

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्श्योरेंस 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.	Rajab Ali
2	Vehicle No. / वाहन संख्या	LP57BK9862
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/419812
4	Period of Insurance / बीमा अवधि	21/03/2025 - 30-03-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17-03-2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	अलीया कन्स्ट्रि यूट
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajab Ali 9170131224
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	धर के बल ग्राही लकी थी दिवाल के पास इस वक्त पर बहुत सारे कदर थे ऊपर से बट गिरा दिये जिससे कर्वर के टंकी के ऊपर गिरा जिससे टंकी ड्रेमेल हो गया ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Omnia Automobile parlana 915197148

Date / दिनांक : 18-03-2026
हस्ताक्षर

Rajab Ali
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/2015/400/0/96375
 419812

Tel. No. _____

Period of Insurance
 Claim No. 20-03-2016

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 : Rajab Ali
 (b) Address for correspondence : _____
 (c) Telephone : 91 20 13 1224

2. THE INSURED VEHICLE

Make & Year <u>2013</u>	Engine No. <u>HA1167 P11C 94598</u> Chassis No. <u>MB HAWI 213 PHL05612</u>	Registration No. <u>UP57BK 9062</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
 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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajab Ali
- (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 : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : CP572003034-1392
- (h) Issuing Authority : _____
- (i) Date of Expiry : _____
- (j) Was the licence temporary/permanent : 01-04-1970
- (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 : 17-03-2026 4:00 P.M
- (b) Place : کراچی
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : دی کے گاڑی نے گاڑی سے ٹکراتے ہوئے گاڑی سے ٹکراتے ہوئے
- (e) If any third party was responsible for this accident give the name and address : پولیس کو اطلاع دینے کے بعد گاڑی کو ترمیم کے لیے لے جایا گیا

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fuel Tank, Huddle -
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Compta Automobile padrona

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? : NA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

N/A

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? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

N/A

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 : _____

N/A

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 18-03 200 2016

रजनीश झा
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. _____

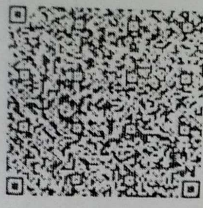
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature राजेश राम
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 : UP57BK9862 * Registration Date : 31-Mar-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ...
 Owner Name : RAJAB ALI Son/wife/daughter of : SAMSUDDIN
 Full Address: (Permanent) : VILL-BASAHYA, POST-KATHKUIYA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-BASAHYA, POST-KATHKUIYA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
 Fitness Up To : 30-Mar-2038
 Owner Serial No : 1

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : MD MUJAYAD ALI
 Ownership : INDIVIDUAL Nominee Name : BHARAT STAGE VI
 Relationship with the Nominee : Son
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2072379364
 Front HSRP No : AA2071779345 Month/Year of Manuf. : 03/2023
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW213PHC05612
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11E7PHC44598 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1235
 Maker's Classification : SPLENDOR+ XTEG (DRS) Standing Cap : 0
 Seating Cap (In all) : 2 Unladen Wt (Kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (Kgs) : 242
 Colour : BLACK TORNADO GREY AC Fitted : NO
 Other Criteria : Fully Built
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight) By Manuf. 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. : 77821/-
 Purchase dt : 31-Mar-2023 Sale Amt. : 7783 / UP57D23030004232
 OTT Date : 31-Mar-2023 Amount/Rcpt No : 7783 / UP57D23030004232
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Apr-2023

Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 This certificate is valid from 31-Mar-2023 to 30-Mar-2038
 Previous RegNo :
 Entry Date :
 Conversion Date :

Date : 10-May-2023 17:36:08
 Signature of Registering Authority :
 Date : 10-May-2023

P. 2583509

Program Proposal Two-Wheeler Package Contract - Bundled

Contract No.: MS/2025/7001/O/46575/419812

Motorsathi Care Private Limited

Plot No. 1, Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) India

Contact: +91 59410 50643

Email: info@motorsathi.com

For file upload section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
RAJABALI	1976-01-02	9791818364	S/O SAMSUDDIN	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle T
ATM DRUM SELF E20	UP57BK9862	HAI1E7PHC44598	MBL3AW213PHC05612	2023	100 TW
Asset Insured Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
15000.00	NA	0.00	0.00	0.00	54500.00
Price of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GS
	Solo			2	1948.30
Address		City / District		Pin Code	State
VILL: SAHIYA, POST-KATHKUJA, THANA-PADRAUNA, Kushnagar, Uttar Pradesh,				214304	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
AKR: MIMADIAFAR	Male	27 Years	SON	2025-03-31 10:37	Midnight of 2026-03-30
Section (A): RC: 784.31 TCR: 385.86 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1170.17					
Section (B): C: 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%): 0.00 Total with GST(B): 0.00					
Section (C): MS Services(OP): 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: 284.80 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.27 Total with GST(D): 336.13					
Total (Sum of A+B+C+D) Offered Price After Discount: 1948					
Package Period Covered: 2025-03-31 To 2026-03-30 2027-03-31 To 2027-03-30 2027-03-31 To 2028-03-30 2028-03-31 To 2029-03-30 2029-03-31 To 2030-03-30					
ADV	MS Services	Period Covered (NODDL)	1 Year	54500	NIL
				NIL	NIL

