

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.	Kulsum Khatoom, 7000379455
2	Vehicle No. / वाहन संख्या	UP57BP4709
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/443053
4	Period of Insurance / बीमा अवधि	26/05/2025 to 25/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/04/2026, 05:00 P.m.
6	Place of Accident / दुर्घटना का स्थान	Sahayana Bansi Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mehraj Khan, UP5720190001523
8	Estimated Loss / अनुमानित हानि	6735/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे पति मेशज खान किसी काम से बाइक लेकर जा रहे थे तभी बाइक मोड़ते वक़्त एक दूसरे बाइक वाले ने बायें साइड से छक्कर दिया मेरी बाइक बायें साइड गिरने से क्षतिग्रस्त हो गई।
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.	9125197148 Gupta automobile Paelvaung

Date / दिनांक : 01/05/2026
हस्ताक्षर

कुलसुम
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/2025/7001/6/46575/412053
 Tel. No. _____ Period of Insurance 26/5/25 to 25/5/2026
 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 : Kulsum Khatoom
 (b) Address for correspondence : _____
 (c) Telephone : 7080379455

2. THE INSURED VEHICLE

Make & Year <u>Hesio/2023</u>	Engine No. <u>JA07AFP9F00076</u> Chassis No. <u>MBLJAW370P9F01038</u>	Registration No. <u>UP57BP</u> <u>4709</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? _____
 (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 : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Mesraj Khan
(b) Age : _____
(c) Address : Pashayung
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720190001523
(h) Issuing Authority : _____
(i) Date of Expiry : 04/02/2039
(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 : 29/04/2026, 05:00 P.m.
(b) Place : Sahasranga Bazar 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 : बाईक वाले ने साईड से टक्कर मार दिया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Side and front.
(b) Estimated cost of repairs : 6735/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Repairing

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 : PIA
(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~~

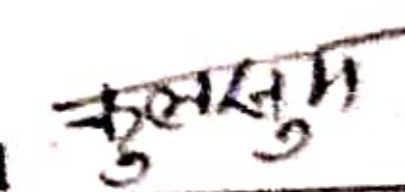
10. THEFT

- (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 Policy 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 01/05/2026 200

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 Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature कृष्ण
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION



Registration No	: UP57BP4709	Registration Date	: 05-Dec-2023
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304		
Owner Name	: KULSUM KHATOON	Son/wife/daughter of	: SALAUDDIN
Full Address: (Pernanent)	: VILL- DEORIA BISHUNDAYAL, PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR, UTTAR PRADESH-274401		
Full Address: (Temporary)	: VILL- DEORIA BISHUNDAYAL, PO- FAZILNAGAR, PS- PATHERWA, KUSHINAGAR- UTTAR PRADESH-274401		
Fitness UpTo	: 04-Dec-2038	Owner Serial No	: 1
Detailed Description			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Nominee Name	: MERAJ KHAN
Relationship with the Nominee	: Spouse	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2081432208	Rear HSRP No	: AA1027972328
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 06/2023
No of Cylinders	: 1	Chassis No	: MBLJAW370P9F01038
Engine No	: JA07AFP9F00876	Fuel	: PETROL
Horse Power(BHP)	: 10.72	Cubic Capacity	: 124.70
Maker's Classification	: GLAMOUR XTEC DR	Wheel base	: 1273
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 122
Colour	: METALLIC NEXUS BLUE	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.	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 LTD, DELHI, . . New Delhi, Delhi-110057 w.e.f. 30-Nov-2023.

Purchase dt	: 28-Nov-2023	Sale Amt	: 87948/-
OTT Date	: 28-Nov-2023	Amount/Rcpt No	: 8795 / UP57D23120000894
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 23-Jan-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Dec-2023 to 04-Dec-2038

Date : 24-Jan-2024 12:15:56

Taxation Particulars / Advance Registration Mark Fee Details

1634237

Signature of Registering Authority
 Date : 24-Jan-2024

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No: MS-2025-7001/0146575-443053

