

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.	Nitish Kumar Pandey
2	Vehicle No. / वाहन संख्या	CEP57BL9253
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/44129/
4	Period of Insurance / बीमा अवधि	24-05-2025 — 23-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-05-2026 2:00 P.m
6	Place of Accident / दुर्घटना का स्थान	Padrauna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Nitish Kumar Pandey 091904250
8	Estimated Loss / अनुमानित हानि	9530/-
9	Cause of Accident / दुर्घटना का कारण:	गाड़ी लेकर जा रहे थे कि रास्ते में सामने अचानक एक आदमी भा गया जिसको क्यारे के चक्कर में अचानक ब्रेक लगाया और गाड़ी गिर गया हाथ चरफ और डैमेज हो 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 padrauna 9125197198

Nitish Kumar Pandey

Date / दिनांक : 04-05-2026
हस्ताक्षर

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 .. *nitish 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/2025/7001/0/46575/
 Tel. No. _____ Period of Insurance 29.05.2026 441291
 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 : Nitish Kumar Pandey
 (b) Address for correspondence : _____
 (c) Telephone : 7091904250

2. THE INSURED VEHICLE

Make & Year <u>2023</u>	Engine No. <u>FA07ABDCE02094</u>	Registration No. <u>UP57BL</u>
	Chassis No. <u>MBLJA1034XP4001787</u>	

- (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
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Nitish 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 : UP 5720170003704
- (h) Issuing Authority : _____
- (i) Date of Expiry : 24-07-2027
- (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 : 01-05-2026 2:00 PM
- (b) Place : Padrauna
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : गलत से रोहित को आसना में गिराया
- (e) If any third party was responsible for this accident give the name and address : श्री श्री अशोक कुमार शर्मा रोड कृष्णा नगर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Wiper, H/L, fender etc
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Gupta Automobile padrauna

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 : _____

~~MIA~~

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. : _____

~~MIA~~

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

~~MIA~~

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 04-05-20028

Signature of the insured Nishu Kumar Pandey

GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

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



Registration No : UP57BL8253
Description of Vehicle : M-CYCLE SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES KASIYA ROAD, PADRAUNA, ...
Owner Name : NITISH KUMAR PANDEY
Full Address: (Permanent) : VILL-GULELAHA, POST-SARYA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-GULELAHA, POST-SARYA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 24-May-2038
Detailed Description :
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Relationship with the Nominee : Spouse
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2076702158
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : JA07ABPGE02094
Horse Power(BHP) : 10.72
Maker's Classification : SUPER SPLENDOR DR
Seating Cap(in all) : 2
Colour : BLACK-SILVER STR
Owner Criteria :
Vehicle Purchase As : Fully Built
Registration Date : 25-May-2023
Purpose For Printing RC : NEW
Son/wife/daughter of : AMLI PANDEY
Coper Serial No : 1
Link Vehicle No :
Nominee Name : UPAMA DEVI
Norms : BHARAT STAGE VI
Rear HSRP No : AA2077421228
Month/Year of Manuf. : 05/2023
Chassis No : MBLJAW34XPGE01787
Fuel : PETROL
Cubic Capacity : 124.70
Wheel base : 1207
Standing Cap : 0
Unladen Wt (kgs) : 120
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 w.e.f.

Purchase dt : 24-May-2023
OTT Date : 24-May-2023
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 03-Jun-2023
Other State/Transfer/Conversion Details :
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 79268/-
Amount/Rcpt No : 7927 / UP57D23050004946
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 25-May-2023 to 24-May-2038

Signature of Registering Authority
Date : 10-Jul-2023

Date : 10-Jul-2023 18:01:43
Taxation Particulars / Advance Registration Mark Fee Details

