



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.	Somya Shukla, 7572075355
2	Vehicle No. / वाहन संख्या	UP57BR7546
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/570813
4	Period of Insurance / बीमा अवधि	26/02/2026 to 25/02/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/05/2026, 04.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Redsarama.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720250007956 Abhinav Dwivedy
8	Estimated Loss / अनुमानित हानि	7905/-
09.	Cause of Accident / दुर्घटना का कारण:	मेश चक्की मामा अभिनव द्विवेदी स्कूटी लेकर किसी काम से जा रहे थे तभी अचानक से आगे वाली गाड़ी वाले ने ब्रेक लगा दिया उसी से मेरी चक्की छूटा कर 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 Gcepto Automobile Redsarama.

Date / दिनांक : 09/05/2026  
हस्ताक्षर

सोम्या शुकला  
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/2026/7002/0/46575/570 013  
 Tel. No. \_\_\_\_\_ Period of Insurance 26/02/2026 to 25/2/2027  
 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 : Sunay Shukla  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 7572075355

2. THE INSURED VEHICLE

Make & Year <u>Hes0/2024</u>	Engine No. <u>JF16EVP6K06116</u> Chassis No. <u>MBLJFN247PGK05901</u>	Registration No. <u>UP57BR</u> <u>7546</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 : Abhimav Dwivedy  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagar  
(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 : UP5720250007956  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 30/04/2030  
(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 : 08/05/2026, 04.00 P.M.  
(b) Place : Pachraura  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : आगे वाली गाड़ी ने ब्रेक लेने की वजह से  
(e) If any third party was responsible for this accident give the name and address : मेरी स्कूटी उसी से टकरा कर क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.  
(b) Estimated cost of repairs : 7905/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Pachraura.

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 : N/A  
(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 : \_\_\_\_\_

~~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 09/05/2020

Signature of the insured सोम्या शुकला

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 ..... सोम्या शुकला

Occupation .....

Address .....

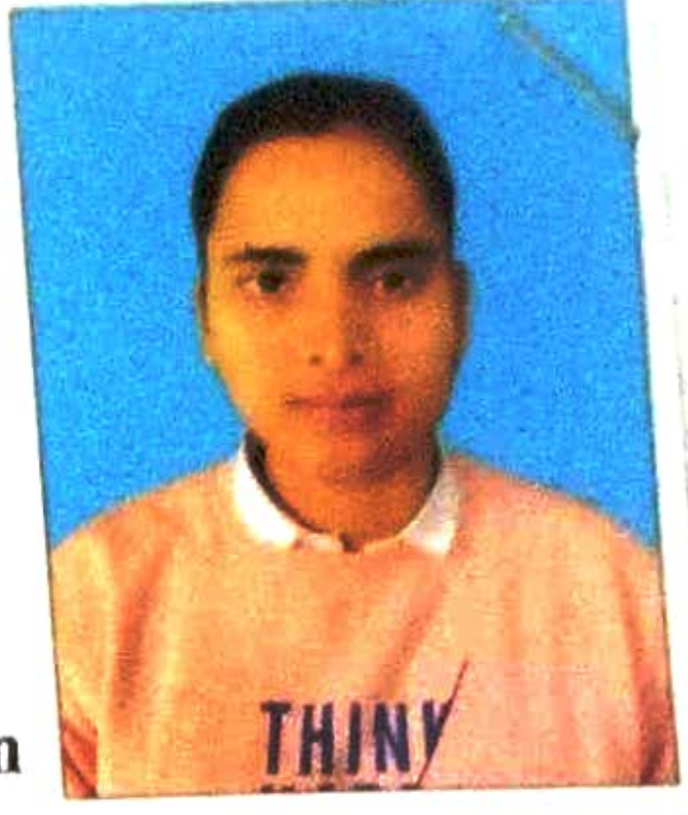
Bank Account Number .....

Name of the Bank .....

## FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and enters into any transaction specified in rule 114B



1. Full name and address of the declarant Saumya Shukla
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 09/05/26  
Place : Poojapuri

