

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.	Katun 9005342034
2	Vehicle No. / वाहन संख्या	UP57BS2454
3	Policy No. / पालिसी संख्या	ms/2015/7001/0/46575/498969
4	Period of Insurance / बीमा अवधि	11-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/03/2026, 8.45 P.M.
6	Place of Accident / दुर्घटना का स्थान	Badliwala
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishal Kumar Kushwaha 7394835888
8	Estimated Loss / अनुमानित हानि	7450/-
09.	Cause of Accident / दुर्घटना का कारण : मेरा लड़का रात के वक़्त गोरखपुर के पास लक्ष्मी बोरवार के पास एक बोलेरो वाले की छोड़ा करते 5 डिस्ब्रेकेन्ट हो कर बोलेरो के भगले लगागाई आईड गिरने और स्क्रा डेमेज हो गई।	
10	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.	91251 Gupta auto Badliwala

Date / दिनांक : 18/03/2026
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/2015/7001/0/46575/4929
 69

Tel. No. _____

Period of Insurance _____
 Claim No. 11-11-2028

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 : KARUN
 (b) Address for correspondence : _____
 (c) Telephone : LP57BS2454

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>HA116BRHDS2316</u> Chassis No. <u>MBLHAQ23BRHD91944</u>	Registration No. <u>LP57BS2454</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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vishal Kumar Kushwaha
(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? : _____
(g) Driving Licence Number : LP57 20230015754
(h) Issuing Authority : _____
(i) Date of Expiry : 22-02-2023
(j) Was the licence temporary/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 : 16-03-2026 - 8:45 P.M.
(b) Place : Bodanwar
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बोदववार के पास एक मोटोरो वाले को फोटा करते
(e) If any third party was responsible for this accident give the name and address : कप्तन सिकंदर सिंह ने इस घटना के कारण को फोटा करते के कारण
उनके जिम्मे से उनकी और सुरक्षा हमिल हो गया -

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Tanki, Mirror - (1)
(b) Estimated cost of repairs : ₹450/-
(c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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 : MIA
(f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

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

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 18/02 200 2016

Signature of the insured Karan

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 *Korru*
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	: UP57BS2454	Registration Date	: 26-Jun-2024
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304	Son/wife/daughter of	: MOTI
Owner Name	: KARUN		
Full Address: (Permanent)	: VILL-NARKAHAWA, POST-CHHITAUNI, THANA-HANUMANGANJ, KUSHINAGAR, UTTAR PRADESH-274304		
Full Address: (Temporary)	: VILL-NARKAHAWA, POST-CHHITAUNI, THANA-HANUMANGANJ, KUSHINAGAR-UTTAR PRADESH-274304		
Fitness Up To	: 25-Jun-2039	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA210538/659
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 04/2024
Front HSRP No	: AA2103581194	Chassis No	: MBLHAW238RHD91944
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 97.20
Engine No	: HA11E8RHD58316	Wheel base	: 1236
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: SPLENDOR+ (DRS)	Unladen Wt (kgs)	: 109
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 239
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: BLUE BLACK		
Other Criteria	:		
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 LTD. GORKHAPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 26-Jun-2024.

Purchase dt	: 25-Jun-2024	Sale Amt	: 75291/-
OTT Date	: 25-Jun-2024	Amount/Rcpt No	: 7530 / UP57D24060003272
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 13-Jul-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 26-Jun-2024 to 25-Jun-2039

Date : 30-Jul-2024 18:31:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority



