



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	7897015065 Ali Hassan
2	Vehicle No. / वाहन संख्या	UP57BE 7226
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/48575/446045
4	Period of Insurance / बीमा अवधि	05-06-2025 — 05-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-04-2026 3:13 P.M
6	Place of Accident / दुर्घटना का स्थान	उकई गौरा (Dudahi)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	7897015065 Ali Hassan
8	Estimated Loss / अनुमानित हानि	21,950/-
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेकर जा रहे ती रास्ते में जाते वक़्त भागे जा रहे कार वाले को क्रस करके भागे केंद्रे तो तब तक सामने से एक चक्कर घाला झा गया और उससे टक्कर ली गयी और गाड़ी टूटने लगी।
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.	9125197198 Gupta Automobile Padraun

अली हसन

Date / दिनांक : 17.04.2026  
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/2005/7001/0/46575

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

Period of Insurance \_\_\_\_\_  
 Claim No. 05-06-2006

446845

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 : Ali Hasan  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 70 970 15865

2. THE INSURED VEHICLE

Make & Year <u>2003</u>	Engine No. <u>JA060APHA06585</u> Chassis No. <u>MBLJA0265PHA05991</u>	Registration No. <u>UP57BL7226</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 \_\_\_\_\_  
 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 : \_\_\_\_\_
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ali Hasan  
 (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 : CP572020000175  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 07-07-2031  
 (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 : 15-04-2006 3:13 P.M  
 (b) Place : सकर पोली (Dudha)  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : एक कार को cross करते ड्राइव करते तब तक हाइवे पर चढ़कर ले चक्कर हो गया और मोर्चा घुमा  
 (e) If any third party was responsible for this accident give the name and address : सिमर हाथ

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front wheel, fork pipe etc.  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile Padraam

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

8. MEDICAL EXPENSES

- (a) Was the injury reported to the Police?
- (b) If yes, give full details

Yes

9. WITNESSES

- (a) Give names and addresses of persons who saw the accident, if any
- (b) Did a Police Constable take particulars of the accident?
- (c) Was accident reported to Police? If yes, when?
- (d) If yes, in which Police Station?
- (e) Give full details.

Yes

10. DETAILS

- (a) Date and Time
- (b) Place
- (c) What was accident?
- (d) Particulars and description of the accident?
- (e) By whom discovered and reported?
- (f) Has this been reported to Police?
- (g) Where?
- (h) Which Police Station?
- (i) C.M. Party members

Yes

I/We the undersigned do hereby, in the best of my/our knowledge and belief, warrant the truth of the foregoing statements every report and this has 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 in respect of the said accident shall be forfeited.

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Signature of the insured

Date 1/1/01

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 .....  
Occupation .....  
Address .....  
.....  
.....

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

अनील

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 Policy 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 17.04.2002

Signature of the insured \_\_\_\_\_

अलीदल

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/446845

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
ALIHASAN	1991-07-08	7897015065	MURTUJA HUSAIN	Hero Motocorp	PASSION	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRS NTEC SELF	UP57BL7226	JA06EAPHA06585	MBLJAW265PHA05991	2023	113	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
54000.00	NA	0.00	0.00	0.00	54000.00	
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	1285.94	
Address			City / District	Pin Code	State	
VILL- LAXMIPUR, POST- LAXMIPUR, THANA- KUBERSTHAN, Kushinagar, Uttar Pradesh,				274303	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RESIIMA	Female	23 Years	WIFE	2025-06-06 11:56	Midnight of 2026-06-05	

Section A, VRC: 777.11 TCR: 382.32 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 206.54 Total with GST(A) 952.89

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: 282.25 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.80 Total with GST(D): 333.05

Total(Section A+B+C+D) Offered Price After Discount: 1286

Package Period Covered	2025-06-06 To 2026-06-05	2026-06-06 To 2027-06-05	2027-06-06 To 2028-06-05	2028-06-06 To 2029-06-05	2029-06-06 To 2030-06-05
ADV	54000	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 2028-05-13 (DETAILS ARE 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 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 Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs. - 100000/-. 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 shall 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 Aligarh.

