

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.	
2	Vehicle No. / वाहन संख्या	ANWAR AU 7667241243
3	Policy No. / पालिसी संख्या	ms/2026/7001/0/46575/571451
4	Period of Insurance / बीमा अवधि	18-03-2026 - 17-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	UP57BV 8533
6	Place of Accident / दुर्घटना का स्थान	08/04/2026, 03.00 P.M. Romsalhi
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANWAR AU 7667241243
8	Estimated Loss / अनुमानित हानि	12.240/-
09.	Cause of Accident / दुर्घटना का कारण:	अपनी बर्क लेकर खेत वापस घर आ रहा था तभी अचानक सियार सामने आ गया उसी को बचाते हुये बर्क सामने से एक दूसरे बर्क को छुटा कर बाये की गिरने से डेमेज हो गई।
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.	9125197148 Gupta automobile Pwdgung

Date / दिनांक :
हस्ताक्षर 10-04-2026

अनवर अली
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. 025/2026/7001/0/46575/571451

Tel. No. _____

Period of Insurance 17-03-2027

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 : ANAVAR ALI
 (b) Address for correspondence : _____
 (c) Telephone : 7667241243

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>HA11FRH1C11432</u> Chassis No. <u>MBUHA206</u>	Registration No. <u>UP57 BV 8530</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 : ANAVAR 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 : BR2220190006957
 (h) Issuing Authority :
 (i) Date of Expiry : 28-11-2029
 (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 : 09-06-2026 03:00 PM
 (b) Place : RANICULTI
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : भी-या-क रिफार् सामने आ गया बुरी की बघते
 (e) If any third party was responsible for this accident give the name and address : दुःखे कारक सामने से एक दूसरे कारक से वम्बर कल
 काये रिफार्ड गिरने से डेमेज हो गई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Mandali Mandali 7, Fostepipe 2
 (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 :
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :
 A/T/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(g) When? : _____
(h) Which Police 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 10-04 200 26

Signature of the insured अनवर डाली

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 अनवर डली

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	: UP57BV8533	Registration Date	: 09-Dec-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	: MUNIV MIYA
Owner Name	: ANAVAR ALI		
Full Address: (Permanent)	: VILL-MADHUBANI, POST-MADHUBANI, THANA-DHANAHA, PASHCHIM CHAMPARAN, BIHAR-845404		
Full Address: (Temporary)	: JUNGLE DHANAHA, POST-KATHKUIYAN, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304		
Fitness Up To	: 08-Dec-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	: AA2116765934
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 10/2024
Front HSRP No	: AA1038781375	Chassis No	: MBLHAW406RHK13871
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 97.20
Engine No	: HA11F1RHK11432	Wheel base	: 1235
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: SPLENDOR+ XTEC 2.0	Unladen Wt (kgs)	: 112
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 242
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: MAT GUN MET GREY		
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 IDFC FIRST BANK LTD, PADRAUNA, , Kushinagar, Uttar Pradesh-274304 w.e.f. 07-Dec-2024.

Purchase dt	: 07-Dec-2024	Sale Amt	: 83851/-
OTT Date	: 07-Dec-2024	Amount/Rcpt No	: 8386 / UP57D24120001197
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 22-Feb-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 09-Dec-2024 to 08-Dec-2039

Date : 11-Mar-2025 16:41:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Mar-2025

Q 1846172

3/11/2025, 4:42 PM

Program Proposal Two-wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/571451

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	
ANAVAR ALI	1976-01-01	9576825630	S/O MUNIV MIYA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP57BV8533	HA11F1R1K11432	MBL11AW406R1K13871	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
62500.00	NA	0.00	0.00	0.00	62500.00	
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	1564.02	
Address			City / District	Pin Code	State	
MADHUBANI DHANAHA A/P JANGAL DHARAMPUR KATHKUIYAN PADRAUNA				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
GUDDI KHATOON	Female	45 Years	WIFE	2026-03-18 17:18	Midnight of 2027-03-17	

Section A, VRC: 836.69 TCR: 368.75 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1205.44
 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: 303.88 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 54.70 Total with GST(D): 358.58
Total(Section A+C+D) Offered Price After Discount: 1564

