

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : _____

~~NIA~~

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. : _____

~~NIA~~

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 : _____

~~NIA~~

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 05.05.2002

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. _____

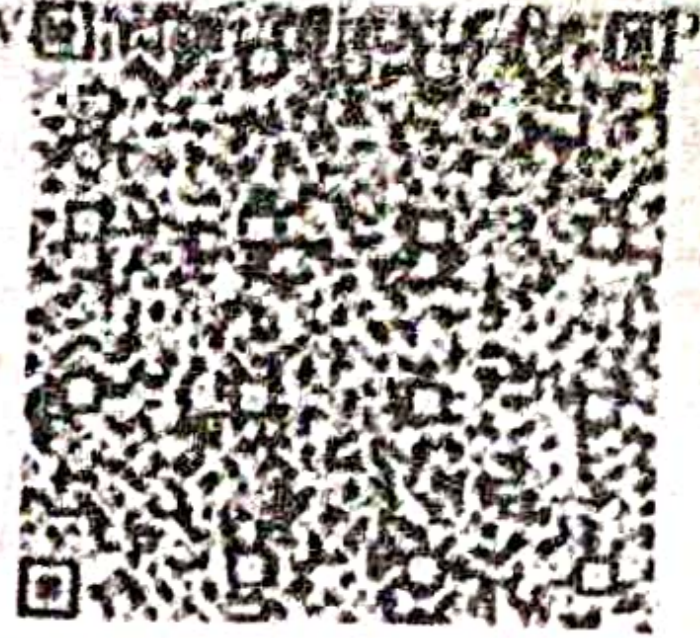
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *श्रीमती*
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 : UP57BQ0797
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 28-Jan-2024
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, . . 189-274304
Purpose For Printing RC : NEW
Owner Name : SEEMA DEVI
Son/wife/daughter of : W/O DILEEP
Full Address: (Permanent) : VILL- MATHIYA URF AKATAHA, POST- PHARDAHA, PS- KAPTANGANJ, KUSHINAGAR, UTTAR PRADESH-274301
Full Address: (Temporary) : VILL- MATHIYA URF AKATAHA, POST- PHARDAHA, PS- KAPTANGANJ, KUSHINAGAR- UTTAR PRADESH-274301
Fitness UpTo : 27-Jan-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
Rear HSRP No : AA2091779717
Front HSRP No : AA1031249647
Month/Year of Manuf. : 11/2023
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW210PHL04871
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11E7PHL09253
Cubic Capacity : 97.20
Horse Power(BHP) : 7.91
Wheel base : 1235
Maker's Classification : SPLENDOR+ XTEC (DRS)
Standing Cap : 0
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : BLACK SPARKING BLUE
Unladen Wt (kgs) : 112
Other Criteria :
Laden/GV Wt (kgs) : 242
Vehicle Purchase As : Fully Built
AC Fitted : NO

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 : 16-Nov-2023
OTT Date : 16-Nov-2023
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 27-Mar-2024
Sale Amt : 80511/-
Amount/Rcpt No : 8052 / UP57D24010003162
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 28-Jan-2024 to 27-Jan-2039

Date : 30-Mar-2024 12:04:08

Taxation Particulars / Advance Registration Mark Fee Details

A. R. T. O. (A)
Signature of Registering Authority
Date : 30-Mar-2024

P 7363797

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46375/571313

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
SEEMA DEVI	1978-09-01	9005053700	W/O- DILEEP	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Enginc No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
XTEC DRUM SELF E20	UP57BQ0797	HA11E7PHL09253	MBLHAW210PHL04871	2023	100 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
54500.00	NA	0.00	0.00	0.00	54500.00
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	1570.61
Address			City / District	Pin Code	State
VILL- MATHIYA URF AKATAHA , POST- PHARDAHA PS- KAPTANGANJ			PADRAUNA (KUSHINAGAR)	274301	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
DILEEP	Male	39 Years	HUSBAND	2026-03-15 13:20	Midnight of 2027-03-14

Section A, VRC: 784.31 TCR: 450.17 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A) 1234.48**

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): 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: 284.86 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.27 **Total with GST(D): 336.13**

Total(Section A+C+D) Offered Price After Discount: 1571

Package Period Covered	2026-03-15 To 2027-03-14	2027-03-15 To 2028-03-14	2028-03-15 To 2029-03-14	2029-03-15 To 2030-03-14	2030-03-15 To 2031-03-14
ADV	54500	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 2029-11-15 (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 1570.61 ON 2026-03-15 from Mr./Ms. SEEMA DEVI against the ARN No. INCP00571313
 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



