

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.	KISAN PRAKASH 7261957238
2	Vehicle No. / वाहन संख्या	UP 52 CB - 2813
3	Policy No. / पालिसी संख्या	2025/700110/46575/453339
4	Period of Insurance / बीमा अवधि	5/07/2025 TO 4/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/04/2026 5:30 PM
6	Place of Accident / दुर्घटना का स्थान	PAKANA
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	KISAN PRAKASH 7261957238 UP 52 - 20200011121
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर पकहा गया था वापस आते समय आगे से तेज रफ्तार बोलेरो आ रहा था अपने आप को बचाते समय मेरी गाड़ी अनियंत्रित हो कर रोड के साइड में पड़े से टक्करा गई और फ्लट कर रफेत में चली गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ISRA MOTORS BAGHAUCHHAT 8052729372

Date / दिनांक : 21/4/26  
हस्ताक्षर

किसन प्रसाद  
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. 2025/7001/0/46575/453339

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

Period of Insurance 5/07/2025 TO 4/07/2026  
 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 : KISAN PRASAD  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : VILL - ANIKRAULI PO+PS - BAGNAUCHGHAT

2. THE INSURED VEHICLE

Make & Year <u>HERO   2024</u>	Engine No. <u>JAD7AMTR9E06A95</u> Chassis No. <u>MBLJAW401K9E04953</u>	Registration No. <u>UP52CB-2813</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? N/A  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached N/A  
 2. Was a pillion rider carried N/A

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?	_____	<u>N/A</u>
(h) Number of passengers carried	_____	_____
(i) Number of Passenger permitted	_____	_____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : KISAN PRASAD  
 (b) Age : 41  
 (c) Address : ANIKRAULI BAGHAUCHGHAT  
 (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 : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP52-20200011121  
 (h) Issuing Authority :  
 (i) Date of Expiry : 13/09/2030  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NIA  
 (l) Has he been involved in any accident before?: NIA  
 (m) Has he been charged by the policy? If so, Why?: NIA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 20/04/2026 5:30 PM  
 (b) Place : PAKANA  
 (c) Speed of vehicle at the time of accident  
 (d) Give a short description of the accident : मैं अपनी गाड़ी लेकर पकहा गया था वापस आते समय आगे से तेज बफतार बोलेरो आ रहा था अपने आप को बचाते समय मेरी गाड़ी अनियन्तित होकर रोड़ के बाइड में पेड़ से टक्कर गई और  
 (e) If any third party was responsible for this accident give the name and address : पलट कर खेत में चली गई।

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 : TORA MOTORS BAGHAUCHGHAT

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 : NIA  
 (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? : : NI/N

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? : : NI/N

(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 21/04/20026

BRIJ SHUKLA  
Signature of the insured

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 Affixed  
Exceeds Rs. 5000/-

Witness

Name .....  
Signature .....

Signature ..... किरण प्रसाद

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

Address .....

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

# आयुष्मान आरोग्य मंदिर



'आरोग्यं परमं धनम्'

केन्द्र - Bazla

ओ.पी.डी.पर्ची

20.11.26

पर्ची संख्या 2249

नाम Prishan

पता का नाम 40m

लिंग Male

पल्स ..... तापमान .....



ममवस्था और प्रसव सेवाएँ



नवजात और शिशु स्वास्थ्य सेवाएँ



किशोर स्वास्थ्य सेवाएँ



परिवार नियोजन और प्रजनन स्वास्थ्य सेवाएँ



संचारी रोगों का प्रबंधन



नैर संचारी रोगों का प्रबंधन

**eSanjeevani**  
National Telemedicine Service

आप अपने घर के समीप आयुष्मान आरोग्य मंदिर सेंटर पर eSanjeevani के माध्यम से चिकित्सक एवं विशेषज्ञ चिकित्सकों द्वारा निःशुल्क चिकित्सकीय परामर्श प्राप्त कर सकते हैं।  
जिला स्वास्थ्य समिति, राष्ट्रीय स्वास्थ्य मिशन, जनपद- देवरिया।



Other State/Transfer/Conversion/Reassign Details  
Previous Owner

जाँच	उपचार
हीमोग्लोबिन: यूपीटी: यूरिन ऐल्ब्यूमन शुगर : डेग्लू: मलेरिया: सिफलिस (वी डी आर एल): एच आइ वी : हेपटाइटिस: क्षय (टी बी) : ब्लड शुगर (मधुमेह): वी आई ए (सर्वाइकल कैंसर): फाइलेरिया:	Diagnosis Rx <u>Leg Pain</u>  <u>Rx</u> <u>Tab - Paracetamol 6</u> <u>Tab - Acetofen 100mg</u> <u>Tab - Rencidol 150mg</u> <u>Tab - Calu 0</u> <u>Tab - B.C 128mg</u>  लिखित औषधि लेने के बाद चिकित्सक को अवश्य दिखाएँ।



