

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.	Soni 9839565204
2	Vehicle No. / वाहन संख्या	LP57BP 9740
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/568425
4	Period of Insurance / बीमा अवधि	20-12-2025 - 19-12-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20-03-2026 07:00 P.m
6	Place of Accident / दुर्घटना का स्थान	Baripul
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Munna Kumar Sharma LP5720150005006
8	Estimated Loss / अनुमानित हानि	18.875/-
9	Cause of Accident / दुर्घटना का कारण:	भरपूर पति मुन्ना कुमार शर्मा किसी काम से बस स्टैंड लेकर जा रहे थे तभी एक गाड़ी वाले ने सामने के दाहिने स्पाइडर से टक्कर मार दिया जोसे बसके दाहिने स्पाइडर विरुद्ध कर इतिग्रस्त हो गई।
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.	Gupta Automobile padrauna 9125197148.

सोनी

Signature of Insured / बीमाधारक के

Date / दिनांक :
हस्ताक्षर

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 *शोनी*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Munna Kumar Sharma
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver : _____
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : relative (Husband)
 (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 : UP5720150005006
 (h) Issuing Authority : _____
 (i) Date of Expiry : 08-03-2025
 (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 : 20-03-2026 07:00pm
 (b) Place : Banipur
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : बिस्किट एक गाड़ी वाले ने हाथी साइड से
 (e) If any third party was responsible for this accident give the name and address : दककर मार डिया मेरी कारक हाथी साइड गिर कर क्षतिकूल हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, fender, legend, chassis, etc.
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrana kushinagar up.

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 : _____

~~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~~

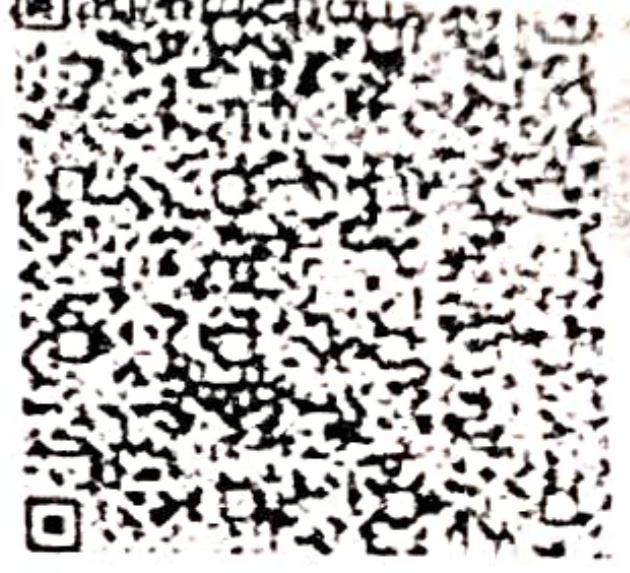
I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date _____ 200

Signature of the insured सोनी



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: UP57BP9740	Registration Date	: 19-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	: SONI	Son/wife/daughter of	: MUNNA KUMAR SHARMA
Full Address: (Permanent)	: VILL-JANGAL LALA CHHAPRA, POST-CHAF, THANA-VISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302		
Full Address: (Temporary)	: VILL-JANGAL LALA CHHAPRA, POST-CHAF, THANA-VISHUNPURA, KUSHINAGAR- UTTAR PRADESH-274302		
Fitness UpTo	: 18-Jan-2039	Owner Serial No	: 1
<u>Detailed Description</u>			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA1031249228	Rear HSRP No	: AA2091779299
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 01/2024
No of Cylinders	: 1	Chassis No	: MBLHAW231RHA99951
Engine No	: HA11E8RHA62527	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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 18-Jan-2024.

Purchase dt	: 18-Jan-2024	Sale Amt	: 74991/-
OTT Date	: 18-Jan-2024	Amount/Rcpt No	: 7500 / UP57D24010002054
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 28-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 19-Jan-2024 to 18-Jan-2039

Signature of Registering Authority
Date: 14-Mar-2024

Date : 14-Mar-2024 12:58:05
Taxation Particulars / Advance Registration Mark Fee Details

72 9480

Uttar Pradesh

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/568425

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	
SONI		1995-08-14	8939565204	MUNNA KUMAR SHARMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model		Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20		UP57BP9740	HA11E8RHA62527	MBLHAW231RHA90951	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	1671.48	
Address				City / District	Pin Code	State	
VILL-JANGAL LALA CHHAPRA POST-CHAF THANA-VISHUNPURA				PADRAUNA (KUSHINAGAR)	274302	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation		Package Start Date	Package End Date	
MUNNA KUMAR SHARMA	Male	25 Years	HUSBAND		2025-12-20 14:15	Midnight of 2026-12-19	

Section A, VRC: 834.68 TCR: 479.08 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1313.76
 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: 1671

Package Period Covered	2025-12-20 To 2026-12-19	2026-12-20 To 2027-12-19	2027-12-20 To 2028-12-19	2028-12-20 To 2029-12-19	2029-12-20 To 2030-12-19
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 2029-01-17 (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.