सोम्या शुकला  
Signature of the declarant

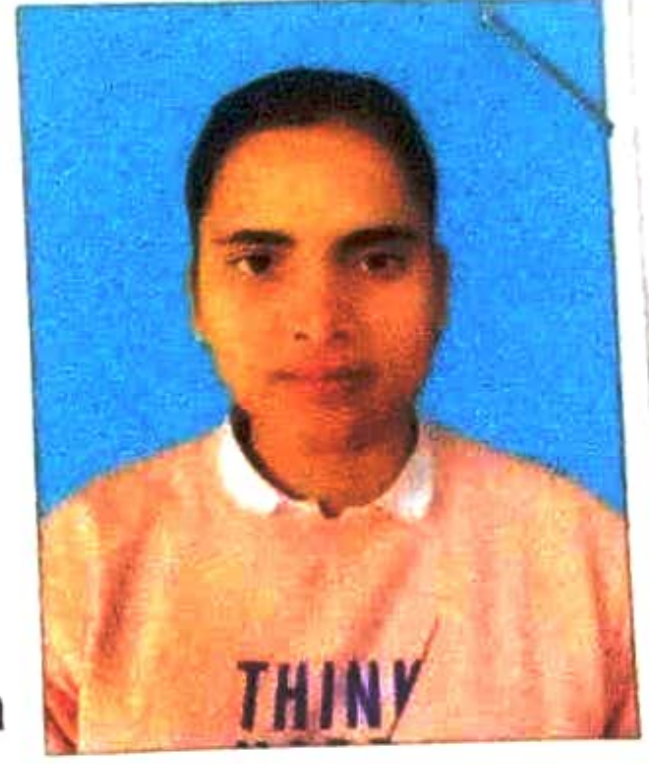
**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

ESTIMATE

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER


**FORM NO. 60**

[See second proviso to rule 114B]

**Form of declaration to be filed by a person who does not have a permanent account number and enters into any transaction specified in rule 114B**

1. Full name and address of the declarant Saumya Shukla
2. Particulars of transaction \_\_\_\_\_
3. Amount of the transaction \_\_\_\_\_
4. Are you assessed to tax? Yes/No
5. If yes,
  - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
  - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1)

**Verification**

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_

Date : 09/05/26  
Place : Paalsonner

सोम्या शुकला  
Signature of the declarant

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

**Program Proposal Two-Wheeler Package Contract - Bundled**



Package Contract No.: MS/2026/7001/O/46575/870813

**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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SAUMYA SHUKLA	2004-01-01	7572075355	D/O VIRENDRA SHUKLA	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PLUS LX	UP57BR7546	JF16EVPK06116	MBLJFN247PGK05901	2024	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
56000.00	NA	0.00	0.00	0.00	56000.00	
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	1613.85	
Address			City / District	Pin Code	State	
SIDHUA BANAGR BHATH Kushinagar, 274304				274304	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SNIDHA SHUKLA	Female	25 Years	SISTER	2026-02-26 14:16	Midnight of 2027-02-25	

Section A, VRC: 895.90 TCR: 462.56 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1268.46  
 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: 292.70 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 52.69 Total with GST(D): 345.39  
**Total(Section A+C+D) Offered Price After Discount: 1614**

Package Period Covered	2026-02-26 To 2027-02-25	2027-02-26 To 2028-02-25	2028-02-26 To 2029-02-25	2029-02-26 To 2030-02-25	2030-02-26 To 2031-02-25
ADV	56000	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 2029-05-20 (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](http://www.motorsathi.com) or MotorSathi App.

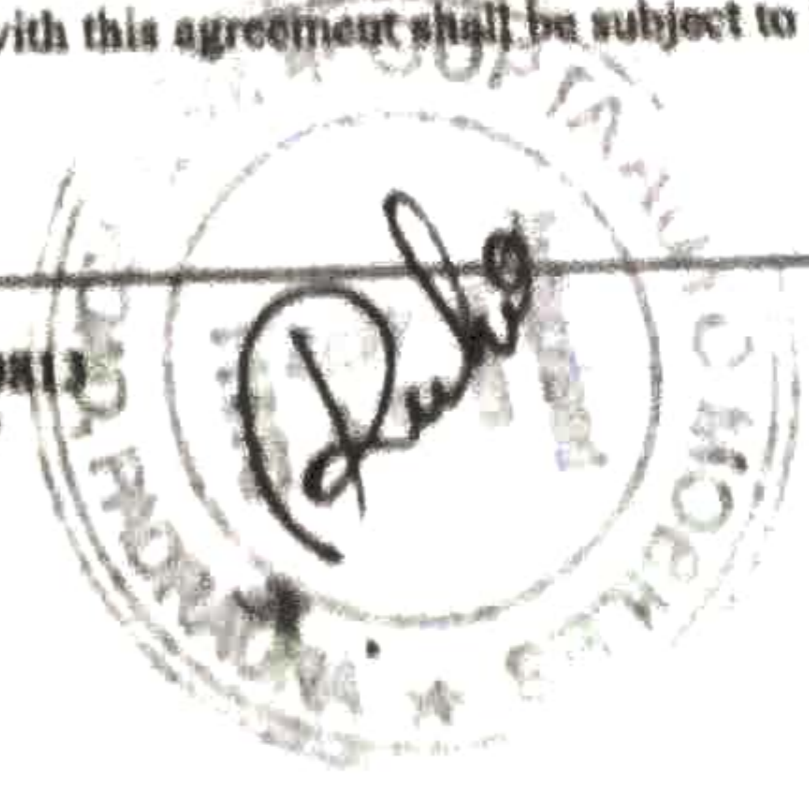
**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending .7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**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](http://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.



