

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

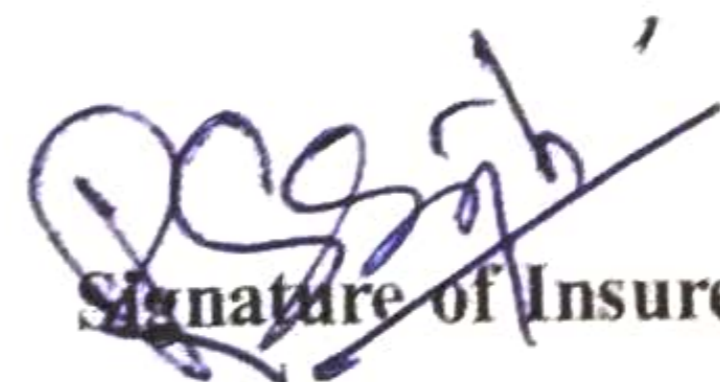
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Radhey shyam Singh 9956361344
2	Vehicle No. / वाहन संख्या	UP57BM 3151
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/450131
4	Period of Insurance / बीमा अवधि	19-06-2025 - 18-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08-05-2026 7:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kaptaan Kanj
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Radhey shyam Singh
8	Estimated Loss / अनुमानित हानि	965/-
09.	Cause of Accident / दुर्घटना का कारण:	धर के बाहर जाड़ी खड़ी थी एक आंटे वाला ली सामने के बाया तरफ से तक्कट मार दिया और बाड़ी दाया तरफ वाली (क्रैक) में गिर कर डैमेज ली गया ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197149 Gupta Automobile padrauna

Date / दिनांक : 13-05-2026
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. MS/2025/7001/0/4657

Tel. No. _____

Period of Insurance _____
 Claim No. 10-06-2026 95013

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
- (b) Address for correspondence
- (c) Telephone

Radheshyam

9956-6361344

2. THE INSURED VEHICLE

Make & Year <u>2023</u>	Engine No. <u>JF16EWPGC10999</u> Chassis No. <u>M3L5F04J503PGC15929</u>	Registration No. <u>UP57BM3152</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
 - 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 _____

MIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajeshyam Singh
 (b) Age : _____
 (c) Address : _____
 (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 : _____
 (f) Was he under the influence of intoxication Liquor or drugs? : _____
 (g) Driving Licence Number : UP5619980049913
 (h) Issuing Authority : _____
 (i) Date of Expiry : 29-12-2026
 (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 : 09-05-2025 7:00 P.M
 (b) Place : Kaplan (Cant)
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : एक गाड़ी ने गाड़ी में चढ़ी दाहिने ओर से
 (e) If any third party was responsible for this accident give the name and address : श्री (श्री) गुप्ता के घर (अ.स.) एम. 107/20

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fender, door, mirror
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : Gupta Automobile padraua

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 : MIA
 (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

~~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.

