

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.	Amoop kumar Ghosh, 9120617121
2	Vehicle No. / वाहन संख्या	UP57BW4349
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/570726
4	Period of Insurance / बीमा अवधि	23/02/2026 to 22/02/27
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/05/2026, 11.00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Bhadhat
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720190009786 Amoop kumar Ghosh
8	Estimated Loss / अनुमानित हानि	16315/-
09.	Cause of Accident / दुर्घटना का कारण:	अपनी बाइक लेकर गोरथपुर जा रहा था तभी अचानक एक बाइक वाला रिंग साईड से सामने आ गया उसी से मेरी बाइक टकरा कर बायें साईड 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 Gupta automobile Padmauna

Date / दिनांक : 03/06/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
A Noop Ghosh



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/2026/7001/0/46578/570
726

Tel. No. _____

Period of Insurance 23/2/26 to 22/2/27
 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 : Ancop Kumar Gromd
 (b) Address for correspondence : _____
 (c) Telephone : 9120617121

2. THE INSURED VEHICLE

Make & Year <u>HESIO/2025</u>	Engine No. <u>HA11E8RHL26038</u> Chassis No. <u>MBLHAW232RHL49006</u>	Registration No. <u>UP57BW</u> <u>4379</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 : Anoop Kumar Goyal
(b) Age :
(c) Address : Kushinagar Padrauna
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP572019000978C
(h) Issuing Authority :
(i) Date of Expiry : 29/08/2039
(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 : 31/05/2026, 11.00 A.M.
(b) Place : Bhatat
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : बाइक से टकरा कर बायें साईड गिरने से कारिक क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end side.
(b) Estimated cost of repairs : 16315/-
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padrauna

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? :

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

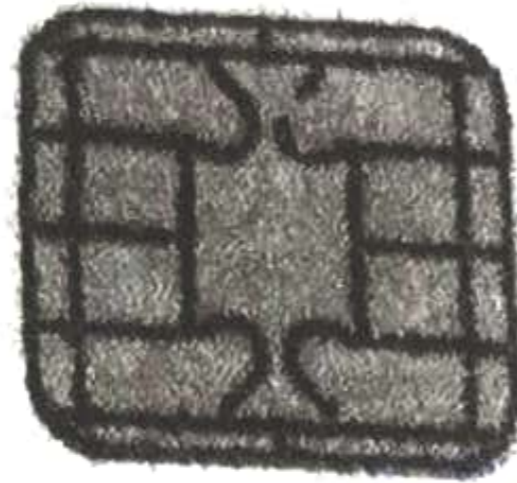
Signature *- Adoop godd*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP57 20190009786



Issue Date: 20-12-2021 Validity (NT): 29-09-2039 Validity (TR): 19-12-2026



Holder's Signature

Date of First Issue: 20-08-2019

Name: **ANOOP KUMAR GOND**
 Date of Birth: 18-07-2001 Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **DARA GOND**
 Address:
VILL-PAPAU PO PS RANKOLA
Hata, Kushinagar, UP 274305

L No: UP57 20190009786

UPDL0000070897-12



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
MCWG	MCWG	UP57	29-09-2019	NT			
LIV	LIV	UP57	29-09-2019	NT			
TRANS	TRANS	UP57	20-12-2021	TR			
MVTD							

Emergency Contact Number

Licensing Authority
UP57 KUSHINAGAR

Form 7 Rule 16(2)



GOVERNMENT OF UTTAR PRADESH
Transport Department PADRAUNA(KUSHI NAGAR)
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP57BW4379
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, ... 189-274304
Owner Name : ANOOP KUMAR GOND
Full Address: (Permanent) : VILL-PAPUR, POST -RAMKOLA, THANA -RAMKOLA, KUSHINAGAR, UTTAR PRADESH-274305
Full Address: (Temporary) : VILL-PAPUR, POST -RAMKOLA, THANA -RAMKOLA, KUSHINAGAR-UTTAR PRADESH-274305
Fitness Up To : 07-Feb-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA1038982952
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11E8RHL26038
Horse Power(BHP) : 7.91
Maker's Classification : SPLENDOR+ (DRS)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : SPORTS RED BLACK
Other Criteria :
Vehicle Purchase As : Fully Buift
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA1039321771
Month/Year of Manuf. : 11/2024
Chassis No : MBLHAW232RHL49086
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1236
Standing Cap : 0
Unladen Wt (kgs) : 109
Laden/GV Wt (kgs) : 239
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 : 08-Feb-2025
OTT Date : 08-Feb-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 17-Mar-2025
Sale Amt : 77026/-
Amount/Rcpt No : 7703 / UP57D25020000995
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 08-Feb-2025 to 07-Feb-2040

Date : 27-Mar-2025 11:26:10
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
A.R.T.O. (A)
Kushinagar (UP)
Date: 27-Mar-2025

Q 1912566

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/570726

Motorsathi Care Private Limited
 Plot No. 1, Sector 1, Meerut, Uttar Pradesh, (250004) India
 Phone: +91 7941050643
 Email: info@motorsathi.com
 Website: www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
ANOO KUMAR GOND	2001-07-18	9120617171	S/O DARA GOND	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
HERO SPLENDOR E20	UP57BW4379	HATIE9RHL26038	MBLHAW232RHL49080	2025	100
Associated Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
58000	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	58000.00
Address		City / District	Pin Code	State	
PAPUR RAMKOLA KUSHINAGAR, 274305			274305	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
KRISHNA DEVI	Female	34 Years	WIFE	2026-02-23 14:05	Midnight of 2027-02-22

Section A: ARN: 776.44 TCR: 342.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 221.84 Total with GST(A) 896.80
 Section B: TAC: 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%) (C): 0.00 Total MS Services with GST(C): 0.00
 Section D: Drive Assure: 282.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.76 Total with GST(D): 332.76
Total(Section A+C+D) Offered Price After Discount: 1230

Package Period Covered	2026-02-23 To 2027-02-22	2027-02-23 To 2028-02-22	2028-02-23 To 2029-02-22	2029-02-23 To 2030-02-22	2030-02-23 To 2031-02-22
ADV	58000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE PERIOD COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2030-02-06 (DETAILS ARE AS PER POLICY DOCUMENT OF 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 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.motorsathi.com or through call center.