Package Period Covered	2026-03-18 To 2027-03-17	2027-03-18 To 2028-03-17	2028-03-18 To 2029-03-17	2029-03-18 To 2030-03-17	2030-03-18 To 2031-03-17
ADV	62500	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 2029-12-06 (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 1564.02 ON 2026-03-18 from Mr./Ms. ANAVAR ALI against the ARN No. INCP00571451
 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 DRIVING LICENCE

GOVERNMENT OF BIHAR

DL: BR22 20190006957

Name : ANAVAR

ALLI

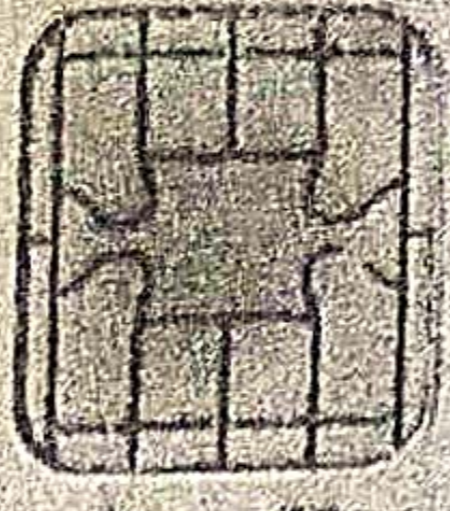
SNWD of : MUNIV

MIYA

Address : AT-RANGALALHI PO MADHUB

PS DHANANA

MADHUBANI,PASHCHIM CHAMPARNI,BR 8454



Valid Till (Transport)

DOB

01-01-1976

BG

AB+

28-11-2029

Badge No :

Signature of Holder

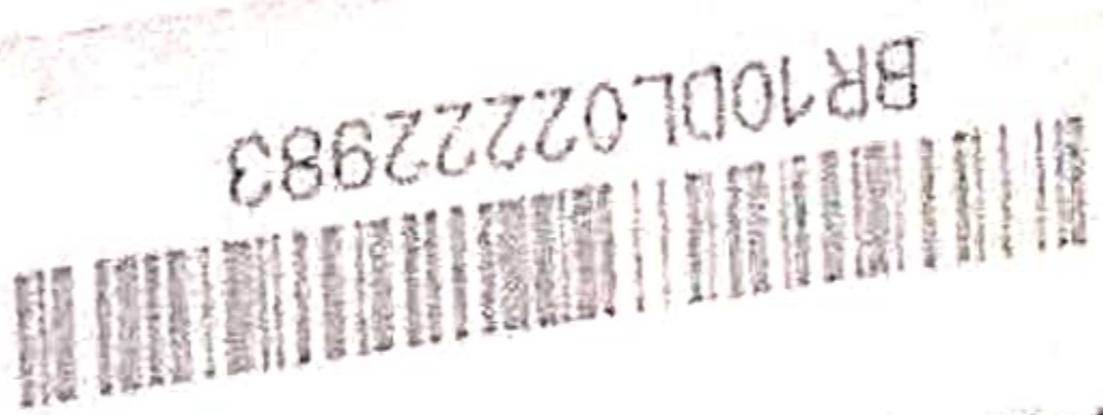
Authorisation to drive the following vehicle class throughout India.

Type of Vehicles : LMV MCWG only

Issued on : 29-11-2019

Sign. of Licencing Authority

Issued on : 29-11-2019



BR10DL02222983

DL: BR22 20190006957

Original LA : BR22

Old DL No :