वृद्धापस्था एवं प्रशामक सेवाएँ



कान, नाक एवं गला संबंधित सेवाएँ



दंत चिकित्सा सेवाएँ



नेत्र संबंधित सेवाएँ



पहला चिकित्सक स्वास्थ्य सेवाएँ



आपातकालीन चिकित्सा सेवाएँ

Gross Vehicle

Weight (in kg)

ir of HERO F

: 817

: 817

: NOT

# GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP52CB2813 Registration Date : 09-Jul-2024  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA, GKP ROAD, DEORIA, , 190-274001  
Owner Name : KISAN PRASAD Son/wife/daughter of : RAMAKANT.PRASAD  
Full Address: (Permanent) : VILL- AHIRAUJI, PO+PS- BAGHAUCHGHAT DEORIA, , DEORIA, UTTAR PRADESH-274404  
Full Address: (Temporary) : VILL- AHIRAUJI, PO+PS- BAGHAUCHGHAT DEORIA, , DEORIA-UTTAR PRADESH-274404

Fitness Up To : 08-Jul-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 : AA2103615229 Rear HSRP No : AA2105366501  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2024  
No of Cylinders : 1 Chassis No : MBLJAW401R9E04953  
Engine No : JA07AMR9E06495 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267  
R  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 122  
Colour : BLACK Laden/GV Wt (kgs) : 252  
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. : 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 LTD, DEORIA,

, Deoria, Uttar Pradesh-274001 w.e.f. 08-Jul-2024.

Purchase dt : 05-Jul-2024 Sale Amt : 81761/-  
OTT Date : 05-Jul-2024 Amount/Rcpt No : 8177 / UP52D24070000970  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 22-Jul-2024

### Other State/Transfer/Conversion/Reassign Details

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

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

Date : 23-Jul-2024 17:33:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 23-Jul-2024

P 8965228



भारत सरकार  
Government of India



किशन प्रसाद  
Kisan Prasad  
जन्म तिथि / DOB : 05/09/1985  
पुरुष / Male



3626 8147 0472

मेरा आधार, मेरी पहचान



Unique Identification Authority of India

पता आत्सज. रामकान्त प्रसाद,  
आहीरौली, बघौय, देवरिया, बघौचघाट,  
उत्तर प्रदेश, 274404

Address: S/O: Ramakant Prasad, ahirauli,  
Baghauchi, Deoria, Baghauchhat, Uttar  
Pradesh, 274404

3626 8147 0472

help@uidai.gov.in

www.uidai.gov.in



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

DL No: UP52 2020001121

UPDL000007747312

UP52 2020001121

Issue Date: 07-03-2022  
Validity (NT): 13-09-2030  
Validity (TR): 04-03-2027



Holder's Signature

Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*  Valid  Invalid

Name: **KISAN PRASAD**  
Date of Birth: **05-09-1985** Blood Group: **A**  
Son/Daughter/Wife of: **RAMAKANT PRASAD**

Organ Donor: **N**

Address:  
**AHRAULI BAGHAUCHGHAT  
DEORIA, UP 274404**

14-09-2020

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	MCWG	UP52	14-09-2020	NT			
LMV	LMV	UP52	14-09-2020	NT			
TRANS	TRANS	UP52	07-03-2022	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licenses Authority  
UP52 DEORIA

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS-2025-7001-O-46575-453339

Motorsathi Care Private Limited  
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
 Phone No: 79410 50643  
 Email: info@motorsathi.com  
 For help section of www.motorsathi.com

Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
KISAN PRASAD	1985-09-05	7261957238		Hero	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
MS XTEC E20 MBK		JA07AMR9E06495	MBLJAW401R9E04953	2024		TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD.	---	2	1701.72	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RANI DEVI	Female	27 Years	WIFE	2025-07-05 00:00	Midnight of 2026-07-04	

A. VRC: 685.40 TCR: 386.45 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1307.14  
 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  
 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  
 D. Drive Assure: 334.39 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 60.19 Total with GST(D): 394.53  
**Section A+B+C+D Offered Price After Discount: 1702**

Service Period Covered	2025-07-05 To 2026-07-04	2026-07-05 To 2027-07-04	2027-07-05 To 2028-07-04	2028-07-05 To 2029-07-04	2029-07-05 To 2030-07-04
	0.95	NIL	NIL	NIL	NIL
Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

**RESTRICTIONS 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) Motor Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**ELIGIBILITY:** 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 driving 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 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: 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.

**CLAIMER:** 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.

**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 be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 Email: 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 1701.72 ON 2025-07-03 from Mr./Ms. KISAN PRASAD  
 acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 see turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 former Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

**FORM NO. 60**

[See second proviso to rule 114(B)]

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

1. Full name and address of the declarant KTSNK PRASTH AMTRNULI
2. Particulars of transaction \_\_\_\_\_ Yes/No
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? \_\_\_\_\_
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*

\_\_\_\_\_ 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 : \_\_\_\_\_  
KTSNK PRASTH  
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.



