

To १ 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.	Sushil Mishra
2	Vehicle No. / वाहन संख्या	UP57BH2273
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/463407
4	Period of Insurance / बीमा अवधि	22-08-2025 — 21-08-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02-05-2026 3:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Sidhwa Hark Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Adity Mishra 8543831287
8	Estimated Loss / अनुमानित हानि	2650/-
9	Cause of Accident / दुर्घटना का कारण : मेरा गाड़ी मेरा कार भाई आदित्य मिश्रा का काम से बर्क लेकर वा राहे थे कि रास्ते मे एक बर्क वाला विद्ये से टक्कर मार दिया और गाड़ी दायां तरफ गिर कर डमोज 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 padrang

Date / दिनांक : 06-05-2026
हस्ताक्षर

Sushil Mishra

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/2015/7001/0/46575/
 Tel. No. _____ Period of Insurance _____ 463407
 Claim No. 21-00-2026

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 Suchel Mishra
 (b) Address for correspondence _____
 (c) Telephone 0543031207

2. THE INSURED VEHICLE

Make & Year <u>2012</u>	Engine No. <u>HA110D0NH040130</u> Chassis No. <u>MBLHA0120NH032290</u>	Registration No. <u>UP57BH2273</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 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

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 Police 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.

Sushil Mishra

Signature of the insured _____

Date 06-05-2002

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/-

Sushil Mishra

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/463407

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh. (202001) India

Contact No. 7941050643

Phone: 91-9410-50643

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	
Sushil Mishra	1999-07-02	8543831287	PAWAN MISHRA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP57BH2273	HA11EDNHE48450	MBLHAW128NHE32298	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
11500.00	NA	0.00	0.00	0.00	44500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1441.31	
Address			City / District	Pin Code	State	
Kushinagar, 274304				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ADITYA MISHRA	Male	23 Years	BROTHER	2025-08-22 16:40	Midnight of 2026-08-21	

Section A. VKC: 114.86 TCR: 420.08 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1134.94

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: 259.64 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 46.73 Total with GST(D): 306.37

Total(Section A+B+C+D) Offered Price After Discount: 1441

Package Period Covered	2025-08-22 To 2026-08-21	2026-08-22 To 2027-08-21	2027-08-22 To 2028-08-21	2028-08-22 To 2029-08-21	2029-08-22 To 2030-08-21
ADV	44500	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 2027-08-14 (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 Aligarh.

#: Received with Thanks Rs 1441.31 ON 2025-08-22 from Mr./Ms. Sushil Mishra against the ARN No. INCP00463407

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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh. (202001), India



GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BH2273 Registration Date : 16-Aug-2022
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
 Owner Name : SUSHIL MISHRA Son/wife/daughter of : PAWAN MISHRA
 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 : 15-Aug-2037 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : PAWAN MISHRA
 Relationship with the Nominee : Father Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1021465991 Rear HSRP No : AA2060451485
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2022
 No of Cylinders : 1 Chassis No : MBLHAW128NHE32298
 Engine No : HA11EDNHE48450 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLACK AND A Wheel base : 1236
 CCENTSS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 242
 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 LIMITED DELHI, DELHI, , , New Delhi, Delhi-110057 w.e.f. 15-Aug-2022.

Purchase dt : 15-Aug-2022 Sale Amt : 71668/-
 OTT Date : 15-Aug-2022 Amount/Rcpt No : 7167 / UP57D22080001415
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 18-Aug-2022
Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 16-Aug-2022 to 15-Aug-2037