108745

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS-2025/7001/O/46575/441291

Name: Care Private Limited
Address: Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
Phone: 91110 80644
Website: www.motorsathi.com
Agent: (Agent on of www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
UMAR PANDEY	1987-04-01	7081904250	AMLI PANDEY	Hero Motocorp	SUPER SPLENDOR
Vehicle Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
ELF CASTLE 20	UP57BL8253	JA07ABPGE02094	MBLJAW34XPGE01787	2023	125
Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
NA	0.00	0.00	0.00	55000.00	
Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
Solo			2	1257.17	
Address			City / District	Pin Code	State
SARYA, THANA-PADRAUNA, Kushinagar-274304				274304	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MA DEVI	Female	32 Years	WIFE	2025-05-24 12:51	Midnight of 2026-05-23

RC: 791.51 TCR: 589.40 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 262.96 Total with GST(A) 917.95

0.00 EC Service: 0.00 TPCPD: 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

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

Assure: 287.47 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.75 Total with GST(D): 339.22

Total Offered Price After Discount: 1257

Package Period Covered	2025-05-24 To 2026-05-23	2026-05-24 To 2027-05-23	2027-05-24 To 2028-05-23	2028-05-24 To 2029-05-23	2029-05-24 To 2030-05-23
ADV	55000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-05-23 (DETAILS ARE AS PER THE POLICY BY THE CUSTOMER).

INSURANCE 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) Transporting d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: A 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 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: 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/ Not mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com

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 or non-disclosure 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 be as per provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR MORE INFORMATION PLEASE REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:79410500

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 on account 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 court of Aligarh.

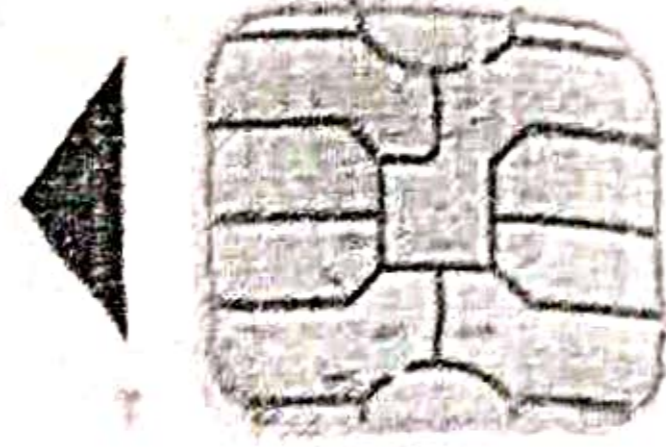
Received Rs 1257.17 ON 2025-05-21 from Mr./Ms. NITISH KUMAR PANDEY against the ARN No. INCP00441291
 The acknowledgement is subject to a compulsory excess of Rs. 100 - & Depreciation is applicable as per terms & conditions*
 Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 8
 Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Indian Union Driving Licence
Issued by Uttar Pradesh



UP57 20170003704



Issue Date 28-12-2022
Validity (NT) 24-07-2037

Validity (TR)*



(25-07-2017)

Holder's Signature

Name: **NITISH KUMAR PANDEY**
Date of Birth: 01-04-1987 Blood Group:
Son/Daughter/Wife of: **AMALI PANDEY**

Organ Donor: **N**

Address:
VILL-GULELAHA PO-SARYA, PS-PADRAUNA
PADRAUNA, KUSHINAGAR 274304

Date of First Issue

DL No: UP57 20170003704

UPDL000009874850



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	25-07-2017	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR



भारत सरकार
Government of India



नीतिश कुमार पाण्डेय
Nitish Kumar Pandey
जन्म तिथि/DOB: 01/04/1987
पुरुष/ MALE

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).