P 8884433



Driving License

NAME : VISHAL KUMAR
KUSHWAHA

License No. : UP57 20230015754

Authorization to Drive : LMV,MCWG

Date of Issue : 2023-10-18

DOB : 2003-02-23

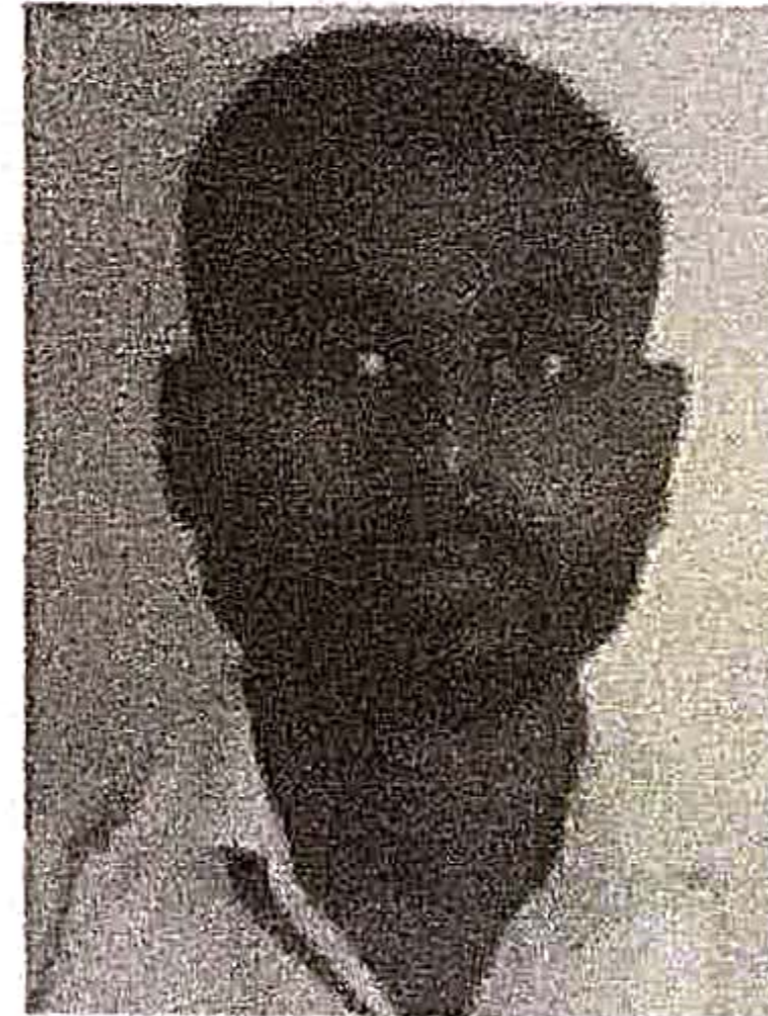
S/W/D : KARUN KUSHWAHA

BLOOD GROUP : Unknown

Date of Expiry : 2043-02-22

Permanent Address : Narkahawa, Narkahawa
Kushinagar Uttar
Pradesh, 274801

Present Address : Narkahawa, Narkahawa
Kushinagar Uttar
Pradesh, 274801



Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/493969

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
KARUN	1976-01-01	9005342034	S/O MOTI	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF E20	UP57BS2454	HA11E8RHD58316	MBLHAW238RHD91944	2024	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	1451.40
Address			City / District	Pin Code	State
NARKAHAWA POST -CHHITAUNI PADRAUNA			PADRAUNA (KUSHINAGAR)	274304	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
VISHAL KUSHWAHA	Male	22 Years	SON	2025-11-12 12:59	Midnight of 2026-11-11

Section A, VRC: 776.44 TCR: 342.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1118.64
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: 282.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.76 Total with GST(D): 332.76

Total(Section A+B+C+D) Offered Price After Discount: 1451	2025-11-12 To 2026-11-11	2026-11-12 To 2027-11-11	2027-11-12 To 2028-11-11	2028-11-12 To 2029-11-11	2029-11-12 To 2030-11-11
Package Period Covered					
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 2029-06-25 (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 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 Meerut.