Date 13-05-2002

Signature *PSS*

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

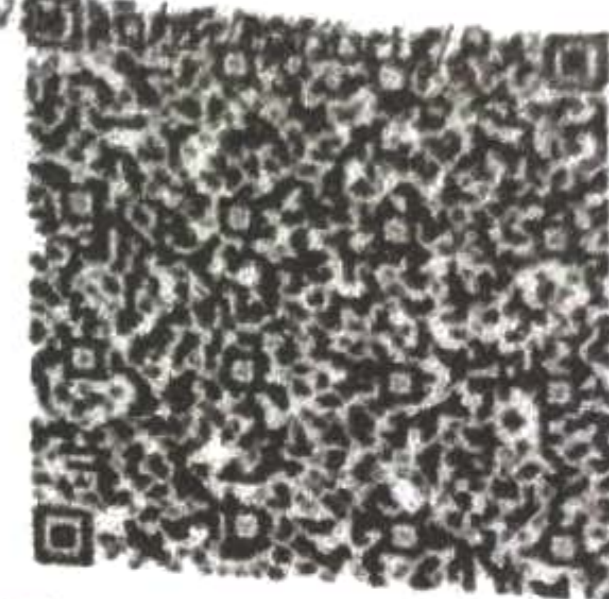
Signature .. *RSS*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP57BM3151
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : RADHEY SHYAM SINGH
 Full Address: (Permanent) : ADD- SUBHASH NAGAR UTTARI WARD NO, 13 , POST- KAPTANGANJ, PS- KAPTANGANJ, KUSHINAGAR, UTTAR PRADESH-274301
 Full Address: (Temporary) : ADD- SUBHASH NAGAR UTTARI WARD NO, 13 , POST- KAPTANGANJ, PS- KAPTANGANJ, KUSHINAGAR-UTTAR PRADESH-274301
 Fitness UpTo : 22-Jun-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 : AA2076031542
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JF16EWPGC10999
 Horse Power(BHP) : 8.04
 Maker's Classification : PLEASURE + ZX+
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : MATT VERNIER GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 23-Jun-2023
 Purpose For Printing RC : NEW
 Son/wife/daughter of : LATE SHIVNANDAN SINGH
 Owner Serial No : 1
 Link Vehicle No :
 Nominee Name : KALYANTI DEVI
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2077484160
 Month/Year of Manuf. : 03/2023
 Chassis No : MBLJFW583PGC15929
 Fuel : PETROL
 Cubic Capacity : 110.90
 Wheel base : 1238
 Standing Cap : 0
 Unladen Wt (kgs) : 103
 Laden/GV Wt (kgs) : 233
 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 : 21-Jun-2023
 OTT Date : 21-Jun-2023
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 14-Jul-2023
 Sale Amt : 77588/-
 Amount/Rcpt No : 7759 / UP57D23060003646
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details

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

This certificate is valid from 23-Jun-2023 to 22-Jun-2038

Date : 19-Jul-2023 18:22:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 19-Jul-2023

P 3381839

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/450131

Motersathi Care Private Limited

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

Contact us at:
Phone: +91 79410 50643

Email: info@motersathi.com

Visit the help section of www.motersathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RADHEY SHYAM SINGH	1953-05-01	9956361344	LATE SHIVNANDAN SINGH	Hero Motocorp	PLEASURE PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
HPLNPDRZCFI	UP57BM3151	JF16EWPGC10999	MBLJFW583PGC15929	2023	110	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
53000.00	NA	0.00	0.00	0.00	53000.00	
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	1160.76	
Address			City / District	Pin Code	State	
ADD- SUBHASH NAGAR UTTARI WARD NO. 13, POST- KAPTANGANJ, PS- KAPTANGANJ, Kushinagar-274301				274301	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AMBARISH KUMAR SINGH	Male	45 Years	SON	2025-06-19 12:57	Midnight of 2026-06-18	

Section A, VRC: 762.72 TCR: 375.24 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 304.08 Total with GST(A) 833.88

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: 277.02 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.86 Total with GST(D): 326.88

Total(Section A+B+C+D) Offered Price After Discount: 1161

Package Period Covered	2025-06-19 To 2026-06-18	2026-06-19 To 2027-06-18	2027-06-19 To 2028-06-18	2028-06-19 To 2029-06-18	2029-06-19 To 2030-06-18
ADV	53000	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 2028-06-20 (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 Company's 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.motersathi.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.motersathi.com Customer Care / Toll Free Phone No.:794105064, email id: info@motersathi.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 1160.77 ON 2025-06-18 from Mr./Ms. RADHEY SHYAM SINGH against the ARN No. INCP00450131

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

Issue Date: 09/01/2014



भारत सरकार
Government of India



राधे श्याम सिंह
Radhey Shyam Singh
जन्म तिथि/DOB: 01/05/1953
पुरुष/ MALE



3754 3847 8265

VID : 9104 3500 0789 8500

भारत आदर्श, भेरी पहातान

Download Date: 10/03/2023



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पति:
S/O: शिवरंदन सिंह, छोटी नेहला, नेहला, कटीहार जिला
नेहला, परतवाल, महाराजगंज,
उत्तर प्रदेश - 273301

Address:
S/O: Shivrandan Singh, CHHOTI NEHLA,
NEHLA, karoula URF: newija, Paratal,
Maharajganj,
Uttar Pradesh - 273301