Received with Thanks Rs 1285.94 ON 2025-06-06 from Mr./Ms. ALIHASAN against the ARN No. INCP00446845  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn over leaf 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



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BL7226 Registration Date : 20-May-2023  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -  
 Owner Name : ALIHASAN Son/wife/daughter of : MURTUJA HUSAIN  
 Full Address: (Permanent) : VILL- LAXMIPUR, POST- LAXMIPUR, THANA- KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274303  
 Full Address: (Temporary) : VILL- LAXMIPUR, POST- LAXMIPUR, THANA- KUBERSTHAN, KUSHINAGAR-UTTAR PRADESH-274303  
 Fitness UpTo : 19-May-2038 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : RESMA  
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2075905484 Rear HSRP No : AA2077514203  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2023  
 No of Cylinders : 1 Chassis No : MBLJAW265PHA05991  
 Engine No : JA06EAPHA06585 Fuel : PETROL  
 Horse Power(BHP) : 9.02 Cubic Capacity : 113.20  
 Maker's Classification : PASSION XTEC SELF DRU Wheel base : 1270  
 M CAST  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 117  
 Colour : BLACK POLESTAR BLUE Laden/GV Wt (kgs) : 247  
 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, BASANT LOK BASANT VIHAR, BASANT LOK BASANT VIHAR, , New Delhi, Delhi-110057 w.e.f. 14-May-2023.

Purchase dt : 14-May-2023 Sale Amt : 77778/-  
 OTT Date : 14-May-2023 Amount/Rcpt No : 7778 / UP57D23050003891  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 07-Jun-2023  
 Other State/Transfer/Conversion Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 20-May-2023 to 19-May-2038

