



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.	Chandraprakash 6388150263
2	Vehicle No. / वाहन संख्या	UP57BR2160
3	Policy No. / पालिसी संख्या	MS/2025/1001/0/46575/99#923
4	Period of Insurance / बीमा अवधि	24-11-2025 - 23-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/05/2026, 02:30 P.m.
6	Place of Accident / दुर्घटना का स्थान	Kashia
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chandraprakash
8	Estimated Loss / अनुमानित हानि	22.190/-
9.	Cause of Accident / दुर्घटना का कारण:	अपनी बाइक लेकर पड़ोना आ रहा था तभी अचानक एक मोड़ पर गाड़ी वाला अचानक से सामने आ गया उसी से मेरी बाइक टकरा कर डिस्बैलेन्स हो कर साइड में एक पोल से टकराने की वजह से मेरी बाइक 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.	91251971 98 Gupta Automobile padrauna

Date / दिनांक : 27-05-2026  
हस्ताक्षर

CHANDRAPRAKASH  
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 \_\_\_\_\_  
 Tel. No. \_\_\_\_\_

Certificate/Policy No. MS/2025/7001/0/46575/  
494  
 Period of Insurance \_\_\_\_\_  
 Claim No. 23-11-2026

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 : Chandra Parkash  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8380150263

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>HA11E7RH3 43123</u> Chassis No. <u>MBLHAW225RH 242430</u>	Registration No. <u>UP57BR2160</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 : \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Chandraprakash  
(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 : UP5720230002342  
(h) Issuing Authority :  
(i) Date of Expiry : 31-12-2043  
(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 : 22/05/2026 02:30 P.m  
(b) Place : Karia  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : मोड़ पर रूक गाड़ी वाला अनजाने सामने का घाटा  
(e) If any third party was responsible for this accident give the name and address : जिसे गाड़ी टक्करा कर क्षतिग्रस्त हो गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Handle, Handbrake, Ford pipe  
(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 :  
(e) Full details of property damaged :  
(f) Has notice of any claim been given to you? :  
MIA

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 27-05-26 200

Signature of the insured CHANDRAPRAKASH

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 L.H.B. NDRARAKAS.M  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

CERTIFICATE OF REGISTRATION



Registration No : UP57BR2160  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304  
 Owner Name : CHANDRAPARKASH  
 Full Address: (Permanent) : VILL-AHIRAULI KHURD, POST-PADRAUNA, THANA-RAVINDRANAGAR, KUSHINAGAR-UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-AHIRAULI KHURD, POST-PADRAUNA, THANA-RAVINDRANAGAR, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness Up To : 15-Apr-2039  
 Detailed Description : M-CYCLE/SCOOTER  
 Class of Vehicle : INDIVIDUAL  
 Ownership : HERO MOTOCORP LTD  
 Maker's Name : AA2096518631  
 Front HSRP No : SOLO WITH PILLION  
 Type of Body : 1  
 No of Cylinders : HA11E7RHB43123  
 Engine No : 7.91  
 Horse Power(BHP) : SPLENDOR+ BLK STRIPE 130 S (DRS)  
 Maker's Classification : 2  
 Seating Cap(in all) : 0  
 Sleeper Cap : BLACK AND ACCENT  
 Colour : Fully Built  
 Other Criteria :  
 Vehicle Purchase As :  
 Registration Date : 16-Apr-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : UMESH  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2098665099  
 Month/Year of Manuf. : 02/2024  
 Chassis No : MBLHAW225RHB42430  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 111  
 Laden/GV Wt (kgs) : 241  
 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 HERO FINCORP LIMITED DELHI, DELHI, , New Delhi, Delhi-110057 w.e.f. 15-Apr-2024.

Purchase dt : 15-Apr-2024  
 OTT Date : 15-Apr-2024  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 14-May-2024  
 Sale Amt : 76726/-  
 Amount/Rcpt No : 7673 / UP57D24040002808  
 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 16-Apr-2024 to 15-Apr-2039

Date : 06-Jun-2024 14:10:38

Taxation Particulars / Advance Registration Mark Fee Details

*A.R.T.O.*  
 Signature of Registering Authority  
 Date : 06-Jun-2024

P 7633806



MS/2025/7001/O/46575/497923  
**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)

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
CHANDRAPRAKASH	2004-01-01	6388150263	S/O UMESH	Hero Motocorp	SPLENDOR PLUS
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>
DRUM SELF E20	UP57BR2160	HA11E7RHB43123	MBLHAW225RHB42430	2024	100
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Vehicle Type</b>
58000.00	NA	0.00	0.00	0.00	TW
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Total ADV</b>
PADRAUNA ( KUSHINAGAR )	Solo			2	58000.00
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>Offered Payment (incl. GST)</b>
AHIRAU LI KHURD POST -PADRAUNA			PADRAUNA ( KUSHINAGAR )	274304	1671.48
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
SUNITA DEVI	Female	40 Years	MOTHER	2025-11-24 12:11	Midnight of 2026-11-23

