



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.	Rabita
2	Vehicle No. / वाहन संख्या	UP57BW3799
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/48515/570086
4	Period of Insurance / बीमा अवधि	03-02-2026 - 02-02-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15-04-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Rakadiyar Bazar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anil Sakari 9125295006
8	Estimated Loss / अनुमानित हानि	5450/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी मेरी मेरी असुर/विशेषी बम से लोडर का रहे है तौ रास्ते में जाने जा रहे कारक लोडर देना जो हड़ सिमेन्ट लादा हुआ था उसके गाड़ी के कुछ भागों जिससे क्षतिग्रस्त हुआ तब तक मेरी गाड़ी उसके ट्रेले पर लदे लड़ से मेरे आगे
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.	C Gupta Automobile Padrauna

के हिस्से लग गया और गाड़ी (Damage) हो गई।

Date / दिनांक : 18-04-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

रवि



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/2026/7001/0/46575

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

Period of Insurance \_\_\_\_\_  
 Claim No. 02-02 2007 / 570006

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 : Rabita  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9125295006

2. THE INSURED VEHICLE

Make & Year <u>2005</u>	Engine No. <u>JA07AVR6L26755</u> Chassis No. <u>MBLJAU02SR6L25922</u>	Registration No. <u>UP5TBW 3799</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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Anil Selani  
 (b) Age : \_\_\_\_\_  
 (c) Address : \_\_\_\_\_  
 (d) Is the Driver  
 1. Owner : \_\_\_\_\_  
 2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Relative  
 (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 : UP5720180001636  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 18-02-2030  
 (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 : 15-06-2026 5:00 P.M  
 (b) Place : Pakadiya Bazar  
 (c) Speed of vehicle at the time of accident : \_\_\_\_\_  
 (d) Give a short description of the accident : गाड़ी चलती लोडर ठक्कर देने पर एड  
 (e) If any third party was responsible for this accident give the name and address : एडर कार ले वा एड या ती राको में अमानत देकर  
तब मेरी गाड़ी ठक्कर खा लकड़ाई काई

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Head, light  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : Gurga Automobile padraua

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. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_

~~N/A~~

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. : \_\_\_\_\_

~~N/A~~

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 : \_\_\_\_\_

~~N/A~~

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 18-04-2002

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

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

## FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number enters into any transaction specified in rule 114B




1. Full name and address of the declarant \_\_\_\_\_
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? \_\_\_\_\_ Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : \_\_\_\_\_  
Place : \_\_\_\_\_

  
Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution.
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.



GOVERNMENT OF UTTAR PRADESH  
Transport Department PADRAUNA(KUSHI NAGAR)



FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BW3799 Registration Date : 04-Feb-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : RABITA Son/wife/daughter of : RAKSHA  
 Full Address: (Permanent) : VILL- PAGAR MURLI CHHAPRA, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274306  
 Full Address: (Temporary) : VILL- PAGAR MURLI CHHAPRA, POST- LAXMIGANJ, PS- RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274306  
 Fitness UpTo : 03-Feb-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : RAHUL NISHAD  
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1038982767 Rear HSRP No : AA1039321585  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLJAU025RGL25922  
 Engine No : JA07AVRGL26755 Fuel : PETROL  
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70  
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 137  
 Colour : BLACK Lader/CV Wt (kgs) : 267  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Bullt

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 w.e.f. .

Purchase dt : 03-Feb-2025 Sale Amt : 101439/-  
 OTT Date : 03-Feb-2025 Amount/Rcpt No : 10144 / UP57D25020000352  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 07-Mar-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 04-Feb-2025 to 03-Feb-2040

Signature of Registering Authority  
Date : 11-Mar-2025

Date : 11-Mar-2025 14:42:55  
Taxation Particulars / Advance Registration Mark Fee Details

3/11/2025, 2:43 PM

Q 1914616



Aadhaar no. issued: 240713017



भारतीय पहचान प्रमाण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



लिंग

Female

जन्म तिथि/DOB: 01/01/2002

लिंग/FEMALE

आधार प्रमाण का प्रयोग है, मायसिका या ऑनलाइन का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण, या प्रमाणिकरण/ऑनलाइन प्रमाणिकरण 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 XML).

