

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.	AKASH MISHRA Akash Mishra 8756903175
2	Vehicle No. / वाहन संख्या	LP57BA6741
3	Policy No. / पालिसी संख्या	MS/2025/0/46575/459284
4	Period of Insurance / बीमा अवधि	31-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/03/2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akash Mishra 8756903175
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : जाड़ी लेकर जा रहे थे तो बाकरी ने सामने जा रहे जाड़ी वाले ने अचानक ब्रेक लगा दिया जिससे मैंने भी ब्रेक लिया वी तब तक पिछे से एक कारक वाला टक्कर मार दिया और कारक कारो को गिर कर क्षतिग्रस्त 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.	Gupta Automobile padrauna 9125197148

Date / दिनांक : 28/03/2026
हस्ताक्षर

Akash Mishra
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. MC/2015/0/46575/459284

Tel. No. _____

Period of Insurance 31-07-2026

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 : AKASH MISHRA
 (b) Address for correspondence : _____
 (c) Telephone : 8756903175

2. THE INSURED VEHICLE

Make & Year <u>2021</u>	Engine No. <u>HAA10XL9L02313</u> Chassis No. <u>MBLHAW107L9L02757</u>	Registration No. <u>UP51BA6742</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 : AKASH Mishra
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver
 1. Owner
 2. paid driver? : Owner
 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 : UP572002/0013944
 (h) Issuing Authority : _____
 (i) Date of Expiry : 17-07-2043
 (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 : 25/03/2026 2:00 P.M
 (b) Place : Padrauna
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : वाकई से जो रहे गाड़ी वाले ने अचानक ब्रेक लगा दिया
 (e) If any third party was responsible for this accident give the name and address : जिससे मैंने भी ब्रेक लिया मैं एक तक फिरे ही एक बर्क
दीला एक्टर मार दिया और बर्क मारा तक फिरे कर
क्षतिग्रस्त हो गया -

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____
 (b) Estimated cost of repairs : _____
 (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 : MIA
 (e) Full details of property damaged : _____
 (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 : _____

~~MIA~~

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. : _____

~~MIA~~

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 : _____

~~MIA~~

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 28-03-2009

Signature of the insured Akash Mishra

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 ... *Akash Mishra*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/459284

Motorsathi Care Private Limited
 B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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	
AKASH MISHRA	2000-07-18	8756903175	ASHOK MISHRA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP57BA6741	HA11EXL9L02313	MBLHAW107L9L02757	2021-05-18	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
34500.00	NA	0.00	0.00	0.00	34500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1289.04	
Address			City / District	Pin Code	State	
Vill-Gulelaha, Post-Sarya, Thana-Padrauna, Kushinagar-274304				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KARTIKEY MISHRA	Male	22 Years	BROTHER	2025-08-01 14:41	Midnight of 2026-07-31	

Section A, VRC: 588.86 TCR: 447.81 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) : 636.67
 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: 213.87 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.50 Total with GST(D): 252.37
Total(Section A+B+C+D) Offered Price After Discount: 1289

Package Period Covered	2025-08-01 To 2026-07-31	2026-08-01 To 2027-07-31	2027-08-01 To 2028-07-31	2028-08-01 To 2029-07-31	2029-08-01 To 2030-07-31
ADV	34500	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 2026-04-14 (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.

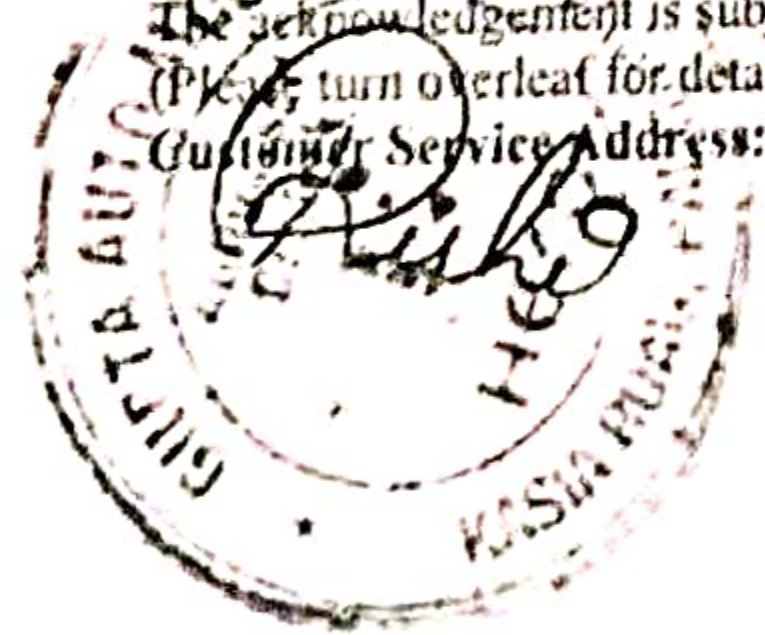
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company 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 Aligarh.