Section A, VRC: 834.68 TCR: 479.08 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1313.76  
 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: 303.15 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 54.57 Total with GST(D): 357.72  
**Total(Section A+B+C+D) Offered Price After Discount: 1671**  
**Total with GST(D): 357.72**

<b>Package Period Covered</b>	2025-11-24 To 2026-11-23	2026-11-24 To 2027-11-23	2027-11-24 To 2028-11-23	2028-11-24 To 2029-11-23	2029-11-24 To 2030-11-23
<b>ADV</b>	58000	NIL	NIL	NIL	NIL
<b>MS Services Period Covered (NODL)</b>	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-04-15 (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](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.

#: Received with Thanks Rs 1671.48 ON 2025-11-24 from Mr./Ms. CHANDRAPRAKASH against the ARN No. INCP00497923  
 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





आयकर विभाग  
INCOME TAX DEPARTMENT

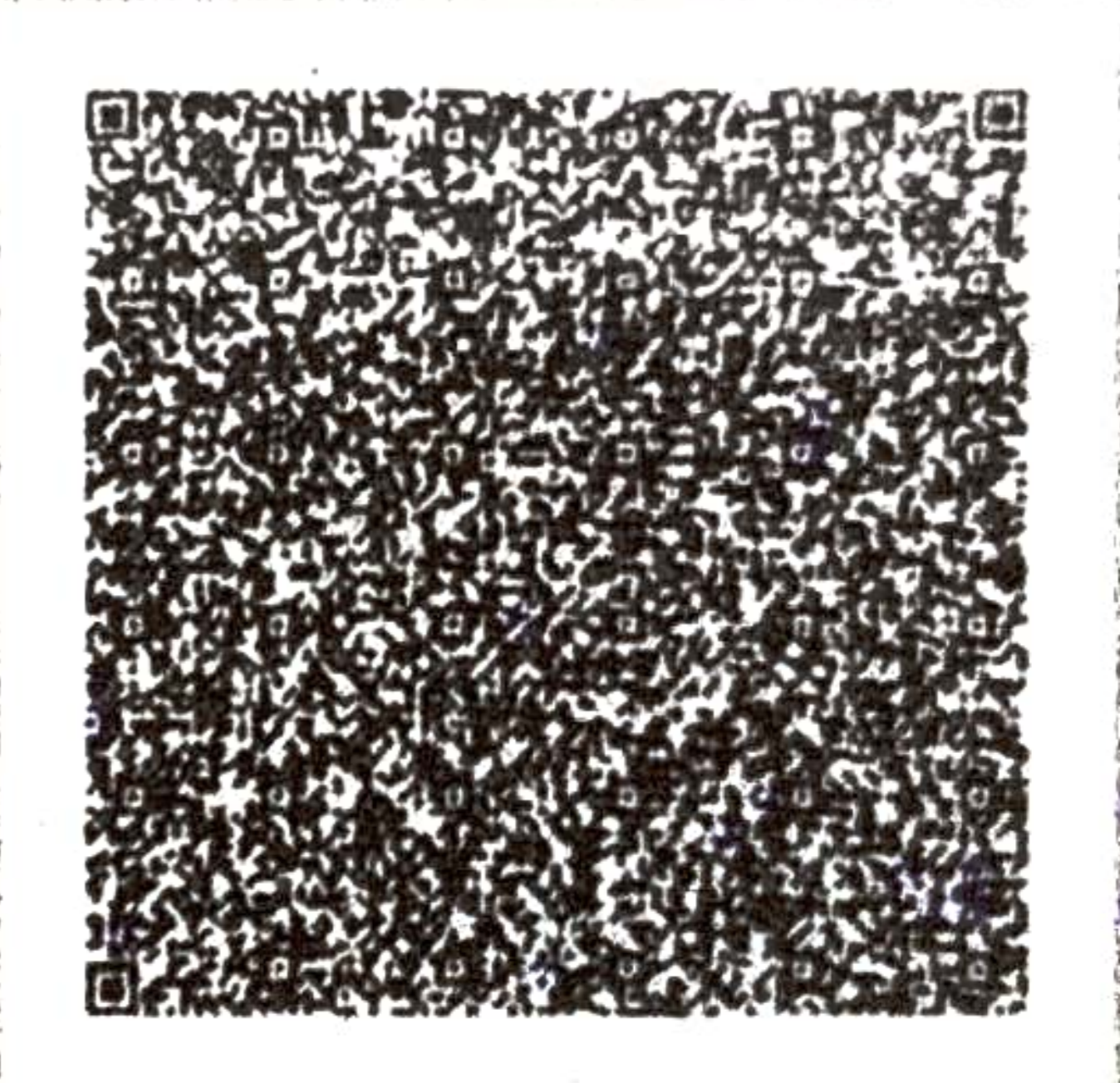


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CQHPC0592C



नाम Name

CHANDRAPRAKASH

पिता का नाम / Father's Name

UMESH

जन्म तिथि / Date of Birth

01/01/20

Chandraprakash

हस्ताक्षर / Signature

23403



भारत सरकार  
Government of India



Aadhaar no. issued: 24/11/2014



चन्द्रप्रकाश  
Chandraprakash  
जन्म तिथि/DOB: 01/01/2004  
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).