THE ABOVE ALL COVERED IN THIS CONTRACT I HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-03-30 (DETAILS ARE 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) Competitive 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 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 Central Motor Vehicle Rules, 1989.

LIMITATIONS: ACCIDENT LIABILITY: 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/- N/A. 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

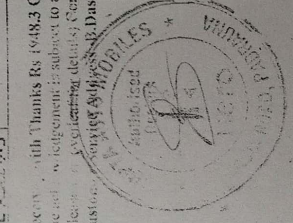
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fire or theft. The package is non-disclosure of material fact or non-co-operation of the coverage.

ANTI 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 of the company is 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 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.



Received with Thanks Rs. 6483.00 ON 2025-03-25 from Mr./Ms. RAJAB ALI against the ARN No. INCP00419812. The amount is subject to a compulsory excess of Rs. 100% & Depreciation is applicable as per terms & conditions. (Please refer to the policy details of Consolidated Stamp Duty Paid Endorsements: JMT - 22, 16, 18. Customer: S/O SAMSUDDIN, RAJAB ALI, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001). Ind

आयकर विभाग
INCOME TAX DEPARTMENT

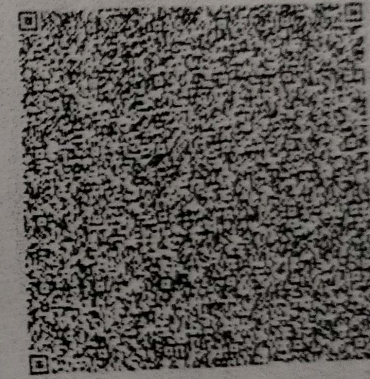


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BTUPA8832N



नाम / Name
RAJJAB ALI

पिता का नाम / Father's Name
SAMSUDDIN

जन्म की तारीख /
Date of Birth
02/01/1976

27122023

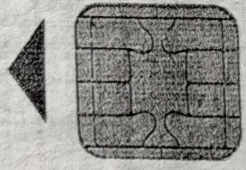
PAN Application Digitally Signed, Card Not
Valid unless Physically Signed



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20030341392



Issue Date 26-11-2021
Validity (NT) 31-03-2030

Validity(TR) # _____



Holder's Signature

Date of First Issue (30-08-2003)

Name: RAJJAB ALI
Date of Birth: 01-04-1970 Blood Group:
Son/Daughter/Wife of: SAMSUDDIN ANSARI

Organ Donor: N

Address:
BASAHIYA BANBIR PUR KATHKUIYAN, PADRAUNA
PADRAUNA, KUSHINAGAR 274303

DL No: UP57 20030341392

UPDL000006901988



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	30-08-2003	NT			
	LMV	UP57	30-08-2003	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)





भारत सरकार

Government of India



आधार

Issue Date: 07/02/2015



रज्जब अली

Rajjab Ali

जन्म तिथि / DOB : 02/01/1976

पुरुष / Male



2844 4937 7085



2844 4937 7085

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

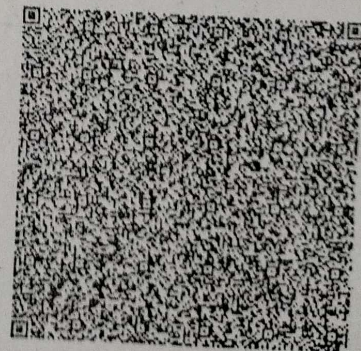


AADHAAR

Print Date: 17/09/2021

पता: आत्मज: समसुद्दीन, बसहिया
बनवीरपुर, पोस्ट कठकुड़ियाँ,, पडरौना, कुशीनगर,
उत्तर प्रदेश, 274304

Address: S/O: Samsuddin, Basahiya
Banvirpur, Post Kathkúiyán,, Padrauna,
Kushinagar, Uttar Pradesh, 274304



2844 4937 7085



1947



help@uidai.gov.in



www.uidai.gov.in



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