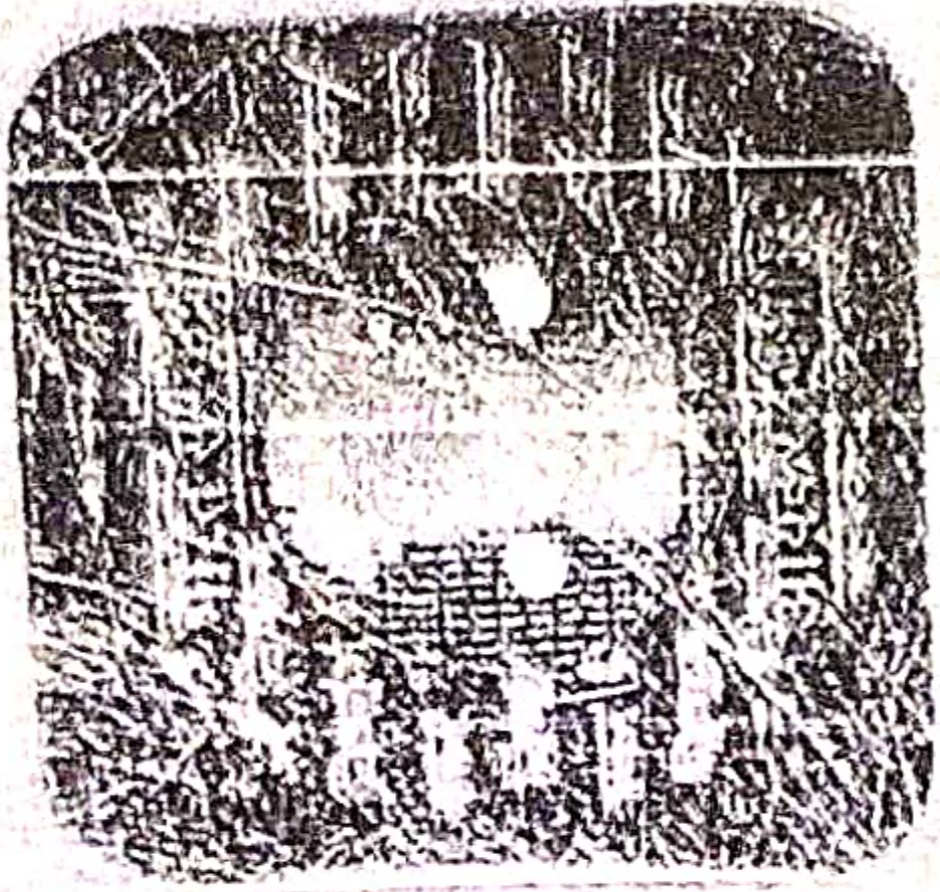
Date : 04-Jul-2023 12:53:48

Taxation Particulars / Advance Registration Mark Fee Details

3383022

Signature of Registering Authority

Date: 04 Jul-2023 KUSHINAGAR



For more information to :

For Income Tax Related Queries

E-Mail :

[grievance@incometax.gov.in](mailto:grievance@incometax.gov.in)  
[systems1.1@incometax.gov.in](mailto:systems1.1@incometax.gov.in)

