

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.	9670160025 Akash Kumar Pandey
2	Vehicle No. / वाहन संख्या	UP57BW 8020
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/571017
4	Period of Insurance / बीमा अवधि	15-06-2026 - 05-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24-04-2026 5:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Pandey Basti Tendua Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akash Kumar Pandey, 9670160025
8	Estimated Loss / अनुमानित हानि	16440/-
09.	Cause of Accident / दुर्घटना का कारण :	कुछ काम ले गयी लेकर जा रहे तो दाहिने से मोड़ पर मोड़ते समय बायां तरफ से एक मर्क वाला कारो के बिसरे मे टक्कर मार दिया बायां तरफ से गयी बायां तरफ ही गिर कर डमेज ही गया -
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.	Gupta Automobile parlour

Date / दिनांक : 24-04-26
हस्ताक्षर

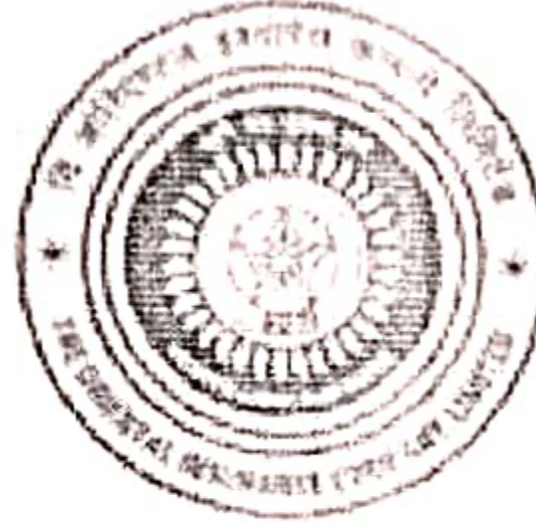
Akash Kumar Pandey
Signature of Insured / बीमाधारक के

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 Akash Kumar Pandey
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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/2026/100/0/46575

Tel. No. _____

Period of Insurance _____ 1571017

Claim No. 05-03-2027

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 : Akash Kumar Pandey
 (b) Address for correspondence : _____
 (c) Telephone : 9670160005

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. Chassis No. <u>FP17 205430 2838</u> <u>MBLJPW8455600176</u>	Registration No. <u>UP57BW 0220</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
 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 trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____
- MIA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Akash Kumar Pandey
 (b) Age :
 (c) Address :
 (d) Is the Driver
 1. 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 : UP572040002370
 (h) Issuing Authority :
 (i) Date of Expiry : 19-07-2042
 (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 : 24-04-2026 5:00 Pm
 (b) Place : Pandey Badli Tendua road
 (c) Speed of vehicle at the time of accident
 (d) Give a short description of the accident
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front panel 254 Bm
 (b) Estimated cost of repairs : 16770/-
 (c) When and where can the damaged vehicle be inspected : Gupta 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 : _____

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 20-04-2002

Signature of the insured Atash Kumar Pandey

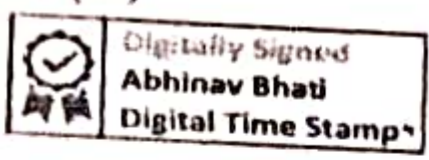
Transcript of Proposal for Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/571017