8325 8161 8608

मेरा आधार, मेरी पहचान

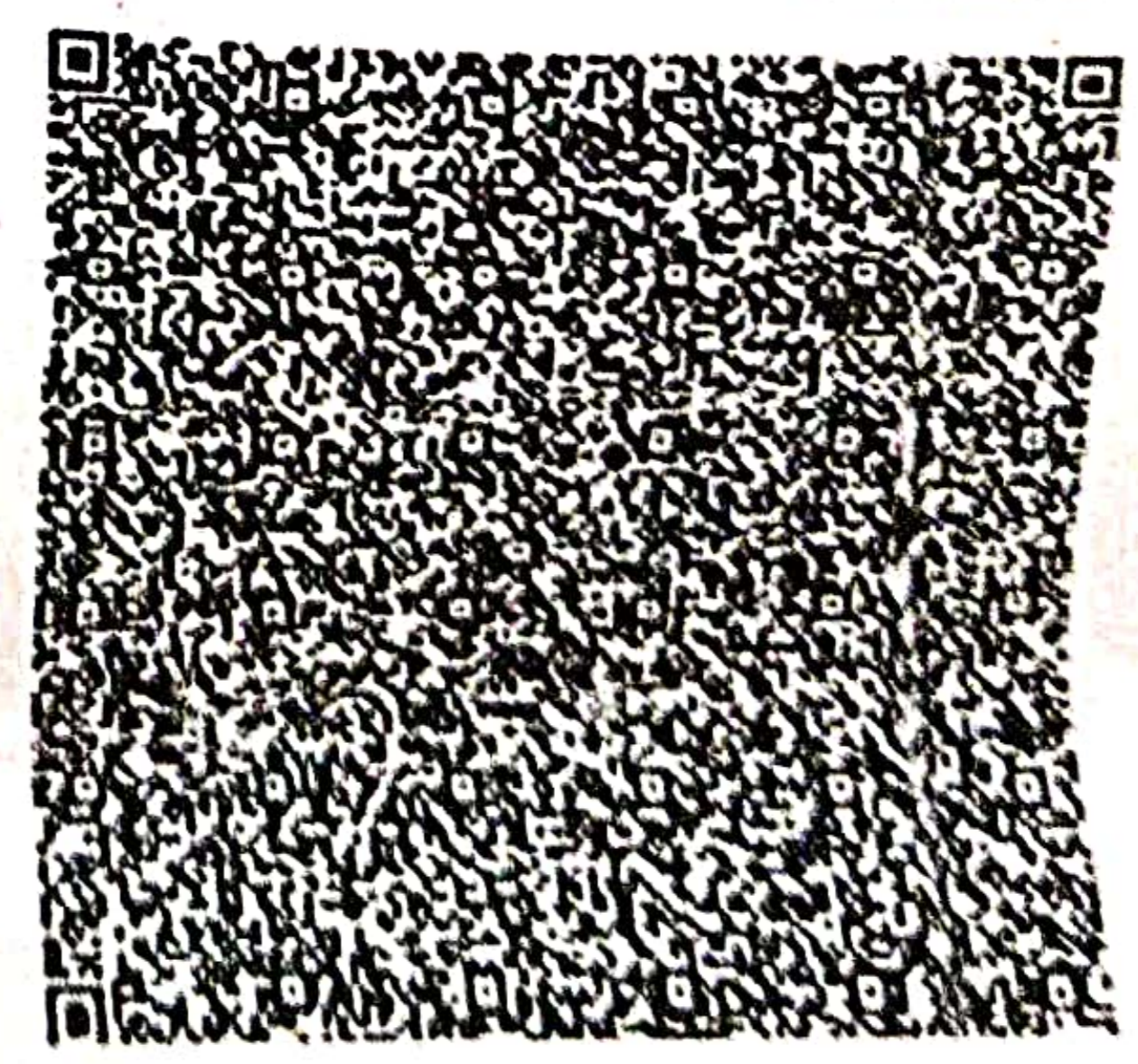


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: अमली पाण्डेय, गुलेलहा, सरया, पडरौना, कुशीनगर,
उत्तर प्रदेश - 274304

Address:
C/O: Amali Pandey, gulelha, Sarya, PO:
Padrauna, DIST: Kushinagar,
Uttar Pradesh - 274304



8325 8161 8608

VID : 9104 4072 2399 2427

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA

NITISH KUMAR PANDEY

AMALI PANDEY

01/04/1987

Permanent Account Number

BHTPP4971Q

*Nitish Kumar
Pandey*

Signature



08072010