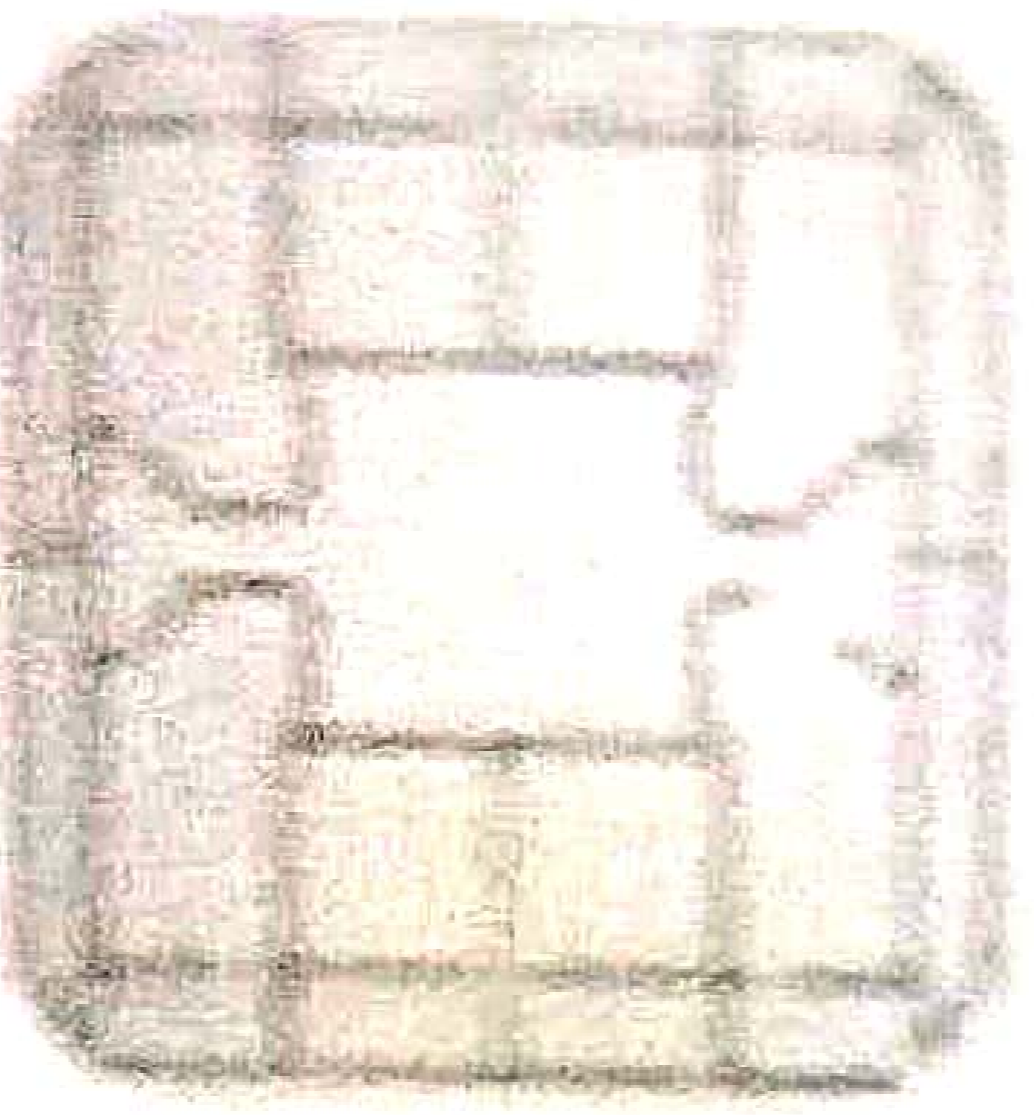
Received with Thanks Rs 1289.04 ON 2025-08-01 from Mr./Ms. AKASH MISHRA against the ARN No. INCP00459284
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Indian Union Driving Licence