Motorsathi Care Private Limited
 B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) India
 Phone: 7941050643
 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
KULSUM KHATOON	1996-07-10	7080890081	SALAUDDIN	Hero Motocorp	GLAMOUR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
NFL-DISK SELL	UP57BP4709	JA07AFD9100876	MBLJAW370P9F01038	2023	125
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
71000.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	71000.00
Address			City / District	Pin Code	Offered Payment (inc. GST)
VILL. DEORIA BISHUNDAYAL, PO- FAZILNAGAR, PS- PATHERWA, Kushnagar, Uttar Pradesh.				274401	1692.95
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MIRAJ KHAN	Male	32 Years	HUSBAND	2025-05-26 12:48	Midnight of 2026-05-25

Section A: VRC: 950.48 TCR: 335.12 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1285.60
 Section B: FC: 0.00 FC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 FDC: 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: 345.21 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 62.14 Total with GST(D): 407.35

Total(Section A+B+C+D) Offered Price After Discount: 1693

Package Period Covered	2025-05-26 To 2026-05-25	2026-05-26 To 2027-05-25	2027-05-26 To 2028-05-25	2028-05-26 To 2029-05-25	2029-05-26 To 2030-05-25
ADV	71000	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 2028-11-27 (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 driving 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 or Motorsathi App

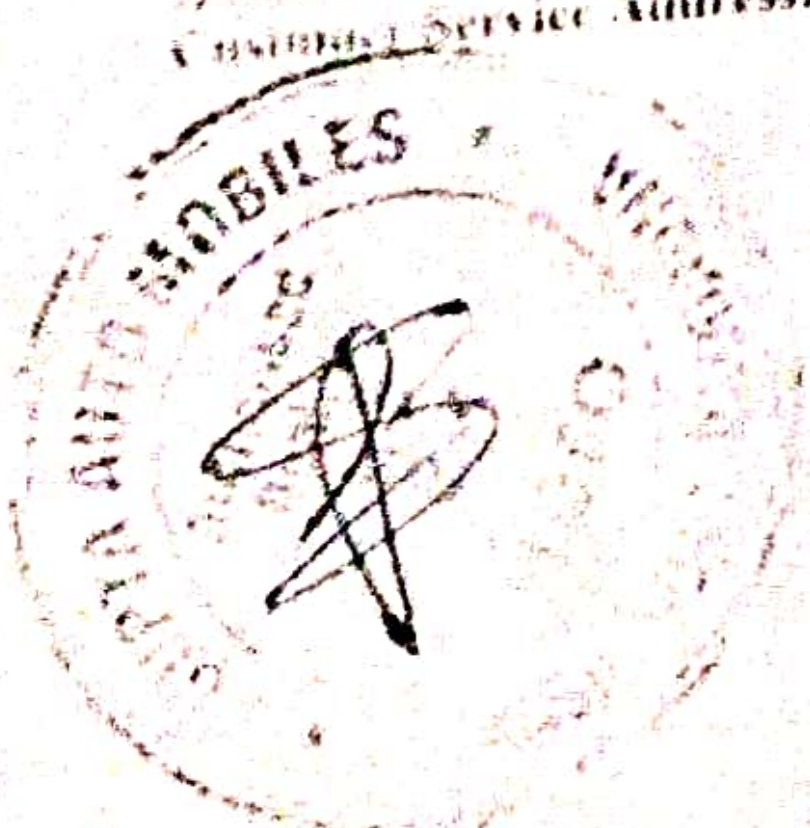
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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 our operating offices as well as Company website.

TO 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 Aligarh.

Received with Thanks Rs 1692.95 ON 2025-05-26 from Mr./Ms. KULSUM KHATOON against the ARN No. INCP00443053
 This 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.
 Customer Service Address: B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) India



UNION OF INDIA **Driving Licence**



UP57 20190001523



मिति जारी के मिति
Date of Issue
05/02/2019

मिति वैधता
Validity
04/02/2039

जन्म मिति
Date of Birth
01/07/1994

रक्त समूह
Blood Group

नाम / Name
MERAJ KHAN

पिता/माता के नाम / Son/Daughter Name of
KAMARUDDIN KHAN



UP57 20190001523

LMV **MCWG**
05/02/2019 05/02/2019

पता / Address
VILL-KHIRKIYA SOHRAUNA
POST SINGHA PATTI PS PADRAUNA
KUSHINAGAR, UP 274304

Holder's Signature

मिति जारी करने वाले अधिकारी / Issuing Authority SGT
KUSHINAGAR





भारत सरकार
Government of India



Aadhaar no. issued: 20/02/2015



कुलसुम खातून
Kulsum Khatoon
जन्म तिथि/DOB: 10/07/1998
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल 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).