#1: Received with Thanks Rs 1613.84 ON 2026-02-26 from Mr./Ms. SAUMYA SHUKLA against the ARN No. INCP00570813  
 The acknowledgment 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: BMT - 22, 16, 18  
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

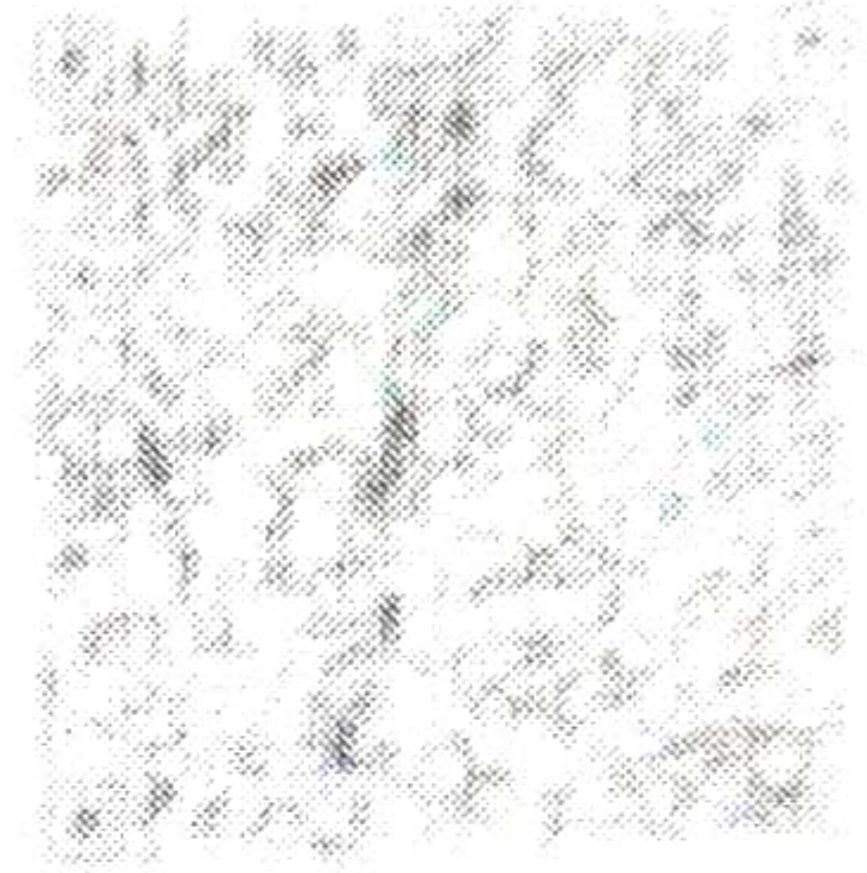




भारत सरकार  
Government of India



सायमा शुक्ला  
Saumya Shukla  
जन्म तिथि / DOB 01/01/2004  
महिला / Female



7725 6738 0955

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: सायमा शुकला विन्ट शुक्ला  
सिधुभा बगर भाठ तिरमिया बीर  
भान, कुशीनगर सिधुभा बगर जलर  
पिन 274301

Address: O.K. Vansona Shukla, Sathua  
Bangle Bhat, Sathua Bazar Bhan,  
Kushinagar, Sathua Bazar, Jhark  
Pincode 274301

7725 6738 0955



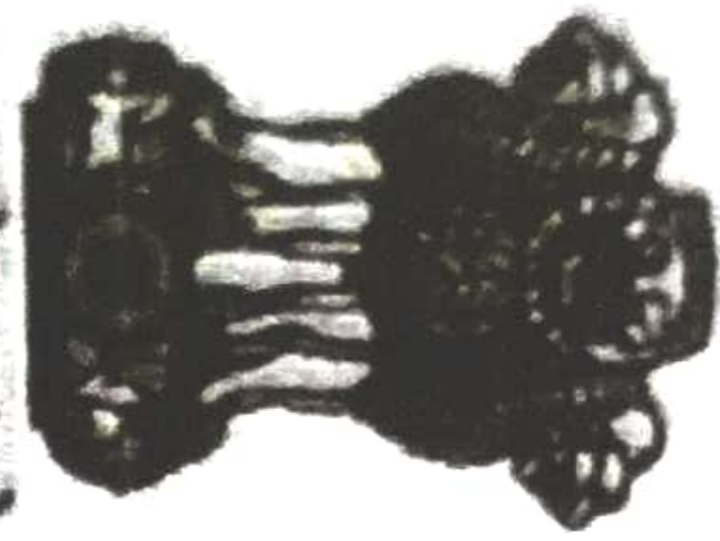
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www.aadhaar.gov.in



