुर्द, सिधुआ बंगर,  
कुशीनगर,  
उत्तर प्रदेश - 274304  
Address:  
S/O: Sikandar Ajam, Sandi Khurd, Sadi  
Khurd, PO: Sidhua Bangar, DIST:  
Kushinagar,  
Uttar Pradesh - 274304



4821 5273 3012  
VID : 9131 6747 1442 3498



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भारत सरकार  
Government of India



Aadhaar no. issued: 07/12/2014



मुहम्मद कैफ  
Muhammed Kaif  
जन्म तिथि/DOB: 18/11/2000  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

4821 5273 3012

मेरा आधार, मेरी पहचान