**आयकर विभाग**  
**INCOME TAX DEPARTMENT**



**भारत सरकार**  
**GOVT. OF INDIA**

स्थायी लेख संख्या कार्ड  
Permanent Account Number Card



नाम / Name

**ALIHASAN**

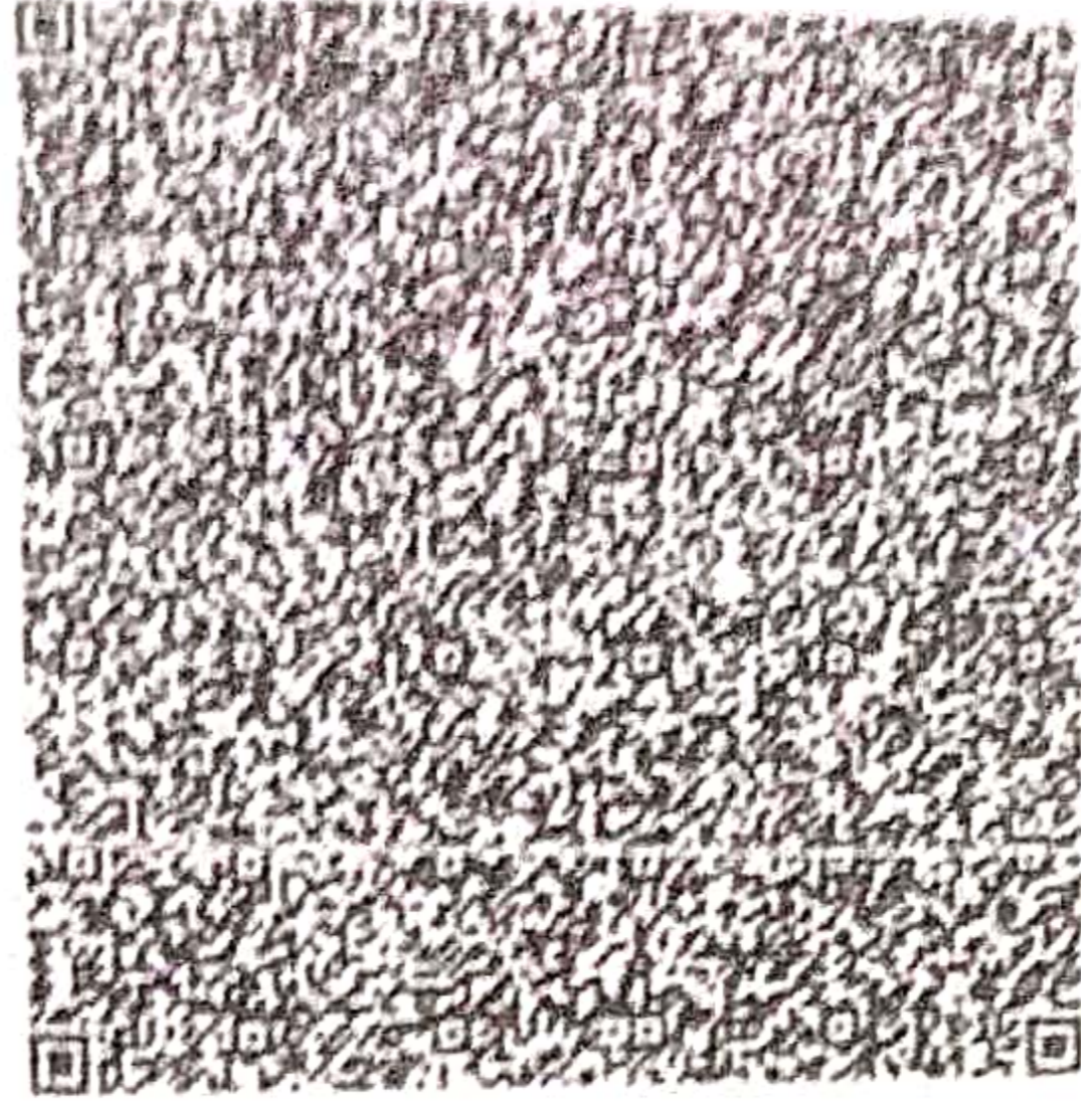
पिता का नाम / Father's Name

**MURTUJA HUSAIN**

जन्म की तारीख / Date of Birth

**08/07/1981**

**FMMPA5291J**



हस्ताक्षर

हस्ताक्षर / Signature

14409

DL No: UP57 20200009175

UPDL0000003611572

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
LMV	LMV	UP57	28-08-2020	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
11057 KUSHINAGAR

Form 7 Rule 16(2)



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20200009175

Issue Date 28-08-2020 Validity (NT) 07-07-2031

Validity (TRP)



Holder's Signature

Name: ALI HASAN  
Date of Birth: 08-07-1991 Blood Group:   
Son/Daughter/Wife of: MURTOJA HUSAN

Address: VILL- LAXMIPUR PO- LAXMIPUR KUBERSTHAN  
PADRAUNA, KUSHINAGAR, UP 274303

Date of First Issue (28-08-2020)



भारत सरकार

Government of India



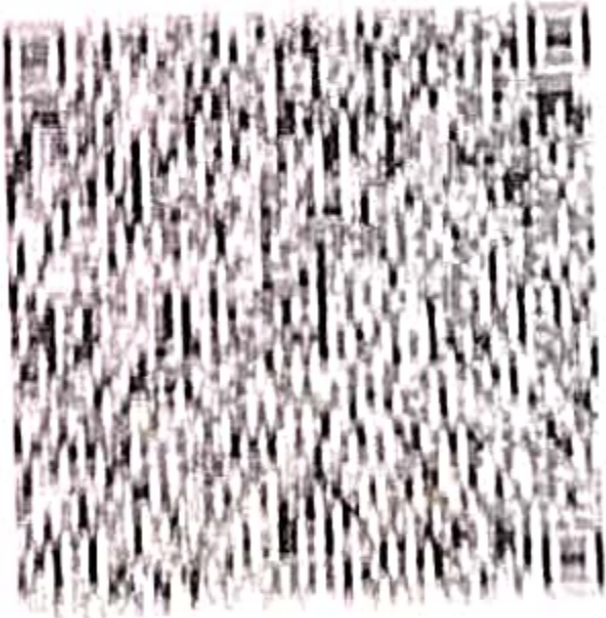
अधिराज

Ahirsan

जन्म तिथि / DOB : 08/07/1991

पुं / Male

6763 8782 5431



भारत - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकार

Unique Identification Authority of India

पता:  
S/O: मुराज हुसैन, कस्तूरगढ़,  
कस्तूरगढ़, कुशीनगर, उत्तर प्रदेश,  
274303

Address:  
S/O: Muraj Hussain, Lamnagar,  
Lamnagar, Kushi Nagar, Uttar  
Pradesh, 274303

6763 8782 5431