2941 2453 0909

मेरा आधार, मेरी पहचान



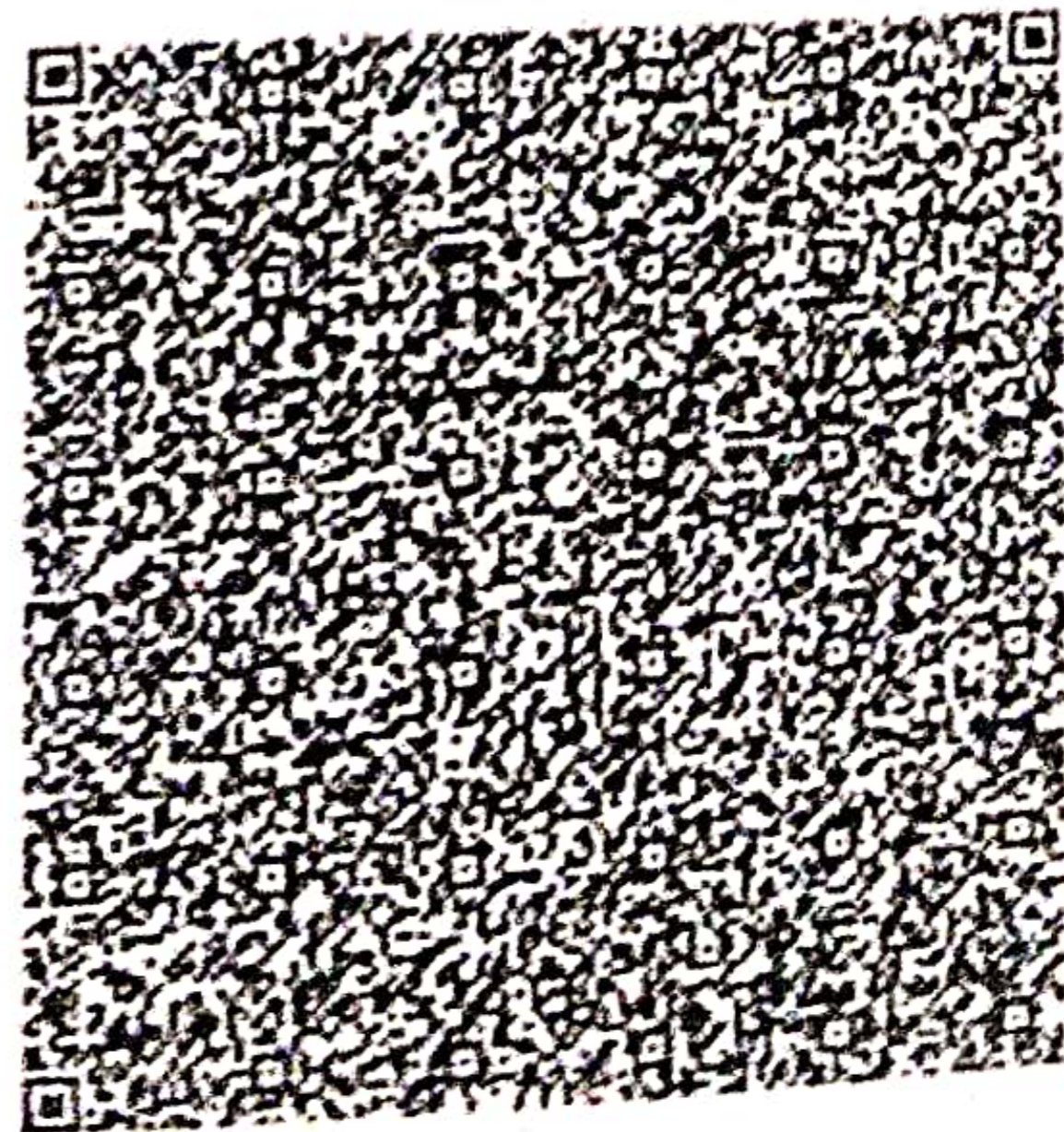
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 20/07/2025

पता:
मेराज खान, जंगल खिरकिया, सिंघापट्टी, पडरौना, जंगल
खिरकिया, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
Meraj Khan, Jungle khirkiya, Singhapatti, Padrauna,
Jungle Khirkiya, PO: Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304