**6281 5373 2287**

मेरा आधार, मेरी पहचान



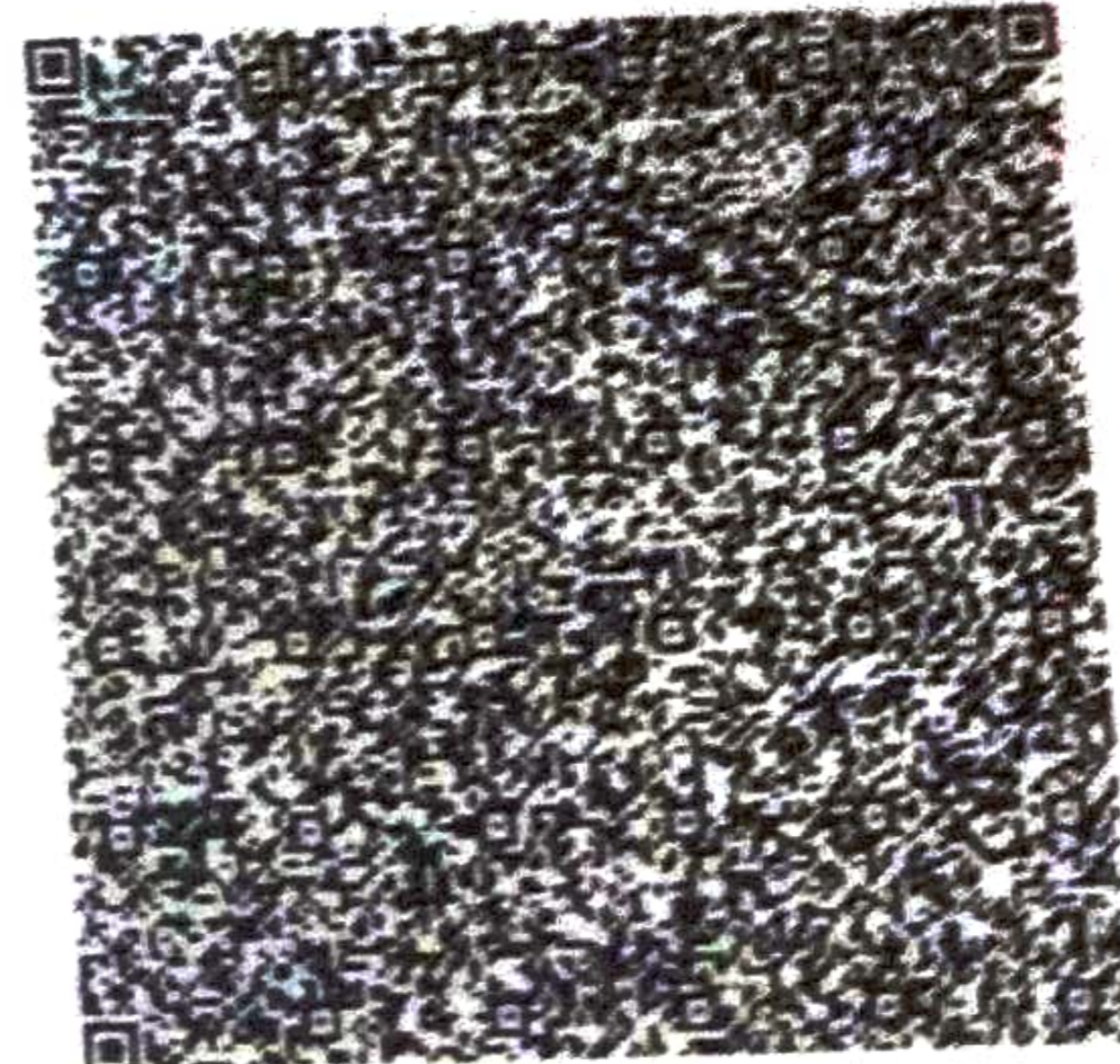
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O: उमेश, अहिरौली खुर्द, पडरौना, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
S/O: Umesh, Ahirauli Khurd, PO: Padrauna,  
DIST: Kushinagar,  
Uttar Pradesh - 274304

Details as on: 16/09/2024



**6281 5373 2287**

VID : 9148 9823 2942 1446