Date of Issue : 29-11-2019

Class of Vehicles

Vehicle Class	Issue Date
LMV	29-11-2019
MCWG	29-11-2019

आयकर विभाग
INCOME TAX DEPARTMENT

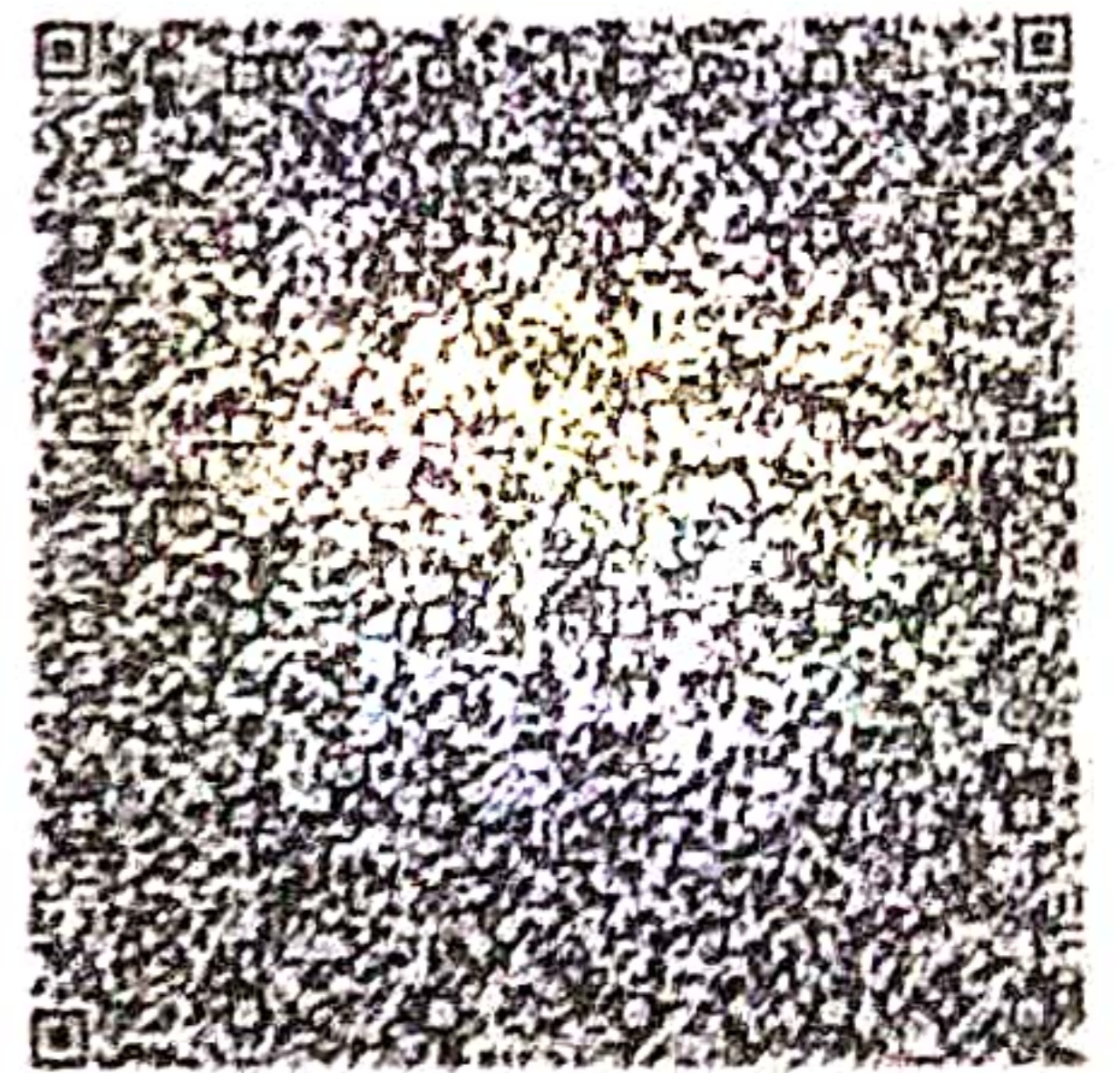


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FLKPA1717C



नाम / Name
ANAVAR ALI

पिता का नाम / Father's Name
MUNIV MIYA

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

31/09/2023

23122023

PAN Application Digitally Signed, Card Not Valid unless Physically Signed



भारत सरकार

Government of India



अनवर अली
Anavar Ali
जन्म तिथि / DOB : 01/01/1976
पुरुष / Male

6991 1444 2801



मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता: आत्मज: मुनीव मियां,
रजालही, मधुबनी, मधुबनी, पश्चिमी
चम्पारण, मधुबनी, बिहार, 845404

Address: S/O: Muni/ Miya, Rangsalahi,
Madhubani, Madhubani, West
Champanan, Madhubani, Bihar, 845404

6991 1444 2801



1947



help@uidai.gov.in



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