



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.	Agosh Mohammad
2	Vehicle No. / वाहन संख्या	UP57BU4724
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/57189
4	Period of Insurance / बीमा अवधि	03-04-2026 - 02-04-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12-04-2026 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	Ramkola Road Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Agosh Mohammad 9670501689
8	Estimated Loss / अनुमानित हानि	11,225/-
09.	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर जा रहे तो रास्ते में आगे जा रहे कार के मोडर रिक्शा वाला छड़ लाह कर लेकर जा रहा था अचानक ब्रेक लगा दिया उसके गाड़ी मेरी गाड़ी ले जायी और छड़ से आगे के हिस्से में लगा आँट गाड़ी हायां तक
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.	9125157148 Gupta Automobile padrauna

गिर कर क्षतिग्रस्त हो गया ।

Date / दिनांक : 14-04-2026  
हस्ताक्षर

  
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Aqesh Mohammad  
 (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 : UP57 2025 000 9466  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 03-07-2043  
 (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 : 12-04-2026 4:00 PM  
 (b) Place : Ramkola Road  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : गाड़ी में आगे जा रहे सड़क छोड़ रिक्शा वाला  
 (e) If any third party was responsible for this accident give the name and address : डॉ. केकर जा. रोजा वा. अचानक ब्रेक लगा दिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : visor, 4/2. Legand, lens etc  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Cupda Automobile Padvaaha

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? : \_\_\_\_\_

MIA

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 witnesses, 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 Police 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 14.04.2006

Signature of the insured

*[Signature]*

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 ..... *[Signature]* .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/571892

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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
AGOSH MOHAMMAD	2003-07-04	9026241920	AINUDDIN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP57BU4724	HA11F1RHK12000	MBLHAW400RHK14501	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	
VILL-BARHARAGANJ, POST-DANDOPUR, THANA PADRAUNA, KUSHINAGAR, UTTAR PRADESH				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MOHAMMAD ATIQ	Male	24 Years	BROTHER	2026-04-03 15:26	Midnight of 2027-04-02	

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, FC: 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	2026-04-03 To 2027-04-02	2027-04-03 To 2028-04-02	2028-04-03 To 2029-04-02	2029-04-03 To 2030-04-02	2030-04-03 To 2031-04-02
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 2029-10-18 (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](http://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](http://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 2026-04-03 from Mr./Ms. AGOSH MOHAMMAD against the ARN No. INCP00571892  
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
(For details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
Customer Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India





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/2026/702110/46575/571892

Tel. No. \_\_\_\_\_

Period of Insurance 02-04-2024  
 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 : Agosh Mohammad  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9670501689

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>H A I I F 1 R H K 12000</u> Chassis No. <u>M S L H 200 400 R H K 14501</u>	Registration No. <u>UP57BU 4724</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 : \_\_\_\_\_

भारत सरकार  
Government of India

आधार  
Aadhaar



अगोश मोहम्मद  
Agosh Mohammad  
जन्म तिथि / DOB : 04/07/2003  
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का दर्शाता नहीं है।  
इसका उपयोग कल्याण (आवृत्त प्रमाणीकरण, या प्रचुराव कोड/  
ऑनलाइन एक्साइज्कॉड की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline KMS).

**7744 3579 6284**

मेरा आधार, मेरी पहचान

भारतीय विश्व-सुलभ पहचान प्रमाणिका  
Unique Identification Authority of India

पता: दुबारा: ऐनुद्दीन, बरहमंज, दान्दोपुर,  
नुरीनगर, उत्तर प्रदेश, 274304  
Address: C/O: Aiuuddin, Barahmangaj,  
Dandapur, PO:Dandapur, DIST:Kushinagar,  
Uttar Pradesh, 274304