#: Received with Thanks Rs 1451.4 ON 2025-11-12 from Mr./Ms. KARUN against the ARN No. INCP00493969
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



आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

HPIPK8826Q

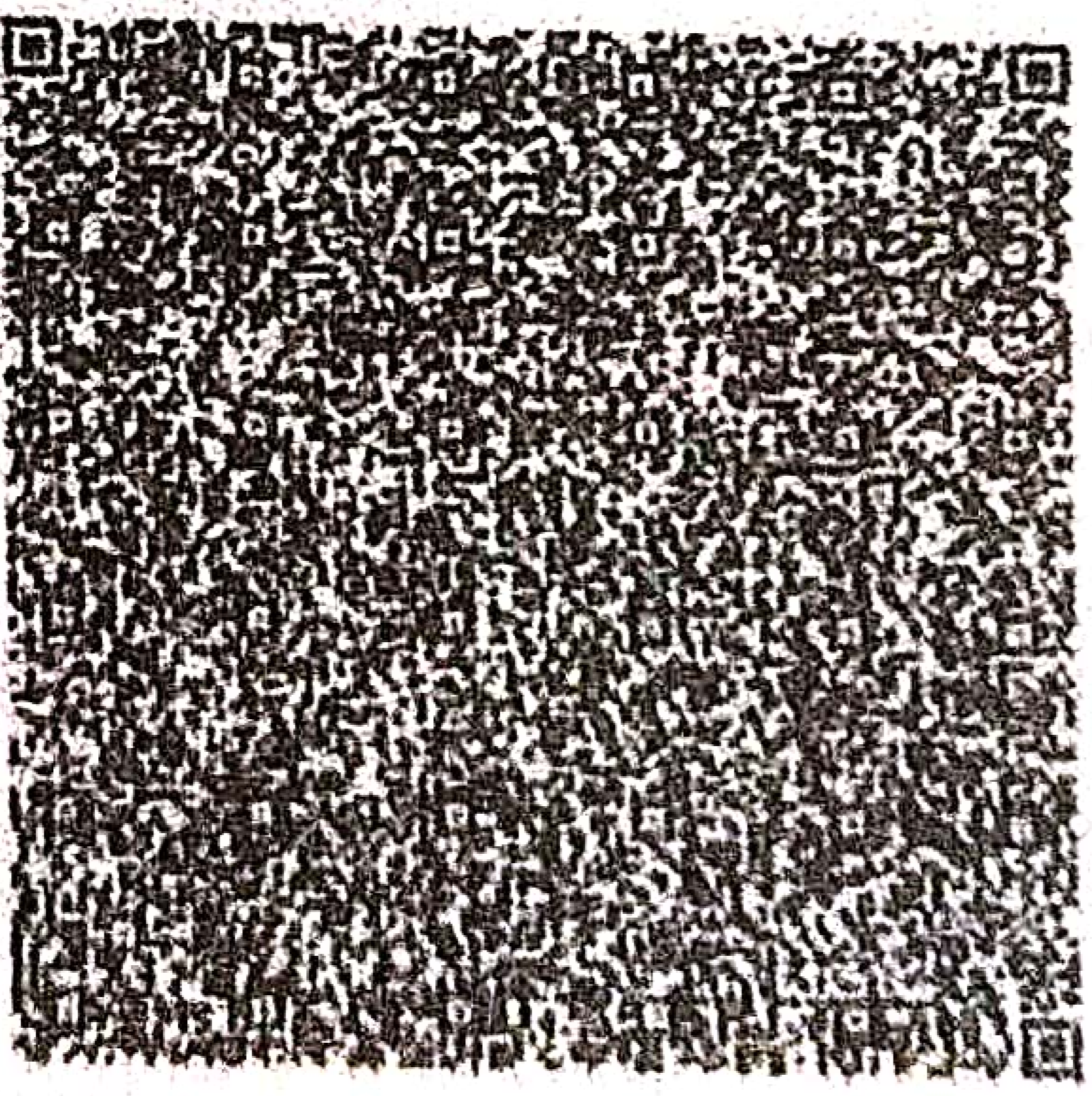
नाम / Name
KARUN

पिता का नाम / Father's Name
MOTI

जन्म की तिथि /
Date of Birth
01/01/1976

2024/12

हस्ताक्षर / Signature



25092018



भारत सरकार

Government of India

नाम

Karun

जन्म तिथि/DOB: 01/01/1976

लिंग/ GENDER: MALE

2808 4722 1966

VID: 9136 6897 0624 5410

भारत सरकार, भारत प्रदेश



भारत सरकार
Unique Identification Authority of India

नाम:

S/O मती, नरकावा पोस्ट बिनीनी, वाराणसी, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

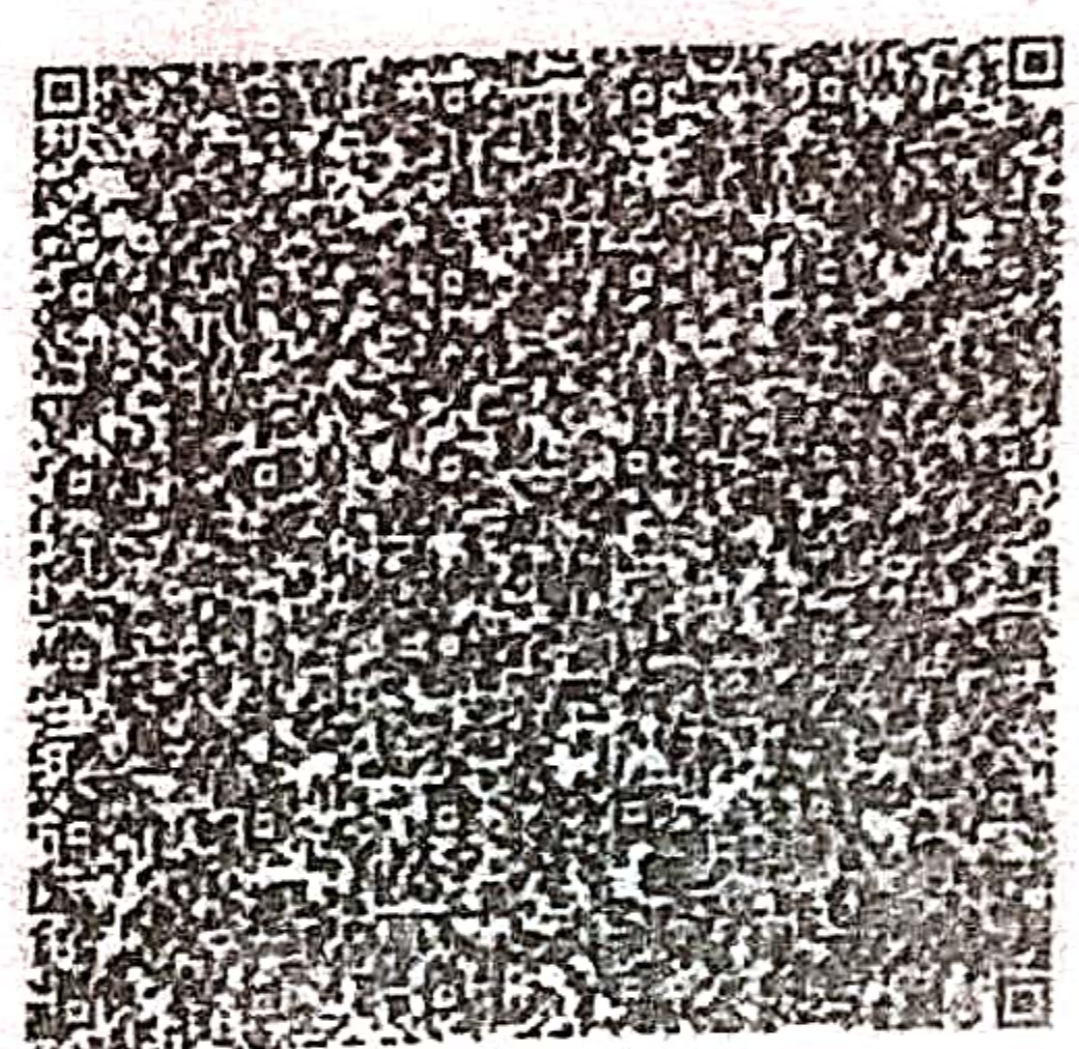
S/O Moti, narkahawa post chhitauri,
Padrauna, Kushinagar,
Uttar Pradesh - 274304

2808 4722 1966

VID: 9136 6897 0624 5410

http://uidai.gov.in

www.uidai.gov.in



QR Code with Photograph