Holder's Signature

Handwritten signature

KUSHINAGAR 274301

PO-SINGHARI BAZAR, PS- CAPTAINGANJ

VILL- SIRSIYA

पता / Address

KUSHINAGAR

प्राधिकृत / Issuing Authority Sign

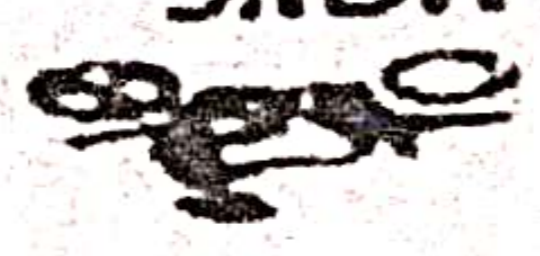
Form 7, Rule 16(2)



UP01271337RS

LMV 19/07/2014 19/07/2014

MCWG



UP57 20140014079

RAMSURAT PRASAD

पुत्र/पुत्री या पति / Son/Daughter/Wife of

DEENU KUMAR

नाम / Name

01/02/1994

Date of Birth

19/07/2014

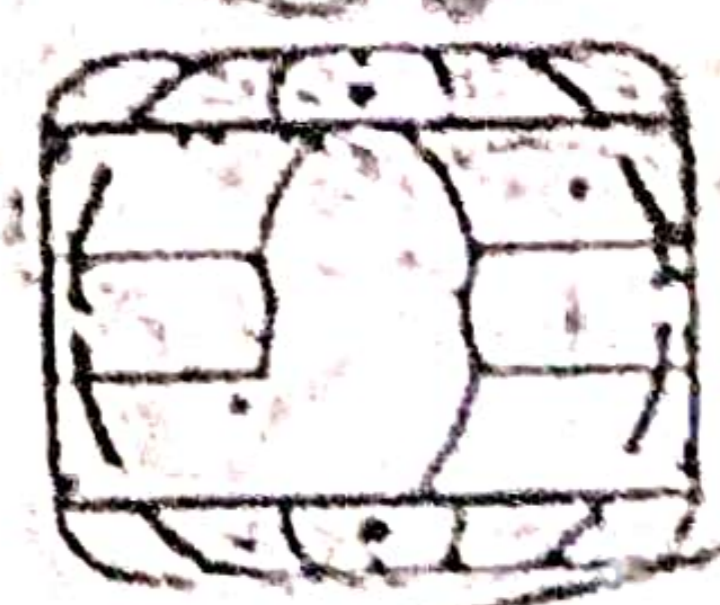
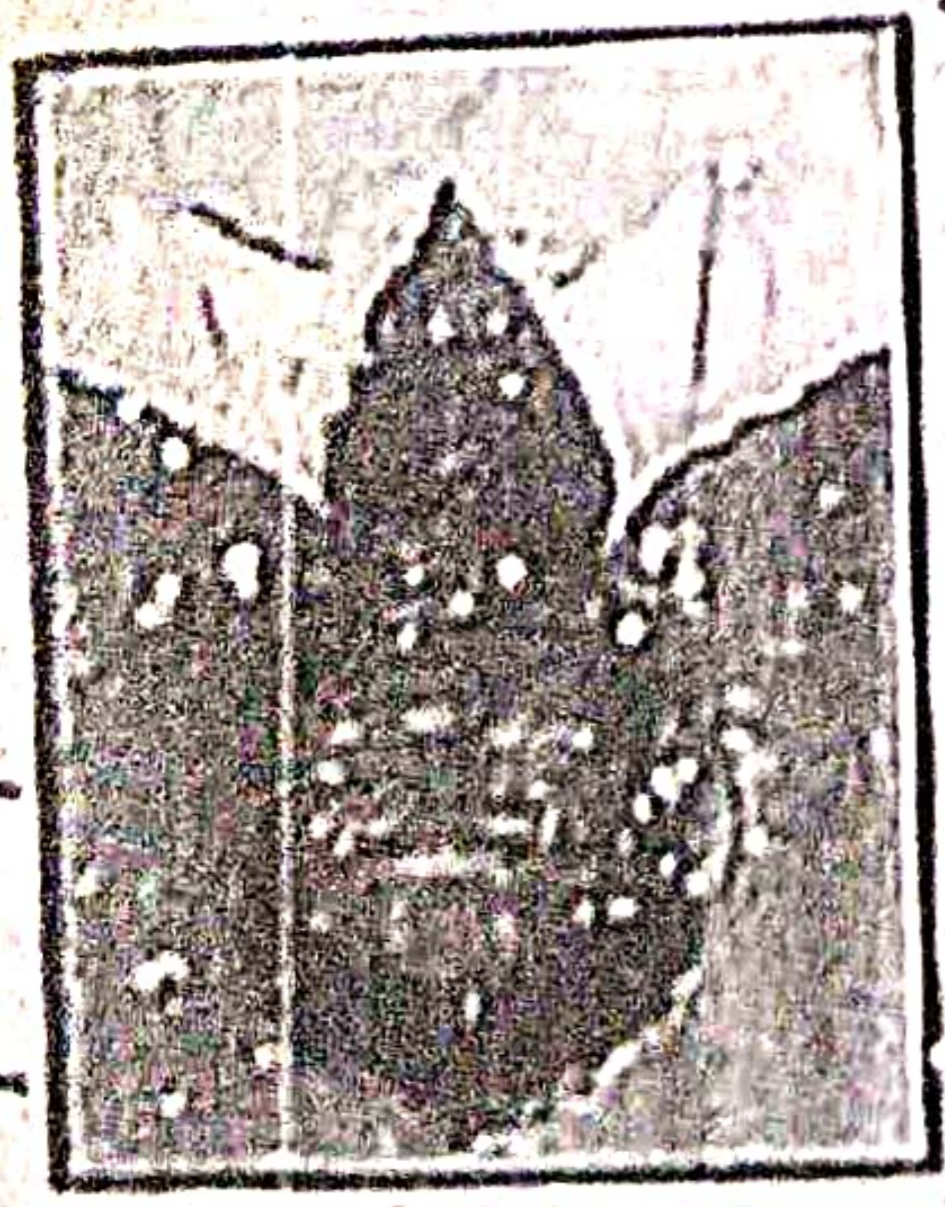
Date of Issue