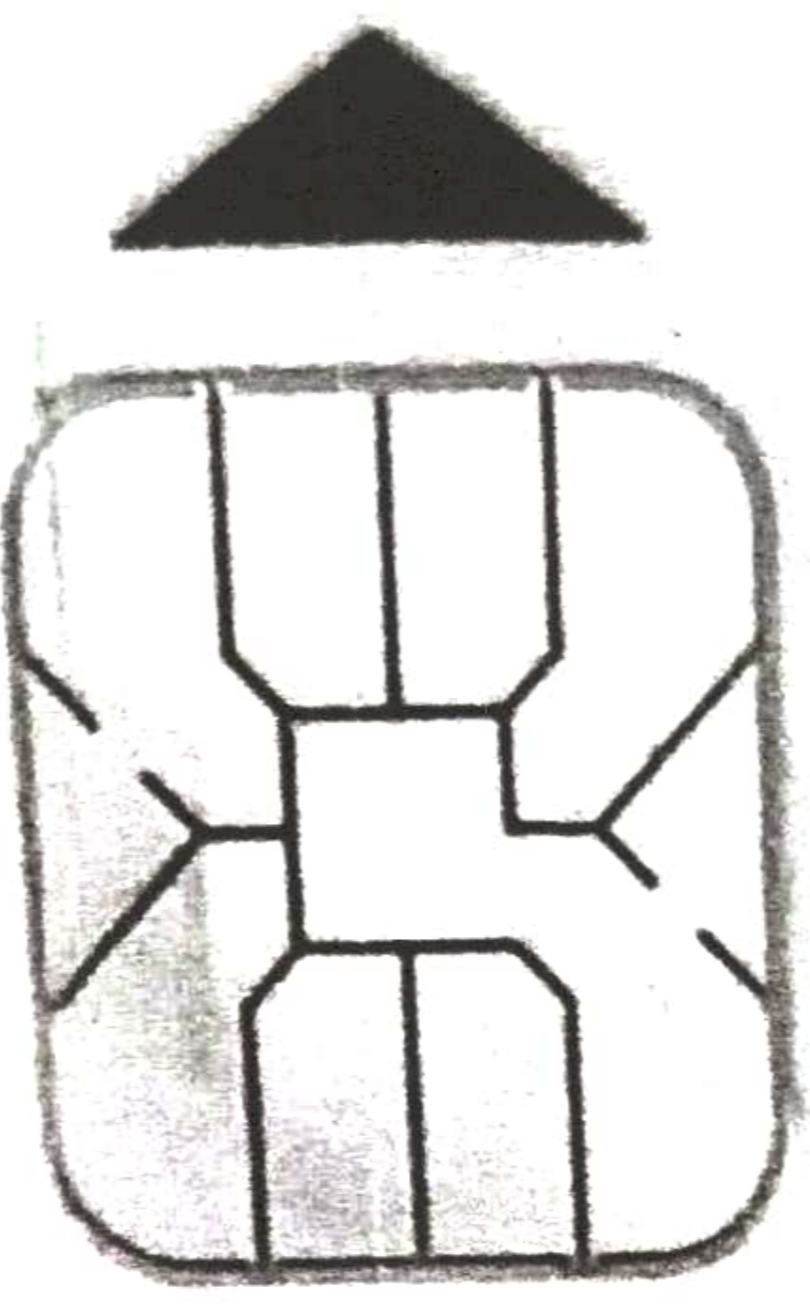
# Indian Union Driving Licence

Issued by Uttar Pradesh



उत्तर प्रदेश

UP57 20250007956



Issue Date 02-05-2025  
Validity (NT) 30-04-2038

Validity (TR)\*



Holder's Signature

ABHINAV DWIVEDI

Name:

Date of Birth: 01-05-1998

Blood Group:

RAMAYAN DWIVEDI

Son/Daughter/Wife of:

Organ Donor:

N

Address:

51 BELWA JUNGLE BELWA JUNGAL PADRAUNA  
KUSHMAGAR UTTAR PRADESH 274304

Date of First Issue

२०१९

DL No: **UP57 20250007956**

**UPDL571000012618**



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	MCWG	UP57	02-05-2025	NT			
LMV	LMV	UP57	02-05-2025	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
**UP57 KUSHINAGAR**

Form 7 Rule 16(2)