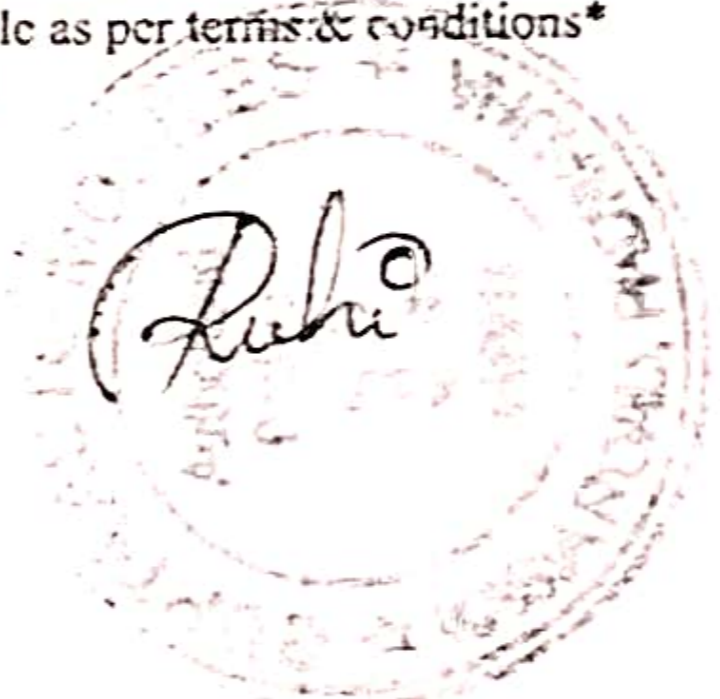
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company 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 1671.48 ON 2025-12-20 from Mr./Ms. SONI against the ARN No. INCP00568425
 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

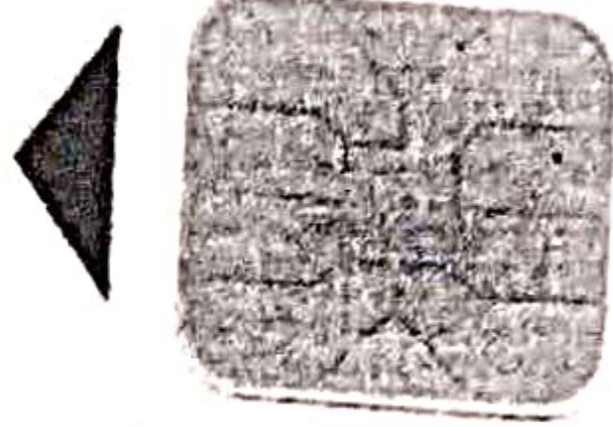




Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20150005006



Issue Date Validity (NT) Validity (TR)*
 30-10-2025 08-03-2035 29-10-2030



Holder's Signature

Date of First Issue 09.03.2015

Name: **MUNNA KUMAR SHARMA**
 Date of Birth: **01-01-1994** Blood Group:
 Son/Daughter/Wife of: **MAHABEER SHARMA**

Organ Donor: **N**

Address:
**VILL- JANGAL LALA CHHAPRA PO- CHAF, PS-
 BISHUNPURA TAMKUHI RAJ, KUSHINAGAR, UP
 274302**

DL No: UP57 20150005006

UPDL571000031752



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	09-03-2015	NT			
	LMV	UP57	09-03-2015	NT			
	TRANS	UP57	16-05-2017	TR			
MVSD							