UNKNOWN

Blood Group

18/07/2034 (NT)

धरम / Validity



UP57 20140014079

UNION OF INDIA Driving Licence



Garbha

AUTOMOBILES

ESTIMATE

UIN : 09AHWP0569P1ZE

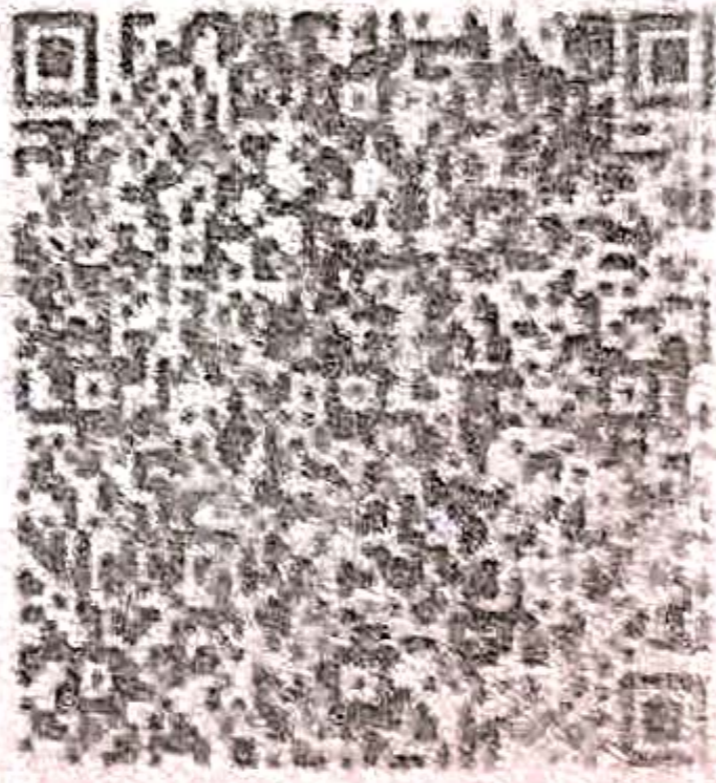
AUTHORISED DEALER



Unique Identification Authority of India

यूआईएआर
C/O रक्षा मंत्रालय, एन. कृष्ण रेड
दूर - 274203

Address:
C/O Deep, Malviya market, Hara
Kushnagar, Uttar Pradesh - 274203



3476 0610 9057

1947

help@uidai.gov.in

www.uidai.gov.in



भारत सरकार
Government of India



श्रीमती देवी
Seema Devi
जन्म तिथि / DOB: 01/09/1978
लिंग / GENDER: FEMALE

3476 0610 9057



श्रीमती सीमा देवी, श्री परमेश

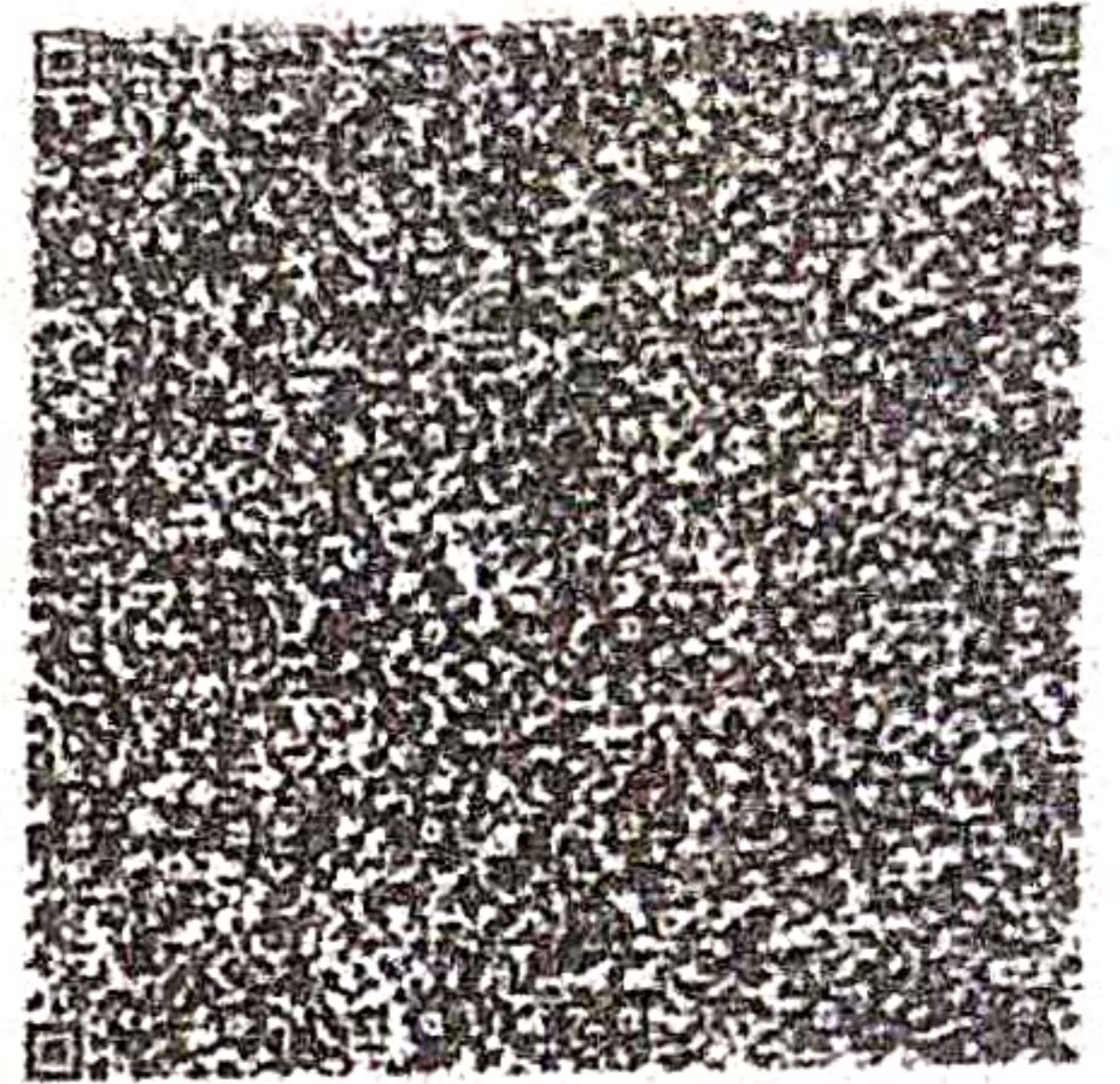
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IVRPD0021G



नाम / Name

SEEMA DEVI

पिता का नाम / Father's Name

MEWALAL

जन्म का तिथि / Date of Birth

01/09/1978

सीमा

हस्ताक्षर / Signature

41891

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.	Seema Devi 7992072527
2	Vehicle No. / वाहन संख्या	UP57BQ0797
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/76575/571313
4	Period of Insurance / बीमा अवधि	15-03-2026 — 14-03-2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/05/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Hatq Mathauli Road Ajitnagar
7	Name of the Driver, D E No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9044855638 Deenu kumar
8	Estimated Loss / अनुमानित हानि	7305/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरे रिश्तेदार का लड़का दीनू कुमार मथौली से हाटा जाते समय पिछे से ओटो वाले ने ठोकर मार दिया मेरी गाड़ी सामने बर्झक में लड़ गई जिससे मेरी बर्झक आगे उर्पर पिछे से क्षतिग्रत 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.	9125797148 Gupta Automobile padraun

Date / दिनांक : 05-05-26
हस्ताक्षर

— सीमा
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Deepu Kumar
 (b) Age : _____
 (c) Address : _____
 (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 : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : _____
 (g) Driving Licence Number : UP5720140004079
 (h) Issuing Authority : _____
 (i) Date of Expiry : 10-07-2034
 (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 : 04-05-2026 05:00 P.M
 (b) Place : Hata Mathawadi Road
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : जिके से भांटी वाले ने टक्कर मार दिया सामने
 (e) If any third party was responsible for this accident give the name and address : सा वहीं गाड़ी में चक्कर लड़ गयी ।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : visor, lens, handle etc
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile pahaura

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? : MIA