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 or non-disclosure 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 1 lakh 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.

FOR FURTHER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643
 Email: 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 1229.56 ON 2026-02-23 from Mr./Ms. ANOO KUMAR GOND against the ARN No. INCP00570726
 This payment is subject to a compulsory excess of Rs. 100 - & Depreciation is applicable as per terms & conditions*
 (For details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



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भारत सरकार
Government of India



अनूप कुमार गोंड

Anoop Kumar Gond

जन्म तिथि / DOB : 18/07/2001

पुरुष / Male



8041 6208 2589

8041 6208 2589

मेरा आधार, मेरी पहचान

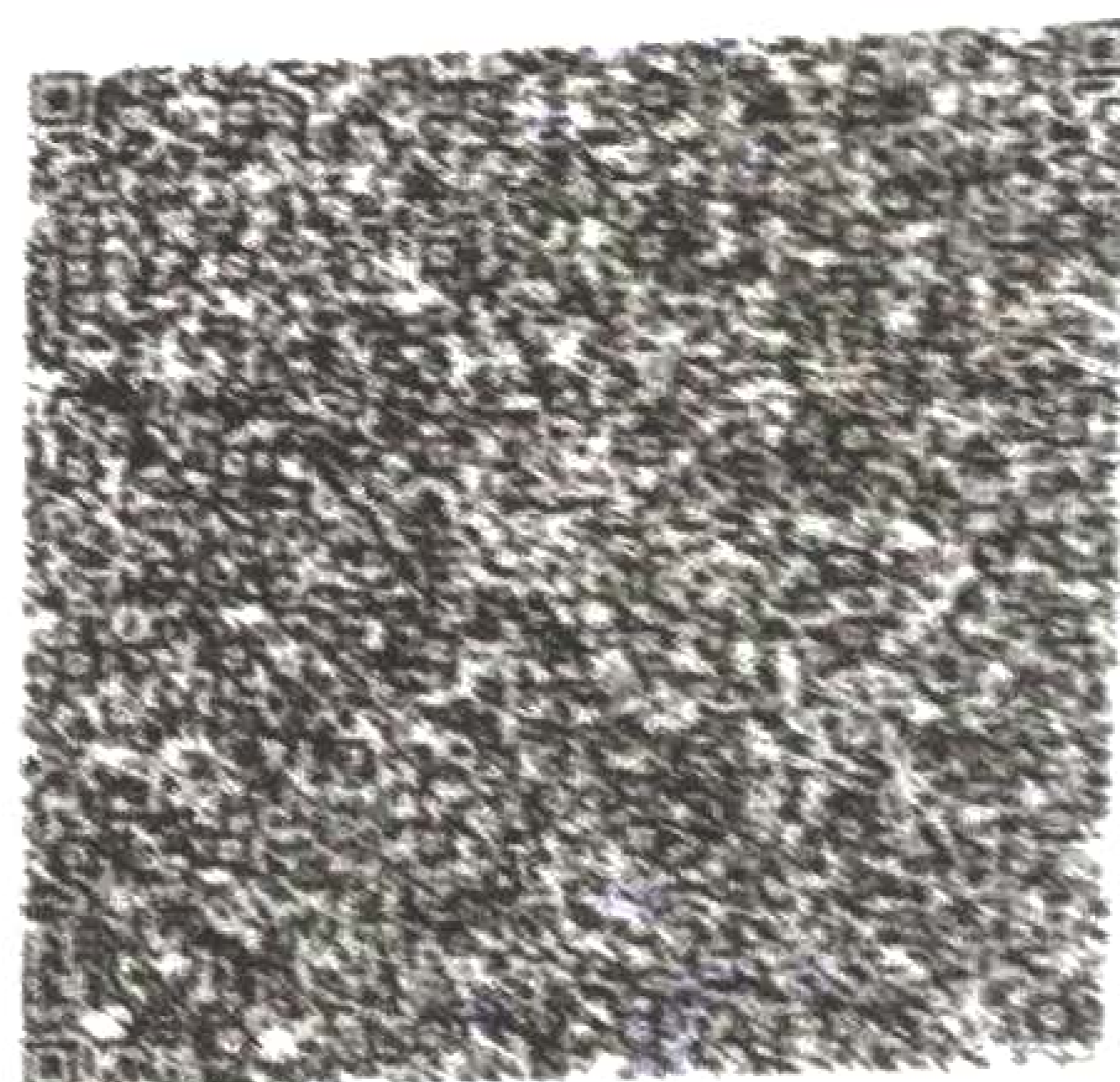


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: S/O दारा गोंड, .. पपउर, रामकोला,
कुशीनगर, उत्तर प्रदेश, 274305
Address: S/O Dara Gond, .. papaur,
Ramkola, Kushinagar, Uttar Pradesh,
274305

Print Date: 26/09/2022



8041 6208 2589



1947



help@uidai.gov.in



www.uidai.gov.in