Date : 10-Oct-2022 11:25:03

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

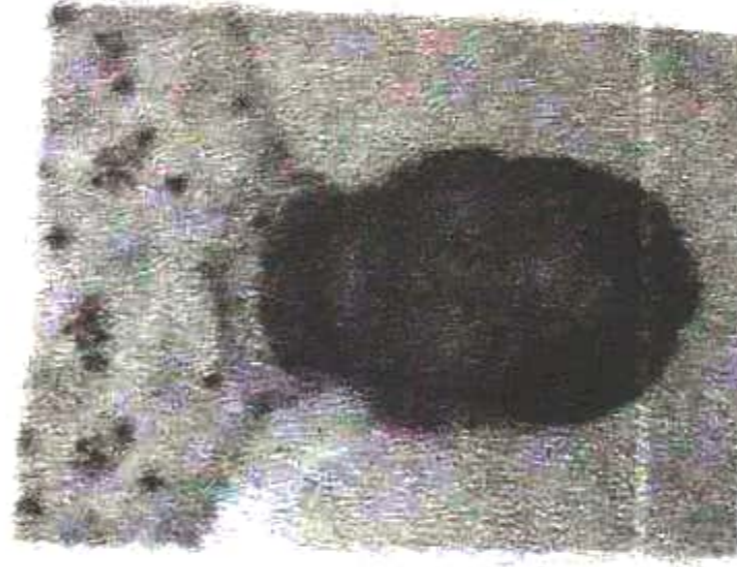
Date : 10-Oct-2022

N 4756254



भारत सरकार

Government of India



सुशील मिश्रा

Sushil Mishra

जन्म तिथि/ DOB: 02/07/1999
पुरुष / MALE



9269 6550 7125

भारत आधार, भेरी पहचान



भारत सरकार अधिकाारी
Unique Identification Authority of India

पता:

आत्मजा: पवन मिश्रा, गाँव-गुलेलाहा
पोस्ट-सरया, पडराणा, कुशीनगर,
उत्तर प्रदेश - 274304

Address:

S/O. Pawan Mishra, village-
gulelaha post-Sarya, Padrauna,
Kushinagar,
Uttar Pradesh - 274304

9269 6550 7125



help@uidai.gov.in



www.uidai.gov.in



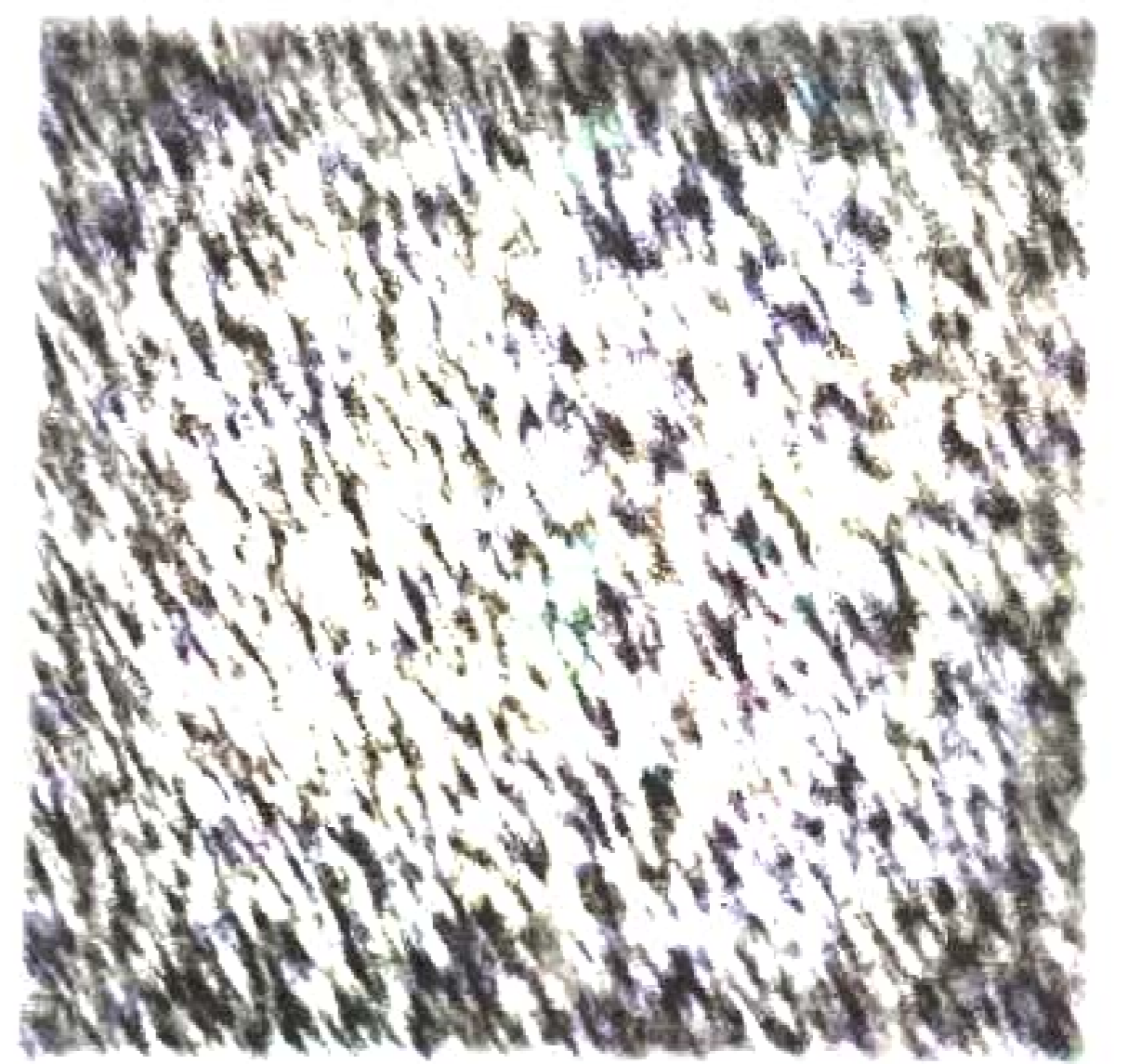
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