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
AKASH KUMAR PANDEY		2002-07-20	9621856359	S/O VINAY KANT PANDEY	Hero Motocorp	DESTINI
Sub Model		Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
XTEC VX NEW		UP57BW8020	JF17ESSGB02350	MBLJFW645SGB01726	2025	125 TW
Asset Declared Value (ADV)		Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
68000.00		NA	0.00	0.00	0.00	68000.00
Place of Regn.		Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Premium (incl. GST)
KUBERNATH KOHARWALIA Kushinagar, 274304		Solo	HP/Lease/Hire-Purchase Agreement	---	2	1701.64
Nominee Name		Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	State
VINAY KANT PANDEY		Male	55 Years	FATHER	2026-03-06 15:26	Uttar Pradesh
Section A			Section B			
VRC	:	910.31	EC	:	0.00	
TCR	:	401.20	EC Service	:	0.00	
Less	:		ECPD	:	0.00	
Handicapped Discount	:	0.00	Sub Total	:	0.00	
For Anti-Theft Discount	:	0.00	TAC	:	0.00	
PA BONUS (0%)	:	0.00	ENC	:	0.00	
Total with GST(A)	:	1311.51	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			Section D			
MS Services(O)	:	0.00	Drive Assure	:		
MS Services(D)	:	0.00	AHDC	:		
MS Services(P)	:	0.00	DOC	:		330.62
GST (CGST @9% + SGST @9%)	:	0.00	Additional External Tyre Cover(AFTC)	:		
Total MS Services with GST(C)	:	0.00	Other Discount	:		
			GST (CGST @9% + SGST @9%)	:	0.00	
			Total with GST(D)	:	59.51	
Total (Section A+B+C+D)			Total Offered Price After Discount			1702



Package Period Covered	2026-03-06 To 2027-03-05	2027-03-06 To 2028-03-05	2028-03-06 To 2029-03-05	2029-03-06 To 2030-03-05	2030-03-06 To 2031-03-05
ADV	68000	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 2030-03-04 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: The Policy 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 insured: 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 LIABILITY: Limit of the amount of the Companys liability under the Section II-I(i) in respect of any one accident as per M.V. Act 1988. Limit of the amount of the Companys liability under Section II-I(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in policy document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The policy stands cancelled or void in the event of Cheque Dishonored. The company may cancel the policy by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the insured.

ANTI MONEY LAUNDERING CLAUSE: In the event of a claim under the policy exceeding Rs 1lakh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

TO REGISTER CLAIM PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com

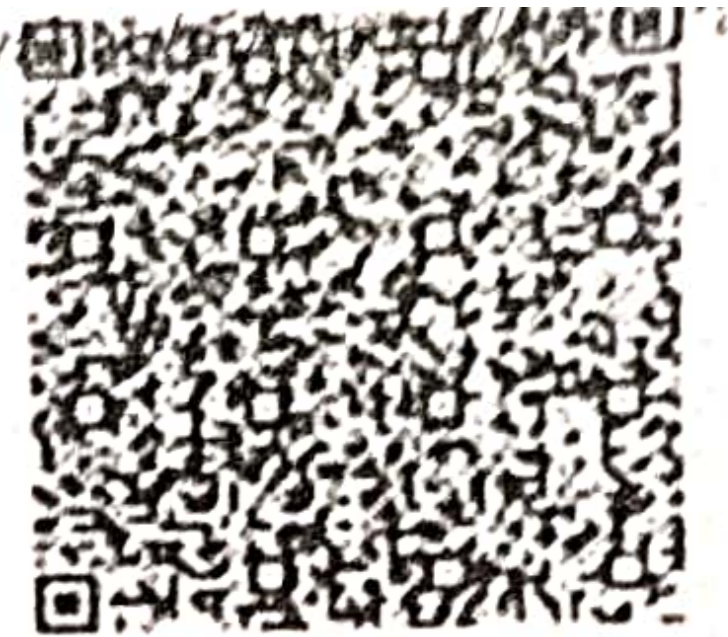


IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed **AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY**
 I/We certify that the acknowledgement to which the certificate relates as well the certificate of insurance are issued in accordance with these provisions of Chapter X & XI of M.V. Act 1988

Received with Thanks Rs 1701.64 ON 2026-03-06 from Mr./Ms. AKASH KUMAR PANDEY against the ARN No. INCP00571017
 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



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)



FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BW8020
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 06-Mar-2025
Purpose For Printing RC : NEW
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Owner Name : AKASH KUMAR PANDEY Son/wife/daughter of : VINAYKANT PANDEY
Full Address: (Permanent) : VILL-KOHARWALIA, POST-KUBERSTHAN, THANA-KUBERSTHAN, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-KOHARWALIA, POST-KUBERSTHAN, THANA-KUBERSTHAN, KUSHINAGAR- UTTAR PRADESH-274304
Fitness UpTo : 05-Mar-2040
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
Rear HSRP No : AA2120675339
Front HSRP No : AA2120214922
Month/Year of Manuf. : 02/2025
Type of Body : SOLO WITH PILLION
Chassis No : MBLJFW645SGB01726
No of Cylinders : 1
Fuel : PETROL
Engine No : JF17ESSGB02350
Cubic Capacity : 124.60
Horse Power(BHP) : 8.98
Wheel base : 1302
Maker's Classification : DESTINI 125 ZX
Standing Cap : 0
Seating Cap(in all) : 2
Unladen Wt (kgs) : 115
Sleepar Cap : 0
Laden/GV Wt (kgs) : 245
Colour : PEARL BLUE
AC Fitted : NO
Other Criteria :
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include 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 : 05-Mar-2025
Sale Amt : 90685/-
OTT Date : 05-Mar-2025
Amount/Rcpt No : 9069 / UP57D25030000764
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 17-Apr-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 06-Mar-2025 to 05-Mar-2040

Date : 12-May-2025 11:09:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date: 12 May-2025
A.R.T.O. (A)
Kushinagar