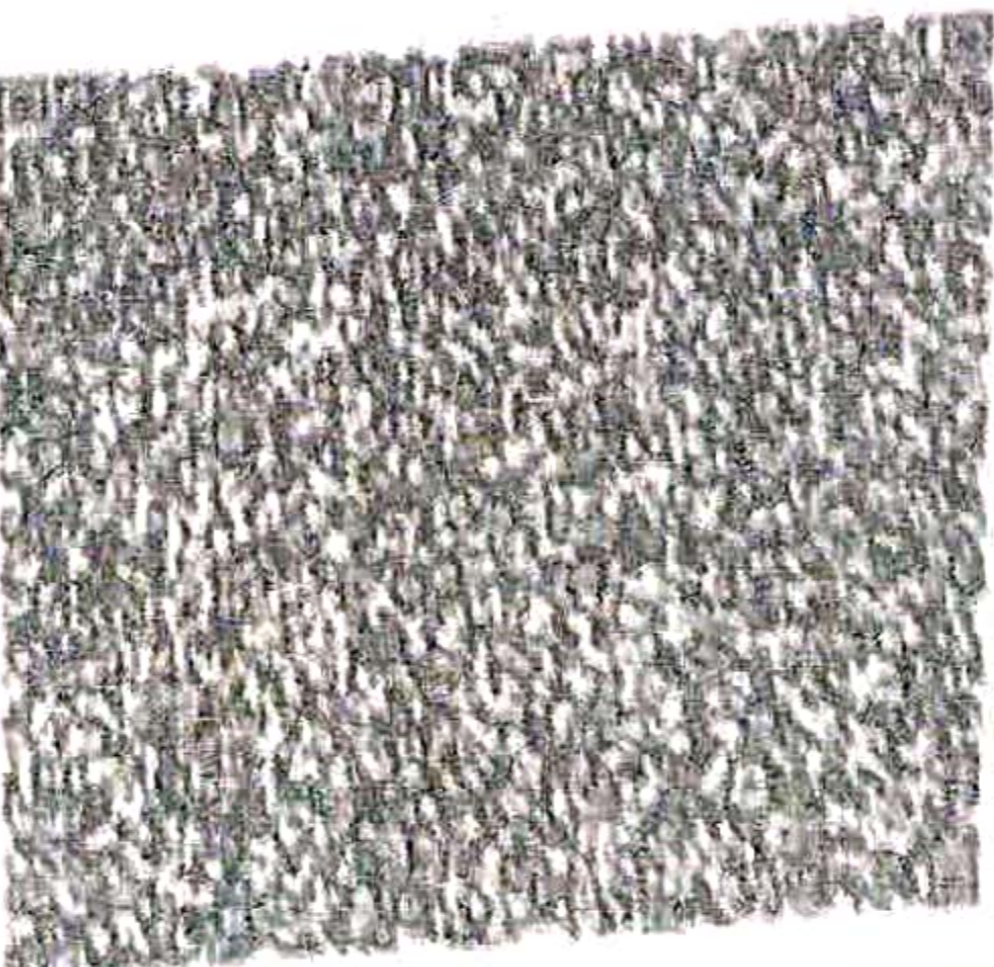
4401 4337 3139

भारत सरकार, नई दिल्ली

Details as on: 20/01/2026



भारतीय पहचान प्रमाण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:

C/O राहुल सहार, 40, बरवा तोडा, पार्थ प्रहरा,  
कुशीनारा,  
उत्तर प्रदेश - 274306

Address:

C/O Rahul Sahar, 40, Barwa tola, Parth Phera,  
Khamu Chhapra, DIST. Kushinagar,  
Uttar Pradesh - 274306

4401 4337 3139

VID : 5190 8039 9087 5732

1947

help@uidai.gov.in

www.uidai.gov.in

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/570086

**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)

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>	
RABITA	2002-01-01	9125295006	W/O RAHUL SAHANI	Hero Motocorp	XTREME 125	
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>	<b>Vehicle Type</b>
ABS	UP57BW3799	JA07AVRGL26755	MBLJAU025RGL25922	2025	125	TW
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>	
78500.00	NA	0.00	0.00	0.00	78500.00	
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>	
	Solo			2	1664.16	
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>	
BARWA TOLA PACHPHERA KHANU CHHAPRA Kushinagar, 274306				274306	Uttar Pradesh	
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>	
RAHUL SAHANI	Male	37 Years	HUSBAND	2026-02-03 16:27	Midnight of 2027-02-02	

Section A, VRC: 1050.88 TCR: 463.15 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 300.25 Total with GST(A): 1213.78  
 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: 381.68 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 68.70 Total with GST(D): 450.38  
**Total(Section A+C+D) Offered Price After Discount: 1664**

<b>Package Period Covered</b>	2026-02-03 To 2027-02-02	2027-02-03 To 2028-02-02	2028-02-03 To 2029-02-02	2029-02-03 To 2030-02-02	2030-02-03 To 2031-02-02
<b>ADV</b>	78500	NIL	NIL	NIL	NIL
<b>MS Services Period Covered (NODL)</b>	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2030-02-02 (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 Company's 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 1 lakh 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 1664.16 ON 2026-01-30 from Mr./Ms. RABITA against the ARN No. INCP00570086  
 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