1847

help@uidai.gov.in

www.uidai.gov.in

**7744 3579 6284**

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**HKMPM5419J**

नाम / Name

**AGOSH MOHAMMAD**

पिता का नाम / Father's Name

**AINUDDIN**

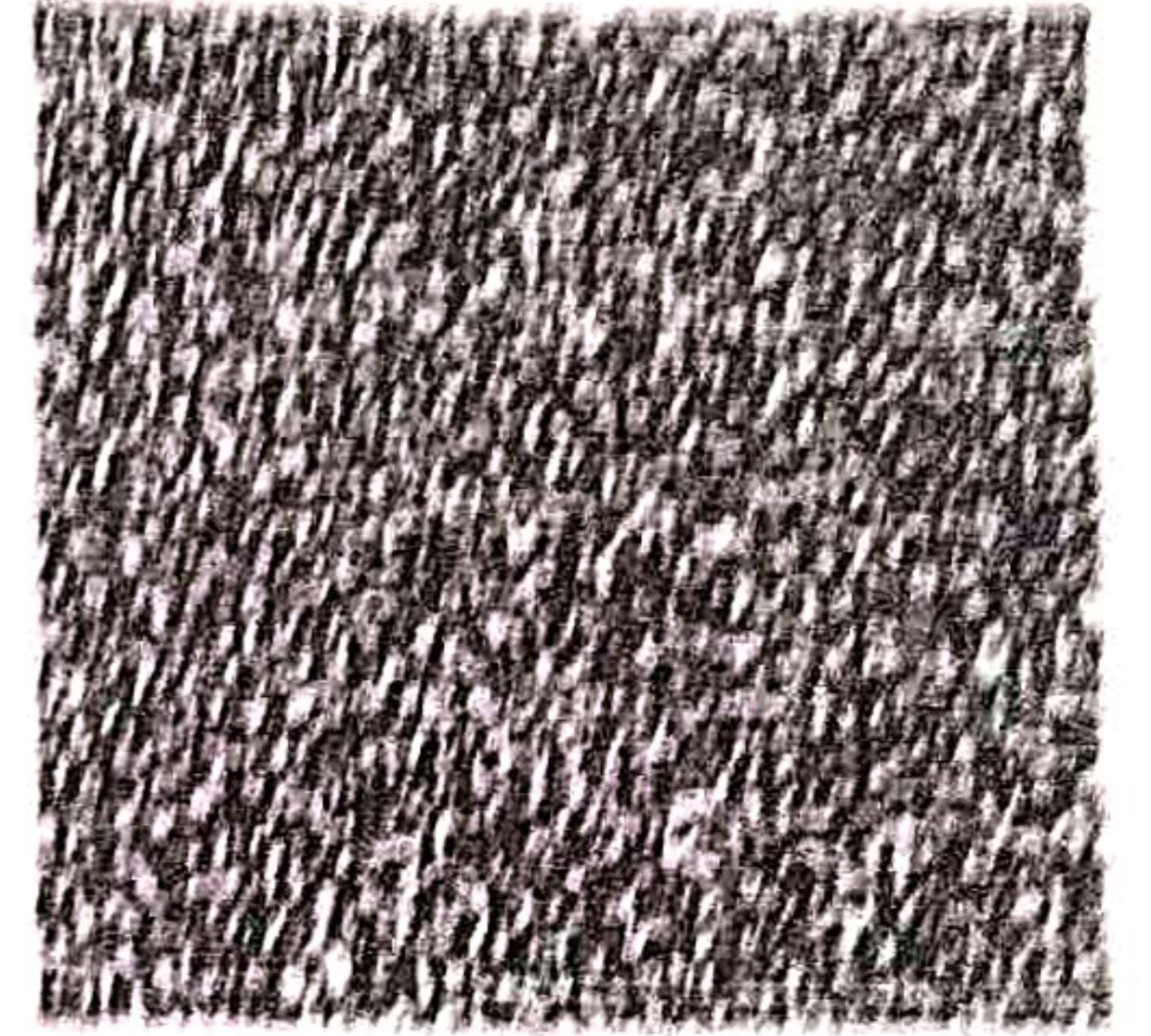
जन्म की तारीख /

Date of Birth

**04/07/2003**

*Agosh Mohammad*

हस्ताक्षर / Signature



14072022

DL No: UP57 20250009466

UP57 20250009466

Invalid Carriage (Regn Numbers)

Hazardous Validity Hill Validity

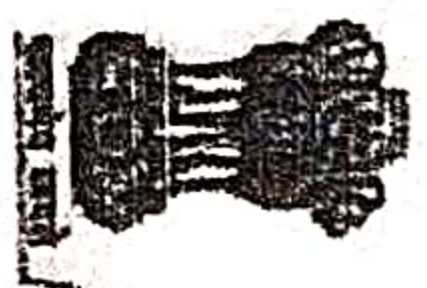


Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MV	MV	UP57	23-05-2025	MT			
MVSD							