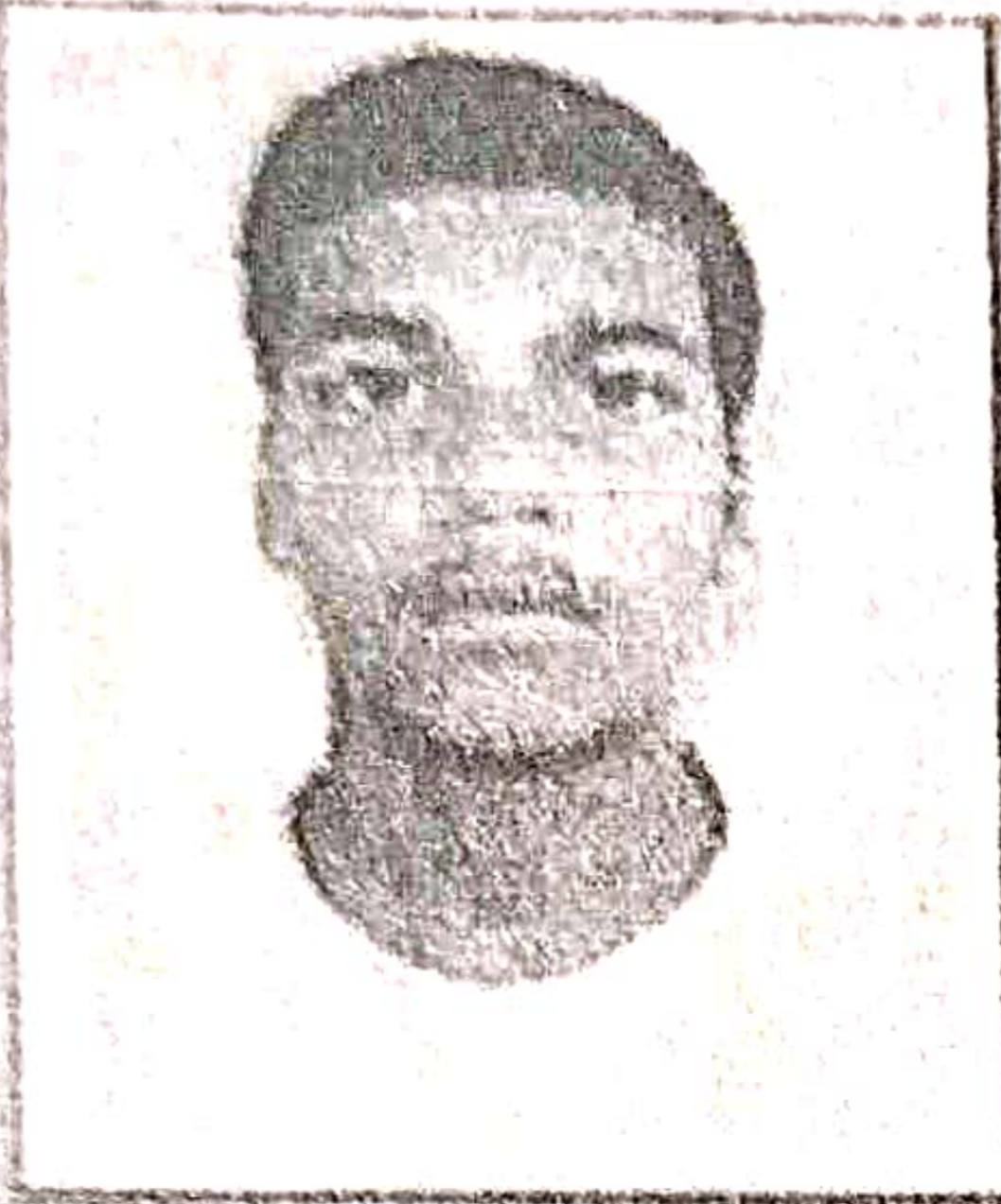
Q 3351429



आकाश कुमार पाण्डेय
Akash Kumar Pandey



Issue Date: 04/09/2014



आकाश कुमार पाण्डेय
Akash Kumar Pandey
जन्म तिथि / DOB : 20/07/2002
पुरुष / Male



4243 9475 5036

मेरा आधार, मेरी पहचान

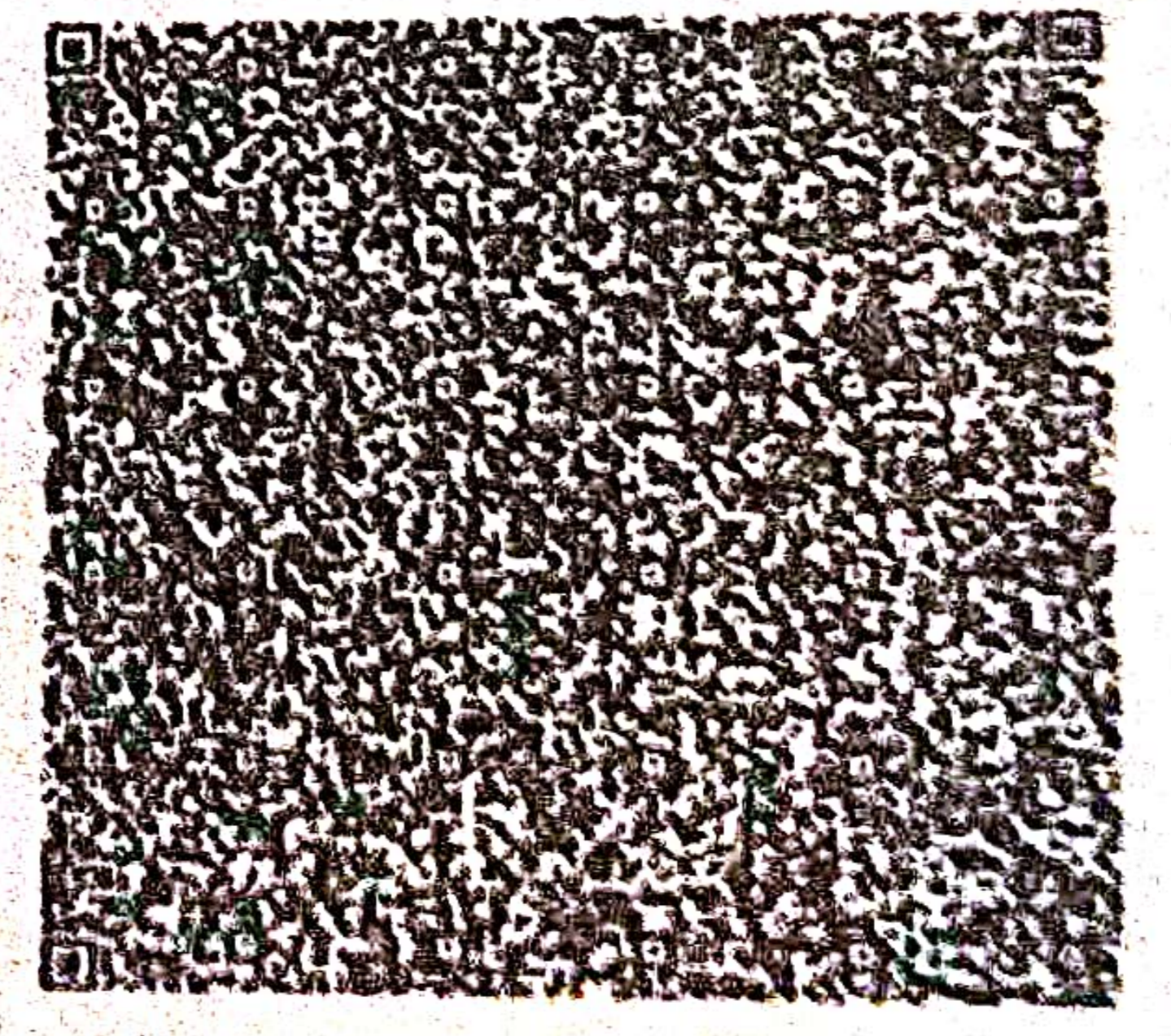


आकाश कुमार पाण्डेय
Akash Kumar Pandey



Print Date: 20/07/2015

पता: S/O: विनय कान्त पाण्डेय, कुबेरनाथ,
कोहारवालिया, कुशीनगर, उत्तर प्रदेश, 274304
Address: S/O: Vinay Kant Pandey,
Kubernath, Koharwalia, Kushinagar, Uttar
Pradesh, 274304



4243 9475 5036

1047

help@uidai.gov.in

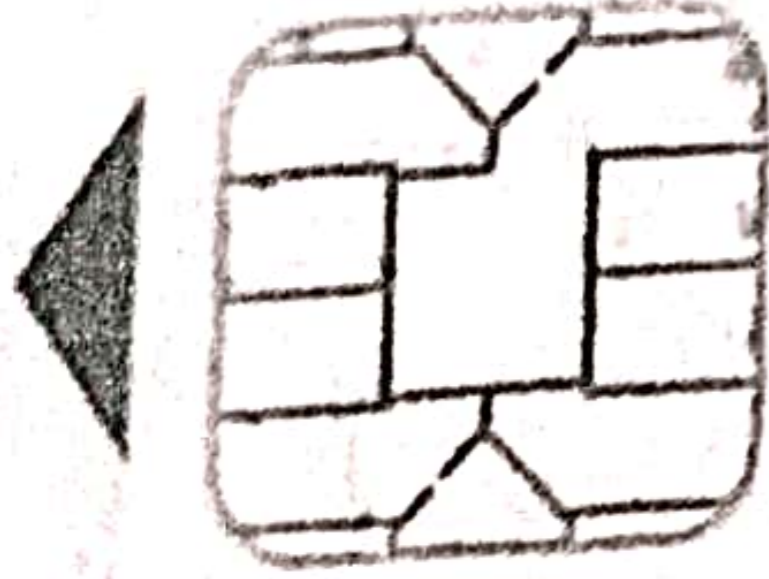
www.uidai.gov.in



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20240002378



Issue Date
14-02-2024

Validity (NT)
19-07-2042

Validity (TR)*



(14-02-2024)

Holder's Signature

Name:

AKASH KUMAR PANDEY

Date of Birth: 20-07-2002

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: VINAY KANT PANDEY

Address:

Kubernath Koharwalia Kushinagar Uttar Pradesh 274304

Date of First Issue

DL No: UP57 20240002378

UPDL000012753772



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*
	MCWG	UP57	14-02-2024	NT			
	LMV	UP57	14-02-2024	NT			

Emergency Contact Number
6204943532

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)