व्यक्ति सेवा संख्या कार्ड
Individual Service Number Card
QALPNR2701R



व्यक्ति का नाम
DISHIL MISHRA

व्यक्ति का पता
CAJAN MISHRA

व्यक्ति का जन्म तिथि
02/07/1988

हस्ताक्षर / Signature

27212



सत्यमेव जयते

Indian Union Driving Licence Issued by Uttar Pradesh

UP

UP57 20230000363

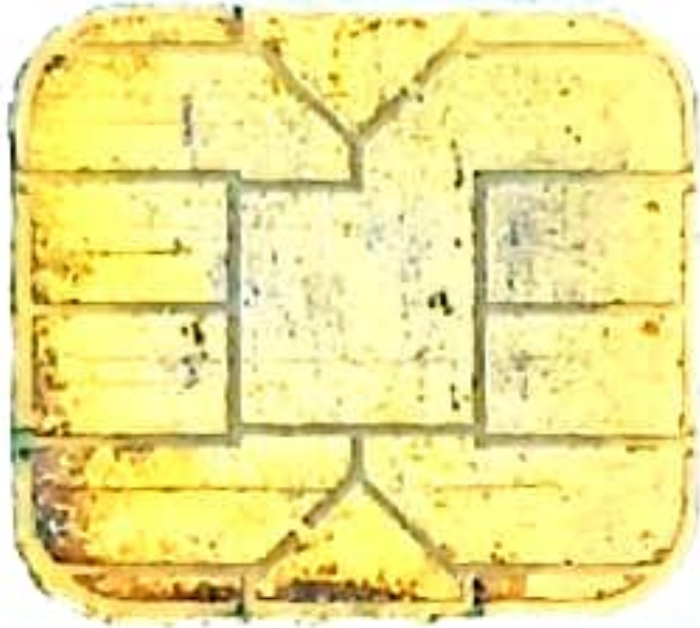
Issue Date
07-01-2023

Validity (NT)
30-09-2042

Validity(TR)#



Holder's Signature



Name:

ADITYA MISHRA

Date of Birth: **01-10-2002**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **PAWAN MISHRA**

Address:

**VILL GULELHA POST SARAYA PS PADRAUNA
Padrauna, Kushinagar, UP 274304**




(07-01-2023)

Date of First Issue



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*
 MCVG	MCGW	UP57	07-01-2023	NT			
 LMV	LMV	UP57	07-01-2023	NT			
 MVSD							

Emergency Contact Number

Licensing Authority

UP57 KUSHINAGAR