Emergency Contact Number 0801009342

UP57 Regional Authority

Form 7 Rule 16(2)

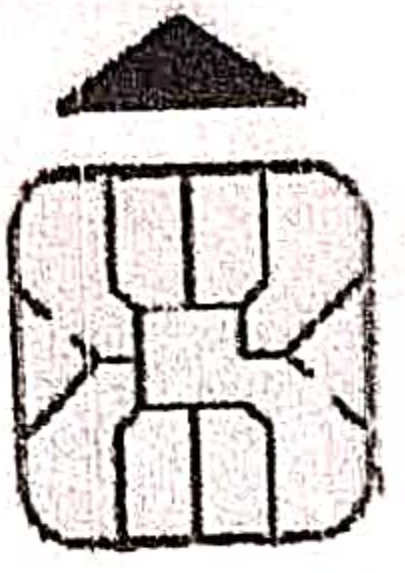


Indian Union Driving Licence Issued by Uttar Pradesh

UP57 20250009466

Issue Date 23-05-2025 Validity (INT) 03-07-2045

Validity (TR)



AGOSHI MOHAMMAD

Name

Date of Birth: 04-07-2003

Blood Group: UNKNOWN

Son/Daughter/Wife of:

Organ Donor:

Holder's Signature



Date of First Issue

Address: BARAJAGAWAJ DANDOPUR DANDOPUR PATRAMUKA KUSHMANGAR UTTAR PRADESH 274304

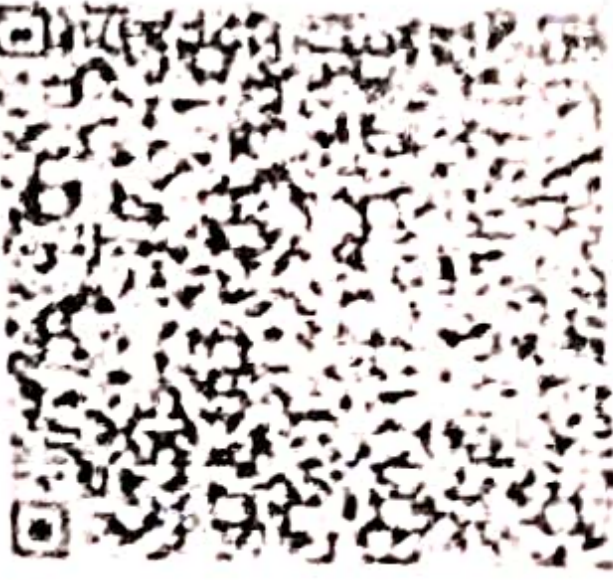
GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

https://vahan.parivahan.gov.in/vahan/vahan



Registration No : UP57BU4724 Registration Date : 21-Oct-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 : AGOSH MOHAMMAD Son/wife/daughter of : AINUDDIN  
 Full Address: (Permanent) : VILL-BARHARAGANJ, POST- DANDOPUR, THANA - PADRAUNA, KUSHINAGAR, UTTAR  
 PRADESH-274304  
 Full Address: (Temporary) : VILL-BARHARAGANJ, POST- DANDOPUR, THANA - PADRAUNA, KUSHINAGAR-UTTAR  
 PRADESH-274304  
 Fitness Up To : 20-Oct-2039 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2113560154 Rear HSRP No : AA2112010313  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2024  
 No of Cylinders : 1 Chassis No : MBLHAW400RHK14501  
 Engine No : HA11F1RHK12000 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, . . , Gorakhpur, Uttar Pradesh-273001 w.e.f. 19-Oct-2024.

Purchase dt : 19-Oct-2024 Sale Amt : 83851/-  
 OTT Date : 19-Oct-2024 Amount/Rcpt No : 8396 / UP57D24100003076  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 06-Nov-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Oct-2024 to 20-Oct-2039

Date : 07-Dec-2024 15:03.37  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 07-Dec-2024

ARTO. (A)  
 KUSHI NAGAR

Q 0712017

12/7/2024. 3