2941 2453 0909

VID : 9118 6296 4591 2029

1947

help@uidai.gov.in

www.uidai.gov.in

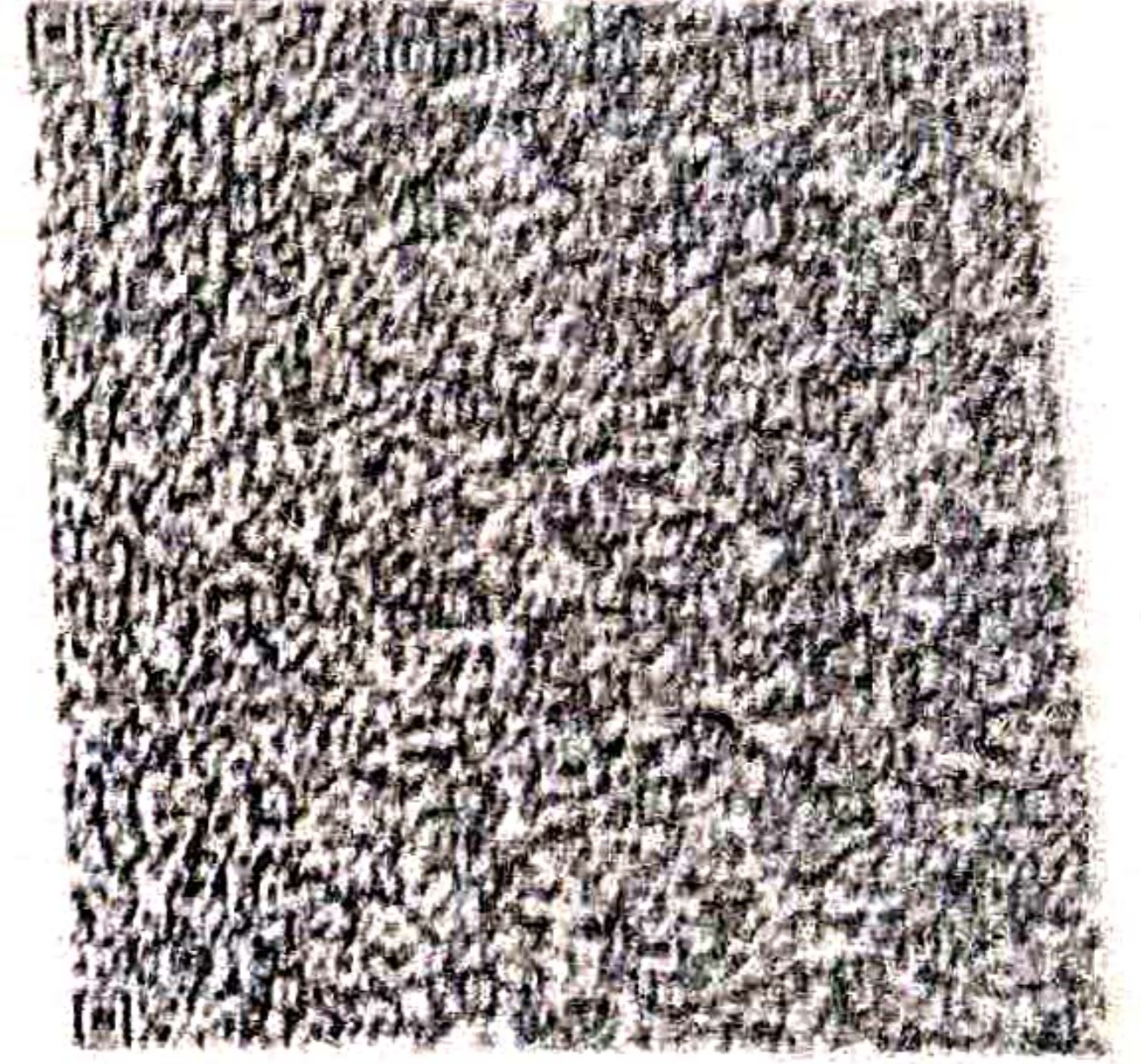
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LZOPK9843D



नाम / Name
KULSUM KHATOON

पिता का नाम / Father's Name
SALAUDDIN KHAN

जन्म की तारीख /
Date of Birth
10/07/1998

06052022

▶ PAN Application Digitally Signed, Card Not
Valid unless Physically Signed.