3754 3847 8265

VID : 9104 3500 0789 8500



1047



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

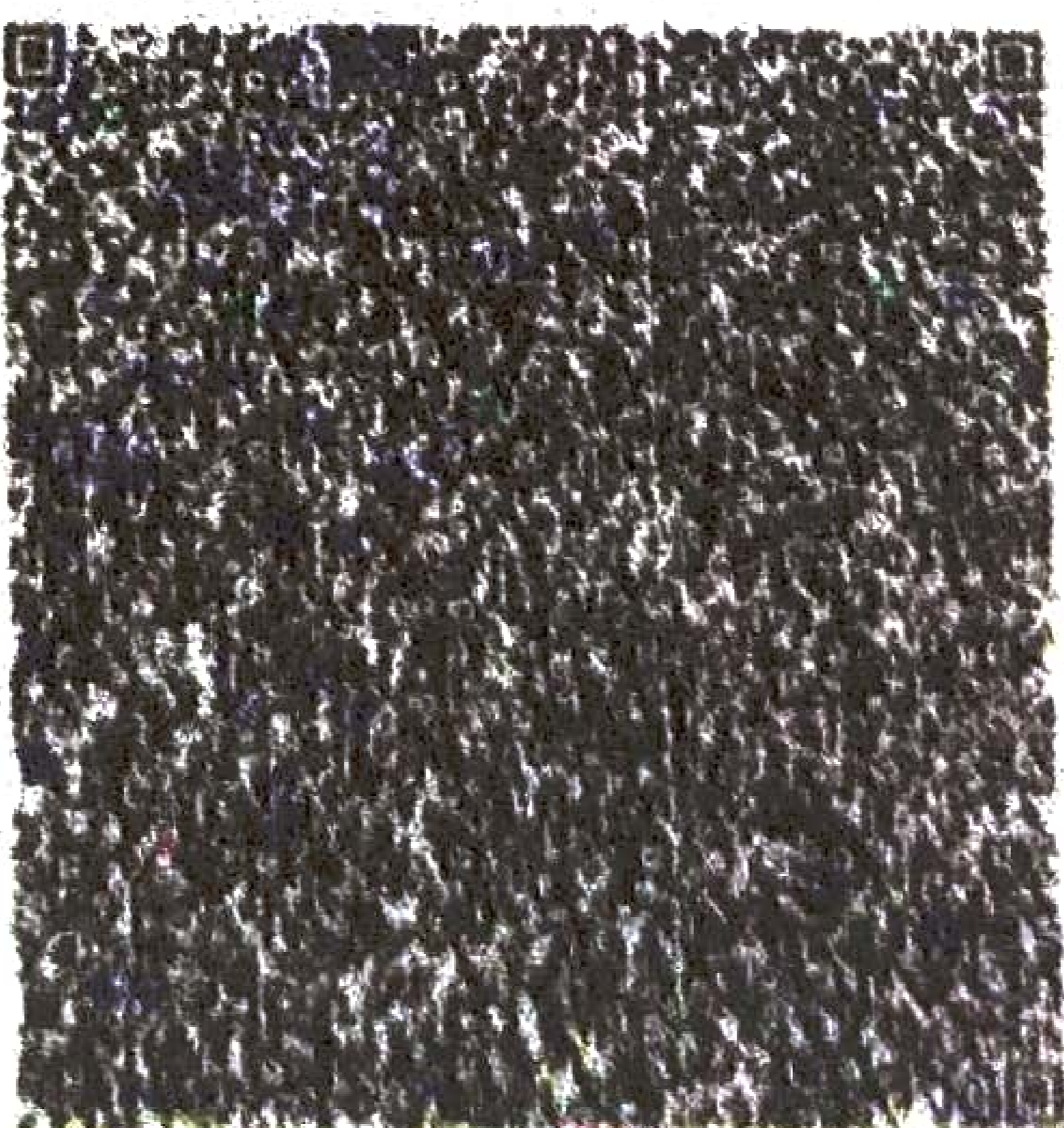
BTTPSS5123D



नाम / Name
RADHEY SHYAM SINGH

पिता का नाम / Father's Name
SHIVNANDAN SINGH

जन्म की तिथि /
Date of Birth
01/05/1953



21032023

PAN Application Digitally Signed, Certified
Valid unless Revoked/Expired

