

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

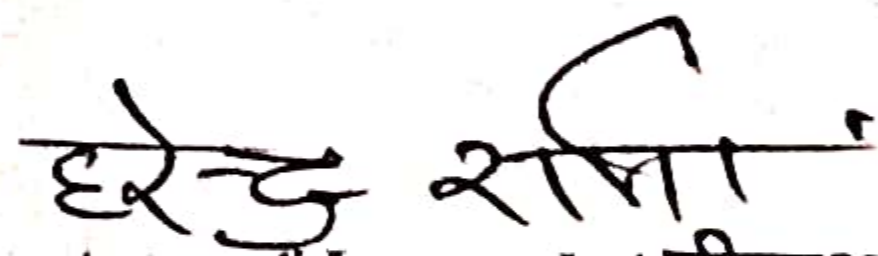
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	
2	Vehicle No. / वाहन संख्या	Hayashya Shyama, 7458999453
3	Policy No. / पालिसी संख्या	UP57BV8/69
4	Period of Insurance / बीमा अवधि	MS/2025/700L/0/46575/567907
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/25 to 14/12/26
6	Place of Accident / दुर्घटना का स्थान	01/05/2025, 07.30 P.m. Laxmipura
7	Name of the Driver, D.L. No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Hayashya Shyama, UP5720180603216
8	Estimated Loss / अनुमानित हानि	10740/-
9	Cause of Accident / दुर्घटना का कारण: अपनी बाईक लेकर बाजार जा रहा था तभी एक गाड़ी वाला अचानक से सामने आ गया उसी से मेरी बाईक चुरा कर दाहिने 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.	Gupta automobile Andsaram,

Date / दिनांक : 02/05/2026
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. M8/2025/7001/0/46575/56790

Tel. No. _____

Period of Insurance 15/12/2025 to 14/12/2026
 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 : Harendera Sharma
 (b) Address for correspondence : _____
 (c) Telephone : 7458999453

2. THE INSURED VEHICLE

Make & Year <u>Hero/2024</u>	Engine No. <u>JA07AFR9K00693</u> Chassis No. _____	Registration No. <u>UP57BV</u> <u>0169</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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Harindra sharma
(b) Age : _____
(c) Address : Paalsoum Kudhirla, gov.
(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 Liqueur or drugs? : No
(g) Driving Licence Number : UP5720180003216
(h) Issuing Authority : _____
(i) Date of Expiry : 24/10/2037
(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 : 02/05/2026, 07.30 P.M.
(b) Place : Laxmipat
(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 : आईक वाले ने मेरी आईक चकरा कर दाये सार्डि गिरने से क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and side.
(b) Estimated cost of repairs : 10740/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Radvaun.

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 : _____

~~PIA~~

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. : _____

~~PIA~~

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 : _____

~~PIA~~

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 02/05/2026

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 रवि शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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

https://vahan.parivahan.gov.in/vahan/v...



Registration No : UP57BV8169
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : HARENDRA SHARMA
 Full Address: (Permanent) : 2500 BANSGAW TAXI STAND, POST -DUDHI, THANA -VISHUNPURA, KUSHINAGAR, UTTAR PRADESH-274302
 Full Address: (Temporary) : 2500 BANSGAW TAXI STAND, POST -DUDHI, THANA -VISHUNPURA, KUSHINAGAR- UTTAR PRADESH-274302
 Registration Date : 06-Dec-2024
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SHUSHIL PRASAD
 Fitness UpTo : 05-Dec-2039
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2118626206
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07AFR9K00693
 Horse Power(BHP) : 10.72
 Maker's Classification : GLAMOUR XTEC DR
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2116766628
 Month/Year of Manuf. : 10/2024
 Chassis No : MBLJAW379R9K00106
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1273
 Standing Cap : 0
 Unladen Wt (kgs) : 122
 Laden/GV Wt (kgs) : 252
 AC Fitted : NO

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, DELHI, , , New Delhi, Delhi-110057 w.e.f. 06-Dec-2024.

Purchase dt : 04-Dec-2024
 Sale Amt : 89698/-
 OTT Date : 04-Dec-2024
 Amount/Rcpt No : 8970 / UP57D24120000788
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 23-Jan-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-Dec-2024 to 05-Dec-2039

Date : 25-Jan-2025 12:58:24

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 25-Jan-2025
 KUSHI NAGAR

Q 1351476

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/567907

Motorsathi Care Private Limited
 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
HARENDRA SHARMA	1987-10-25	7458999453	S/O SHUSHIL PRASAD SHARMA	Hero Motocorp	GLAMOUR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
XTEC DISK SELF	UP57BV8169	JA07AFR9K00693	MBLJAW379R9K00106	2024	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	Offered Payment (Incl. GST)
PADRAUNA (KUSHINAGAR)	Solo		--	2	1947.17
Address			City / District	Pin Code	State
2500 BANSRAW TAXI STAND DUDHI KUSHINAGAR			PADRAUNA (KUSHINAGAR)	274302	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
NIRMALA VISHWAKARMA	Female	32 Years	WIFE	2025-12-15 15:30	Midnight of 2026-12-14