Emergency Contact Number

[Signature]
 Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



भारत सरकार

Government of India

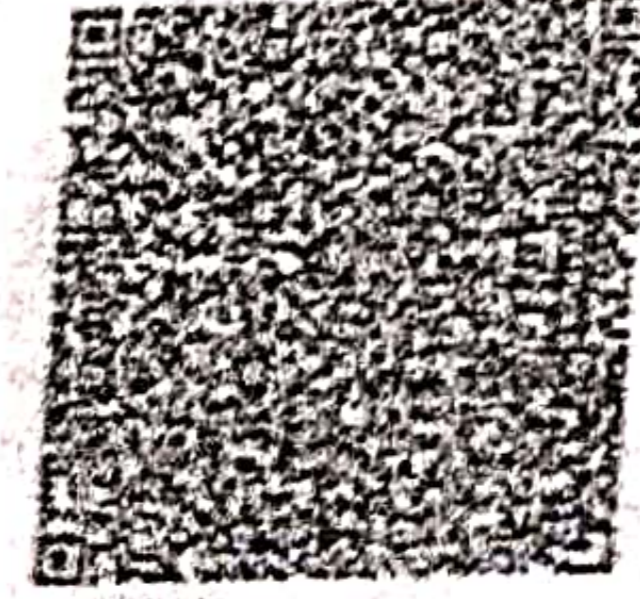


सोनी

Soni

जन्म तिथि/DOB: 14/08/1995

महिला/ FEMALE



7944 0188 7909

VID: 9127 1363 2445 1009

मेरा आधार, मेरी पहचान



भारतीय विधि-पहचान प्राधिकरण

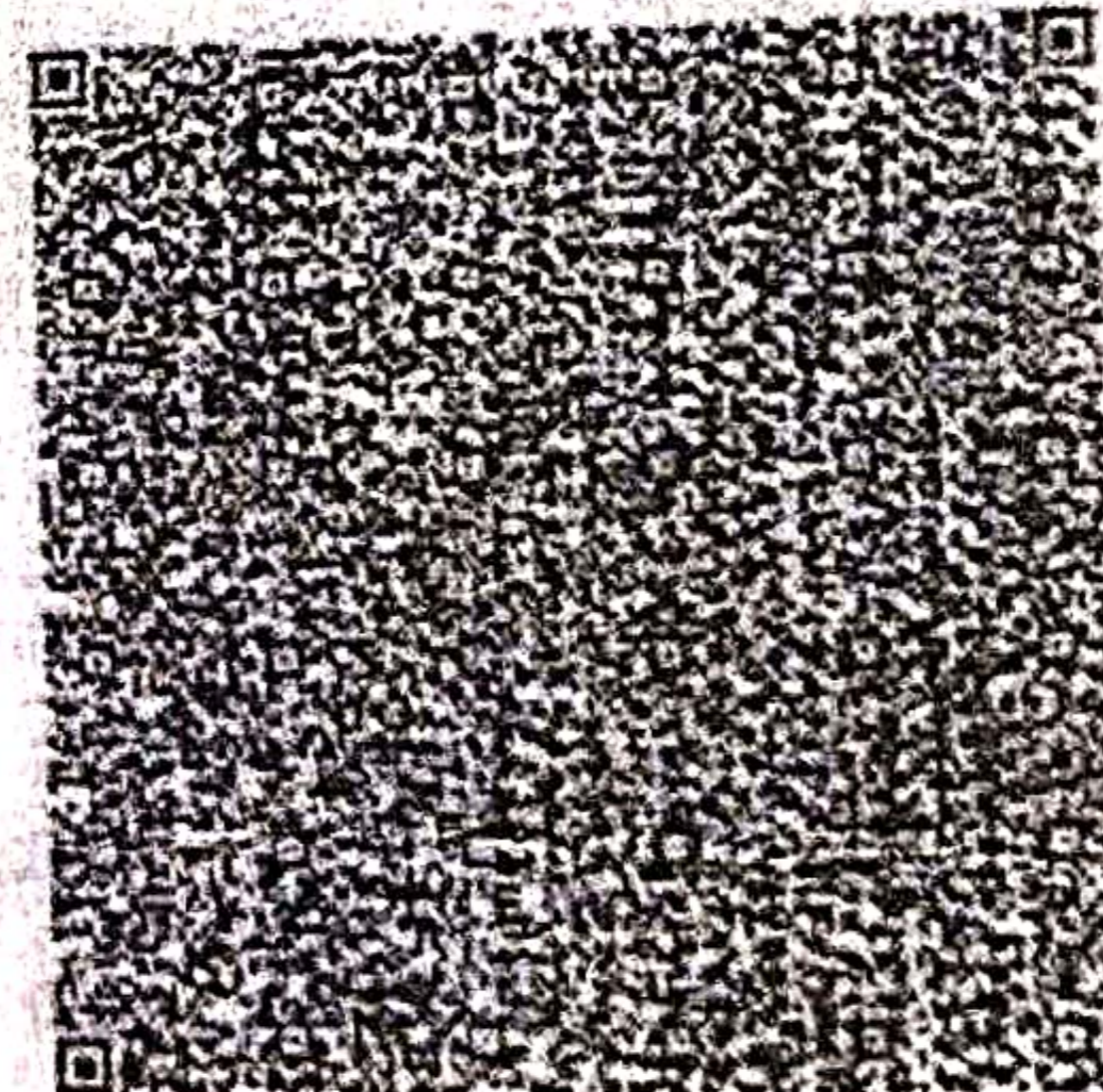
Unique Identification Authority of India