Issued by Uttar Pradesh

UP57 20210013944



Issue Date	Validity (NT)	Validity (TR)
04-12-2021	17-07-2023	



Name: **ASHISH KISHOR**

Date of Birth: **18-07-2000** Blood Group: **B**

Sex: **Male** With effect: **ASHISH KISHOR**

Address:

ASHISH KISHOR
K/10, Sector 10, Gurgaon, Haryana, PIN 122002

Original Division: **M**

आयकर विभागा

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

AKASHI MISHRA

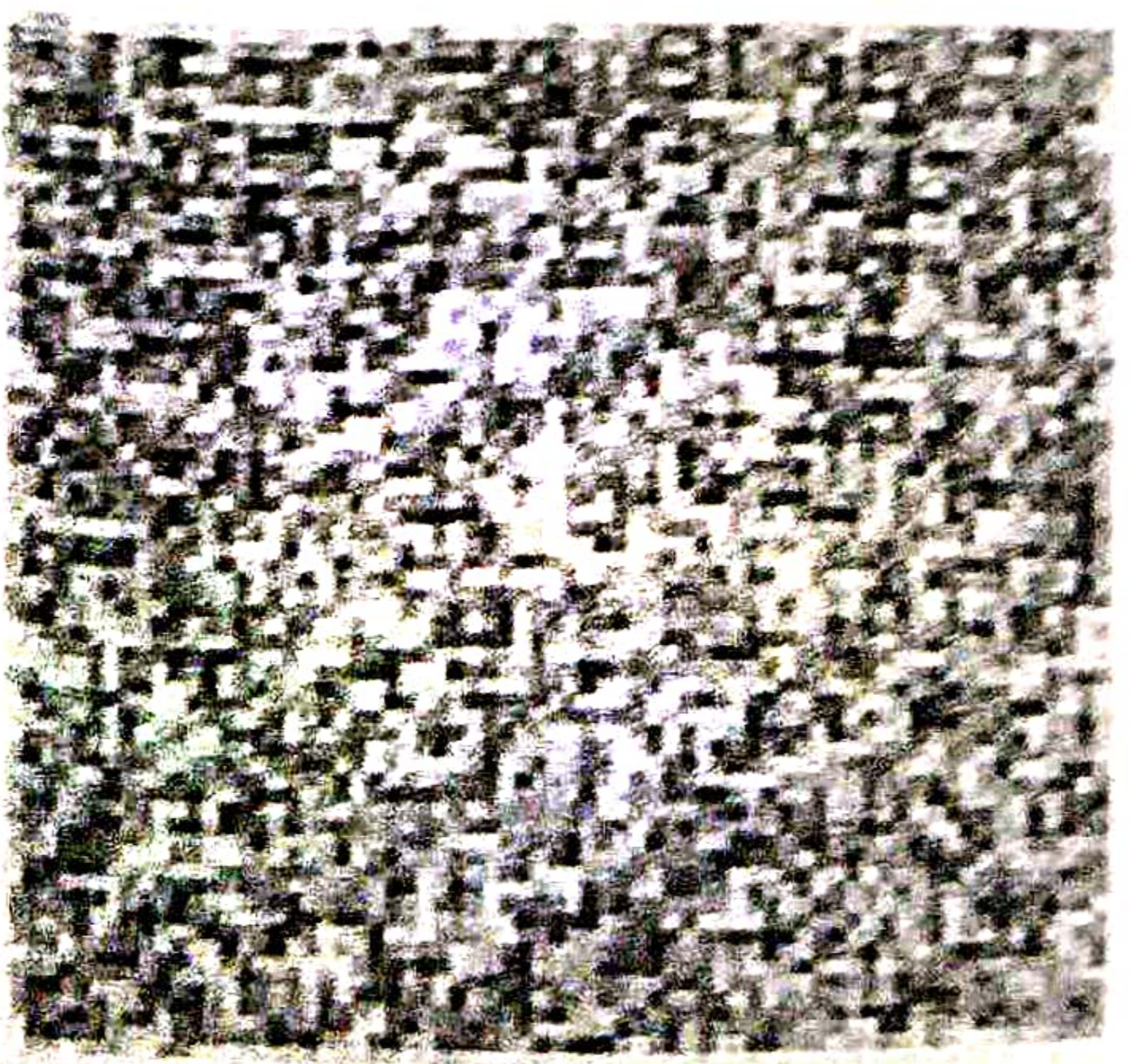
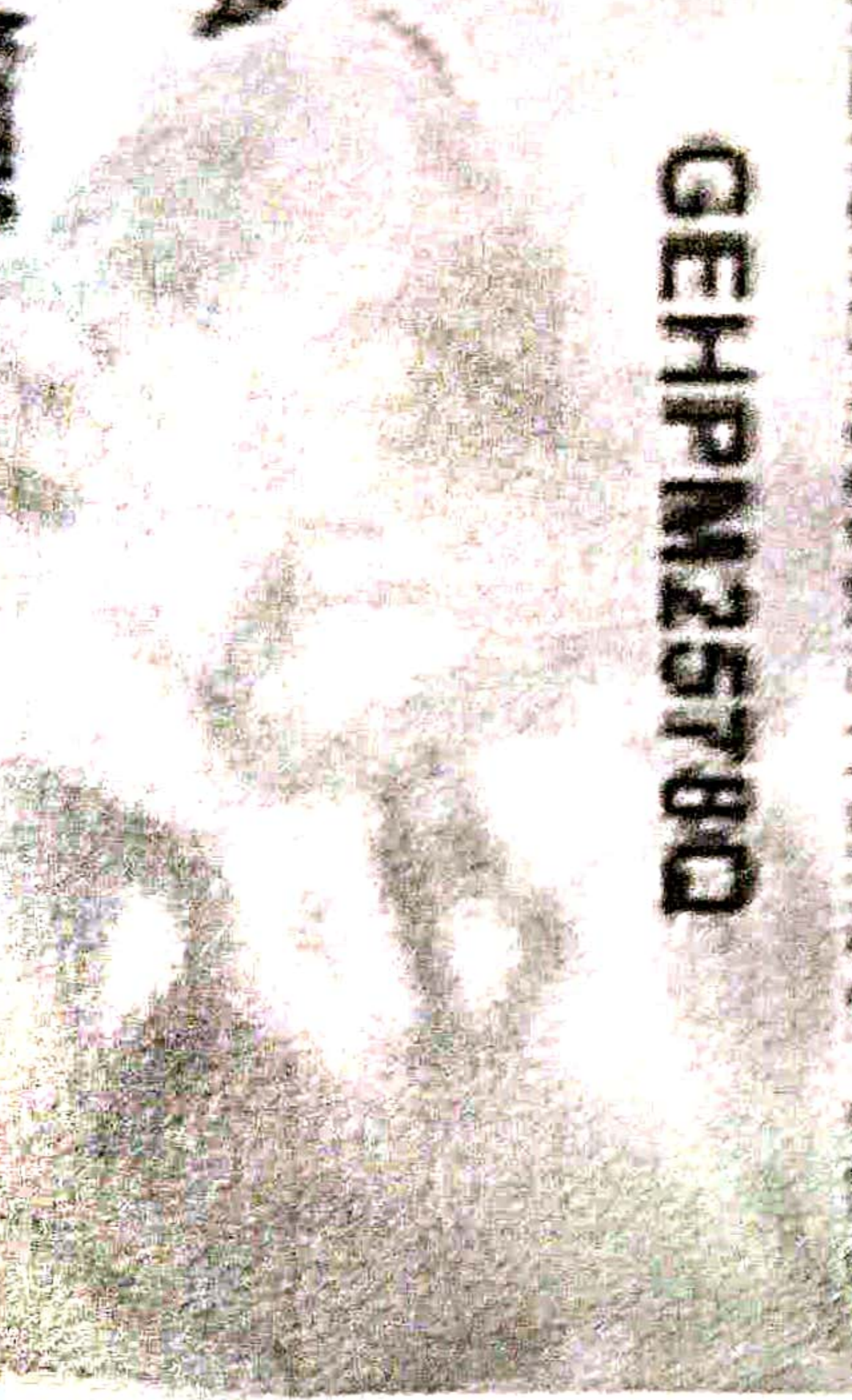
पति / पत्नी / Partner's Name