Section A, VRC: 950.48 TCR: 418.90 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 271.56 Total with GST(A): 1097.82
 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): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00
 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: 1947

Package Period Covered	2025-12-15 To 2026-12-14	2026-12-15 To 2027-12-14	2027-12-15 To 2028-12-14	2028-12-15 To 2029-12-14	2029-12-15 To 2030-12-14
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 2029-12-03 (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 Companys 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 1lakh 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.

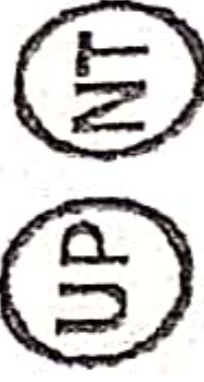
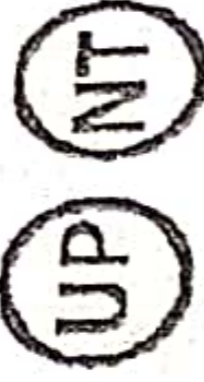
TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com

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.

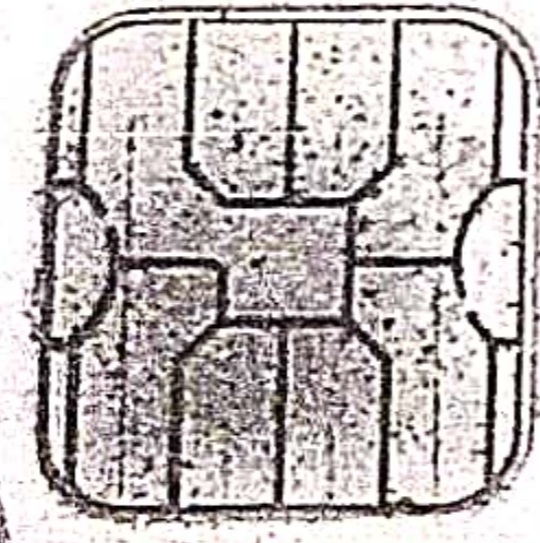
#: Received with Thanks Rs 1947.16 ON 2025-12-15 from Mr./Ms. HARENDRA SHARMA against the ARN No. INCP00567907
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



UNION OF INDIA Driving Licence



UP57-20180008102-LSAN 71230003216

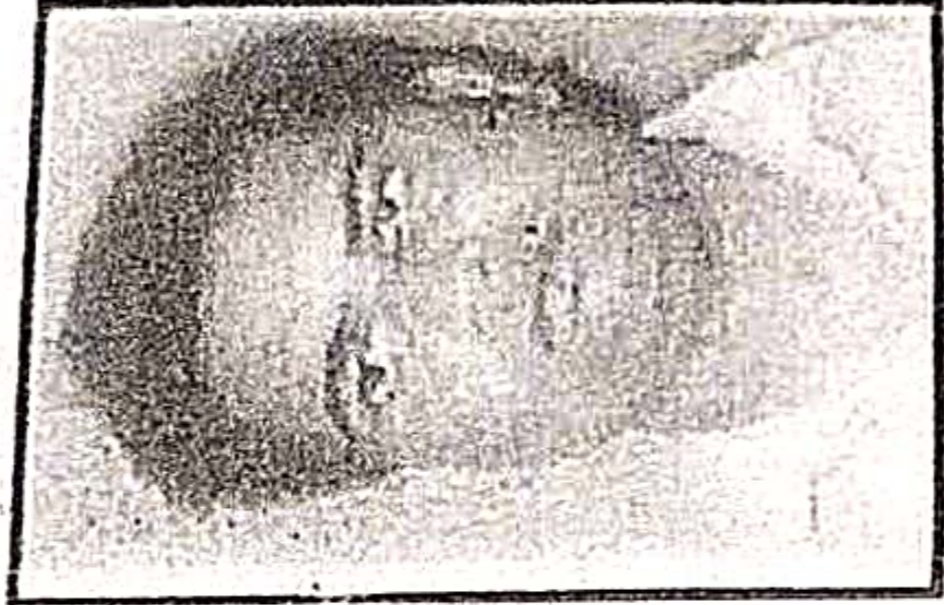


जारी करने की तिथि
Date of Issue 08/05/2018

वैधता / Validity
24/10/2037

जन्म तिथि
Date of Birth 25/10/1987

Blood Group



नाम / Name

HARENDRA SHARMA

पिता/पति का नाम / Son/Daughter/Wife of

SUSHIL PRASAD SHARMA

UP57 20180003216

UP05103692RS

MCMWG
08/05/2018

Form 7 Rule 16(2)