पता:

W/O मुन्ना कुमार शर्मा, .., जंगल लाला छपरा, चाफ,
कुशीनगर,
उत्तर प्रदेश - 274302

Address:

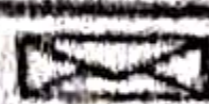
W/O Munna Kumar Shirma, .., jangal lala
chakra, Chaf, Kushinagar,
Uttar Pradesh - 274302



QR Code with Photograph

7944 0188 7909

VID: 9127 1363 2445 1009



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

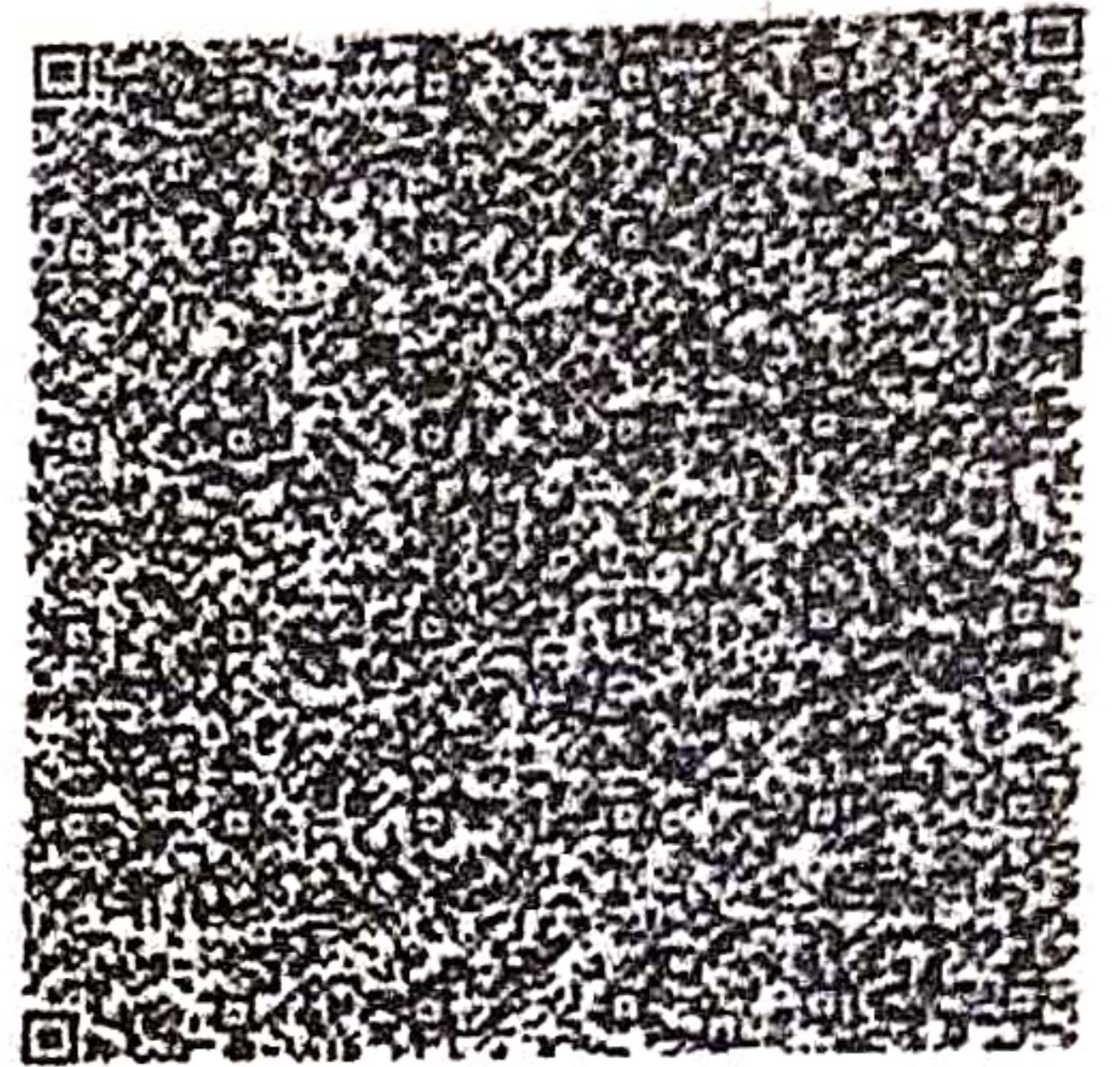


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

PBJPS5013L



नाम / Name
SONI

पिता का नाम / Father's Name
JAYANTRI SHARMA

जन्म की तारीख / Date of Birth
14/08/1995

हस्ताक्षर / Signature

40875