ASHOK MISHRA

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

GEHPM25780



सर्वोच्च न्यायालय
18/07/2002

Akshi Mishra
नाम / Signature

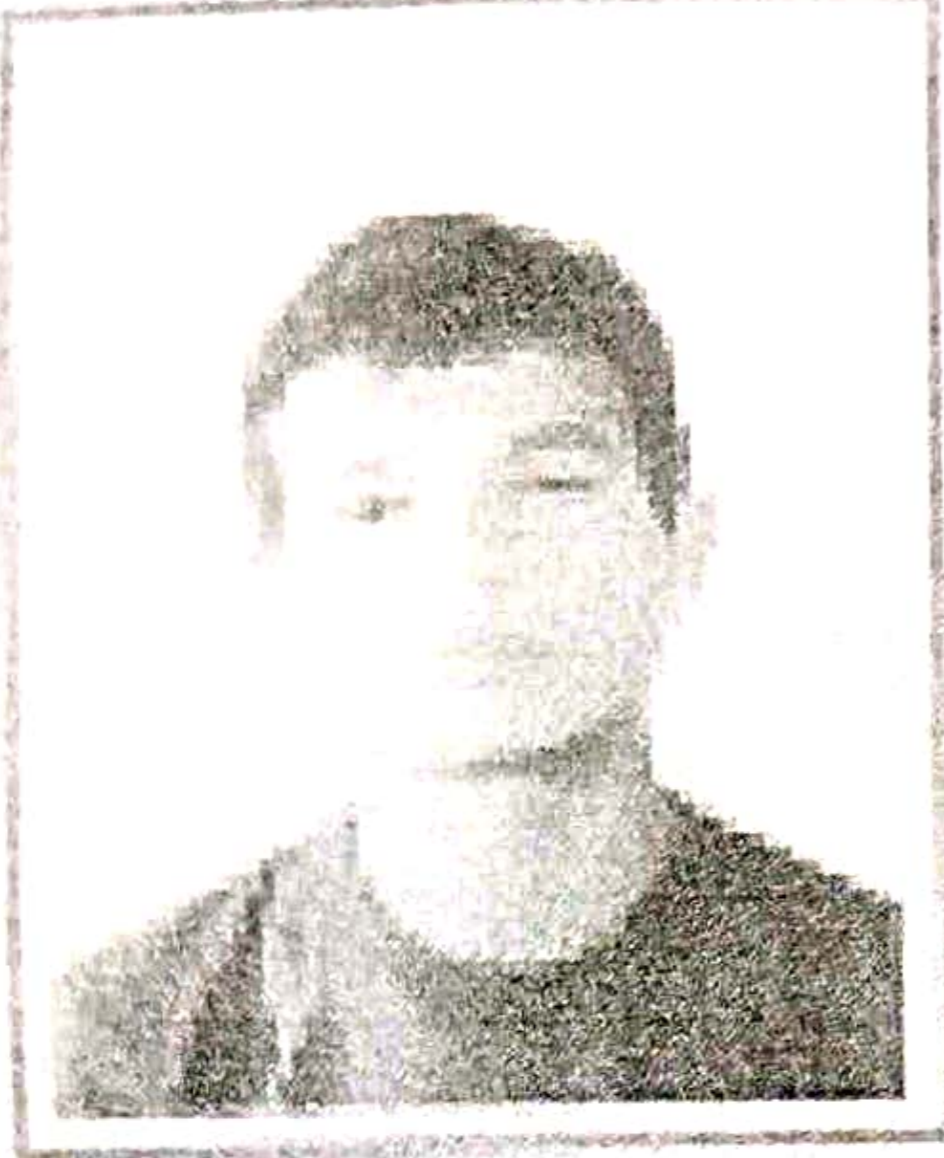
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भारत सरकार
Government of India