जारीकर्ता / Issuing Authority Sign
KUSHINAGAR

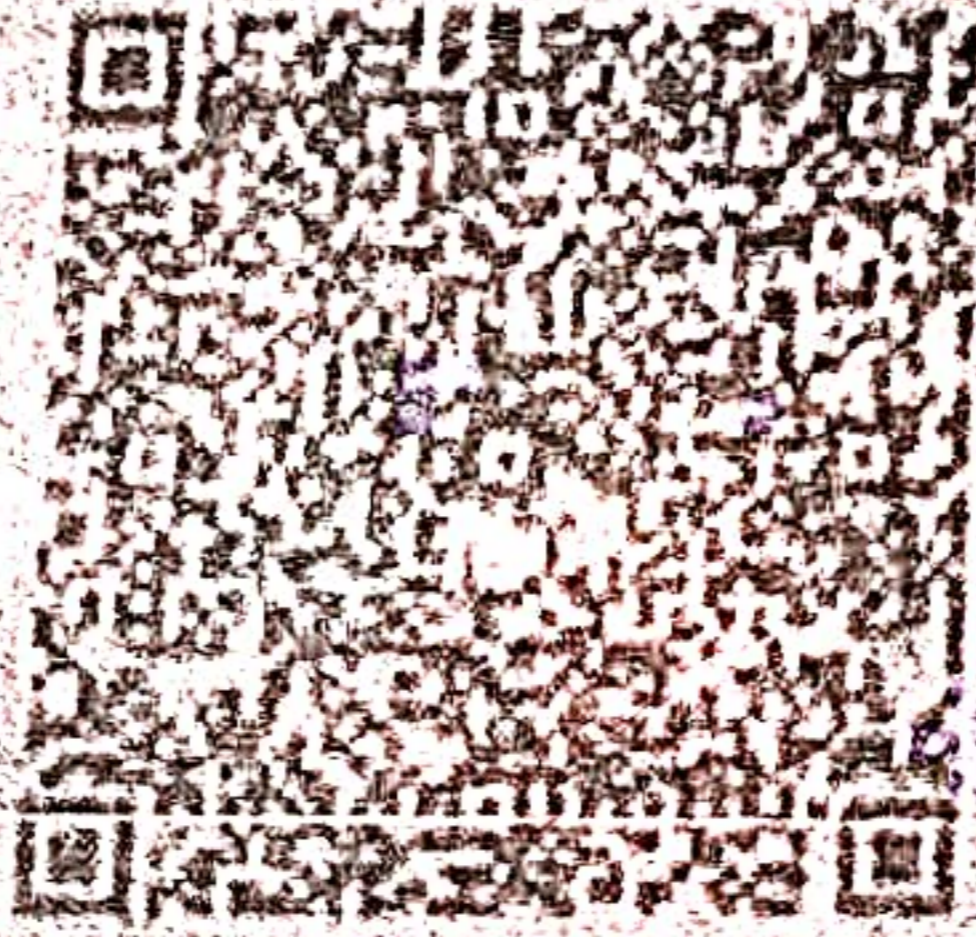
घर / Address
VILL-BASGAW TAXI STAND DUDAH
PO-DUDAH, PS-VISHUNPURA, Bans Gaon
Tamkuhi/Raj, Kushinagar, UP 274302

Signature

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

JGDPS3203K

पिता / Name

HARENDRA SHARMA

पिता का पता / Father's Name

SUSHIL PRASAD SHARMA

जन्म की तारीख / Date of Birth

25/10/1987

हस्ताक्षर

Signature



10/10/11

आधार - आधार आदर्मी का अधिकांर

3865 1482 9910



हरेंद्र शर्मा
Herendra Sharma
जन्म तिथि / DOB : 25/10/1987
पुरुष / Male

Government of India

भारत सरकार

भारतीय विशिष्ट पहचान आधिकारण



Unique Identification Authority of India

पता:

संबोधित: सुशील प्रसाद शर्मा, 2500,
बांसगाव टैक्सो स्टैंड, दूधि, कुशीनगर,
दुधई, उत्तर प्रदेश, 274302

Address:

S/O: Shushil Prasad Sharma,
2500, Bangaw Taxi Stand,
Dudhi, Kushinagar, Dudhai, Uttar
Pradesh, 274302

3865 1482 9910



1947

1800 300 1947



help@uidai.gov.in



www.uidai.gov.in