Issue Date: 10/29/2016



आकाश मिश्र
Akash Mishra
जन्म तिथि / DOB : 19/07/2002
पुरुष / MALE



8564 9975 2424

मेरा आधार, मेरी पहचान

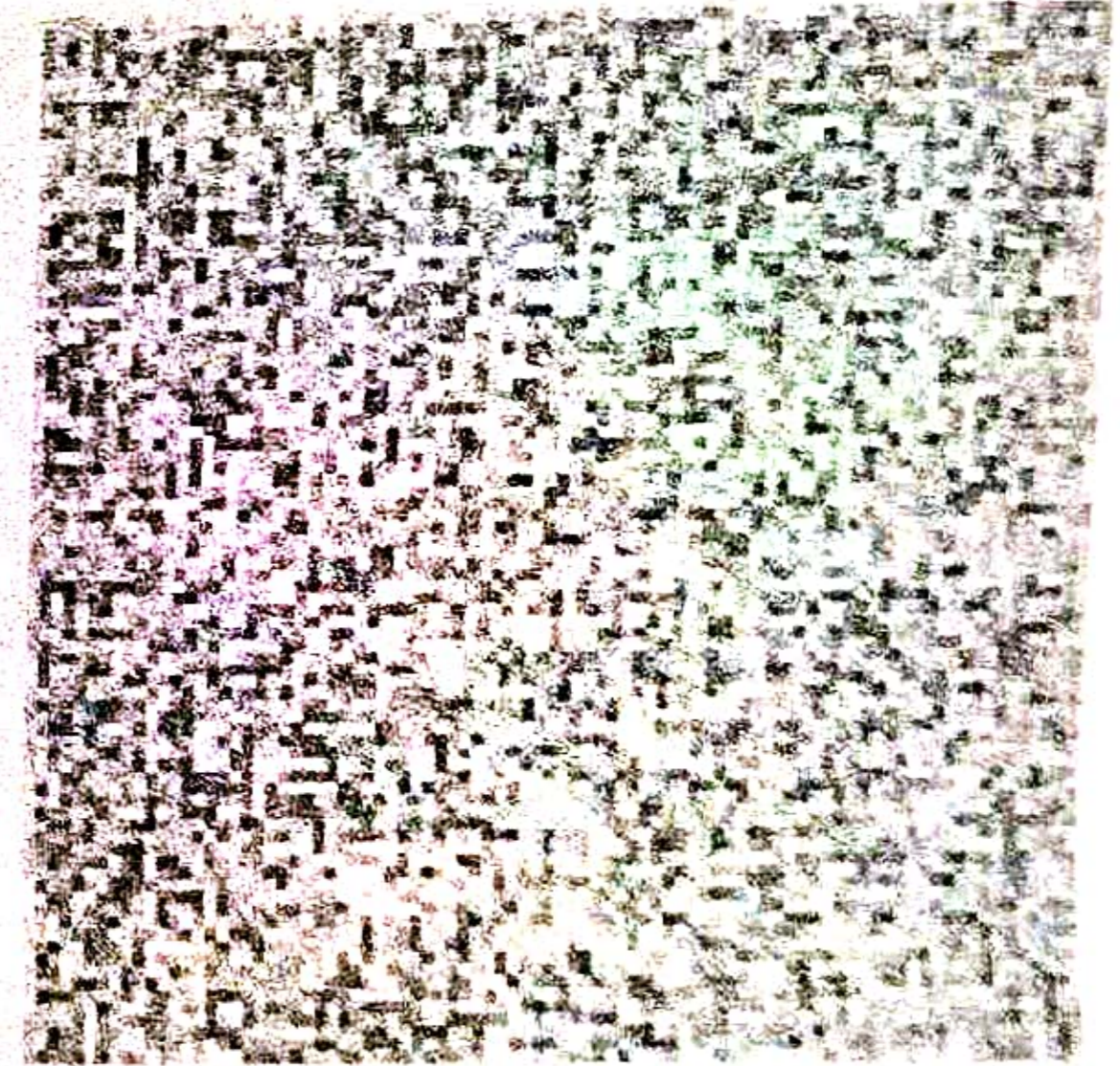


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Issue Date: 27/10/2016

पता: आत्मन, आशोक मिश्र, गुलेलाना, हरना
पुरमल, कुशीनगर, उत्तर प्रदेश, 274304
Address: SID: Ashok Mishra, Gululana,
Harka Ghural, Kushinagar, Uttar Pradesh,
274304



8564 9975 2424

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help@uidai.gov.in

www.uidai.gov.in