



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.	Kushwaha Devendra Prasad 9451279624
2	Vehicle No. / वाहन संख्या	UP57BM 85823
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/456215
4	Period of Insurance / बीमा अवधि	17-07-2025 - 16-07-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01-06-2026 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Kasib
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ragu Kushwaha 7897120554
8	Estimated Loss / अनुमानित हानि	18,810/-
09.	Cause of Accident / दुर्घटना का कारण:	मेरा गाड़ी मेरा बेटा राहु कुशवाहा गाड़ी लेकर जा रहे थे अपने सार्डि के पीछे बहुत तेज गति पर चलाया वाहन आके दाहिने फिसल से अन्याय मोड़ लिया जिसके वजह से गाड़ी मे आके लगा और 2 गाड़ी दाहिनी तरफ से रोड पर गिर गया जिसके वजह से आको चार पहियों की गाड़ी डमोला घण्टी गिरने लगे.
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	MIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	MIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Gupta Automobile padraua 9121 911 48 दुपन्दर

Date / दिनांक : 04-06-2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Raju kushwala  
 (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: UP57 2012 000 9159  
 (h) Issuing Authority: \_\_\_\_\_  
 (i) Date of Expiry: 27-06-2032  
 (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?: \_\_\_\_\_

r. / नीचे  
था करें :-

22734  
113315  
अपने  
विवरण

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time: 01-06-2026 . 10:00 AM  
 (b) Place: Kasia  
 (c) Speed of vehicle at the time of accident: \_\_\_\_\_  
 (d) Give a short description of the accident: वह कार वलोक हाया कम् से अनातक ए  
मिफोरि लुके 0157 से वच हुआ और गिरा हाया  
कम् फोर कल सुमन ए वरत  
 (e) If any third party was responsible for this accident give the name and address: \_\_\_\_\_

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: visor, legand, lower handle etc  
 (b) Estimated cost of repairs: \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected: Groupa Automobils' le parvaur

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 : \_\_\_\_\_

~~MIA~~

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. : \_\_\_\_\_

~~MIA~~

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 Policy Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_

~~MIA~~

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 04-06-2002

Signature of the insured देवेन्द्र

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 *दवे=यश* .....  
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 : UP57BM5823
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 19-Jul-2023
Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
Purpose For Printing RC : NEW
Owner Name : DEVENDRA PRASAD KUSHWAHA
Son/wife/daughter of : RAMCHANDRA KUSHWAHA
Full Address: (Permanent) : VILL-SISNWA MATHINYA NAUKA TOLA, POST-PARSAUNI, THANA-RAVINDRA NAGAR, KUSHINAGAR, UTTAR PRADESH-274304
Full Address: (Temporary) : VILL-SISNWA MATHINYA NAUKA TOLA, POST-PARSAUNI, THANA-RAVINDRA NAGAR, KUSHINAGAR-UTTAR PRADESH-274304
Fitness UpTo : 18-Jul-2038
Detailed Description :
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Relationship with the Nominee : Spouse
Link Vehicle No :
Nominee Name : BIGNI DEVI
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2076796860
Rear HSRP No : AA2078315628
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 07/2023
No of Cylinders : 1
Chassis No : MBLHAW237PHGA1135
Engine No : HA11E8PHG51811
Fuel : PETROL
Horse Power(BHP) : 7.91
Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS)
Wheel base : 1236
Seating Cap(in all) : 2
Standing Cap : 0
Sleepar Cap : 0
Colour : BLACK GREY STRIPE
Unladen Wt (kgs) : 109
Other Criteria :
Laden/GV Wt (kgs) : 239
Vehicle Purchase As : Fully Built
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 Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of L & T FINANCE LTD GORAKHPUR, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 17-Jul-2023.

Purchase dt : 17-Jul-2023
OTT Date : 17-Jul-2023
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 07-Aug-2023
Sale Amt : 74341/-
Amount/Rcpt No : 7435 / UP57D23070001768
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 19-Jul-2023 to 18-Jul-2038

Date : 11-Aug-2023 14:55:46
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 11-Aug-2023

P 3892772



Contract No.: MS-2025-7001-O-46575-456215

Motorsathi Care Private Limited  
 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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
DEVENDRA PRASAD KUSHWAHA	1975-01-01	9451279624		Hero	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
ZX		HA11E8PHG51811	MBLHAW237PHGA1135	2023	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
0.95	NA	0.00	0.00	0.00	0.95
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	1323.45
Address			City / District	Pin Code	State
					Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
BIGANI DEVI	Female	45 Years	WIFE	2025-07-17 00:00	Midnight of 2026-07-16

Section A. VRC: 394.04 TCR: 421.26 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 994.27  
 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: 278.97 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.21 Total with GST(D): 329.18  
**Total(Section A+B+C+D) Offered Price After Discount: 1323**

Package Period Covered	2025-07-17 To 2026-07-16	2026-07-17 To 2027-07-16	2027-07-17 To 2028-07-16	2028-07-17 To 2029-07-16	2029-07-17 To 2030-07-16
ADV	0.95	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.  
 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 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/ Not exceeding 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.:79410506-6 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 1323.45 ON 2025-07-17 from Mr./Ms. DEVENDRA PRASAD KUSHWAHA  
 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**

सिखाया फारम

पुस्तक क्रमांक

INCOME TAX DEPARTMENT

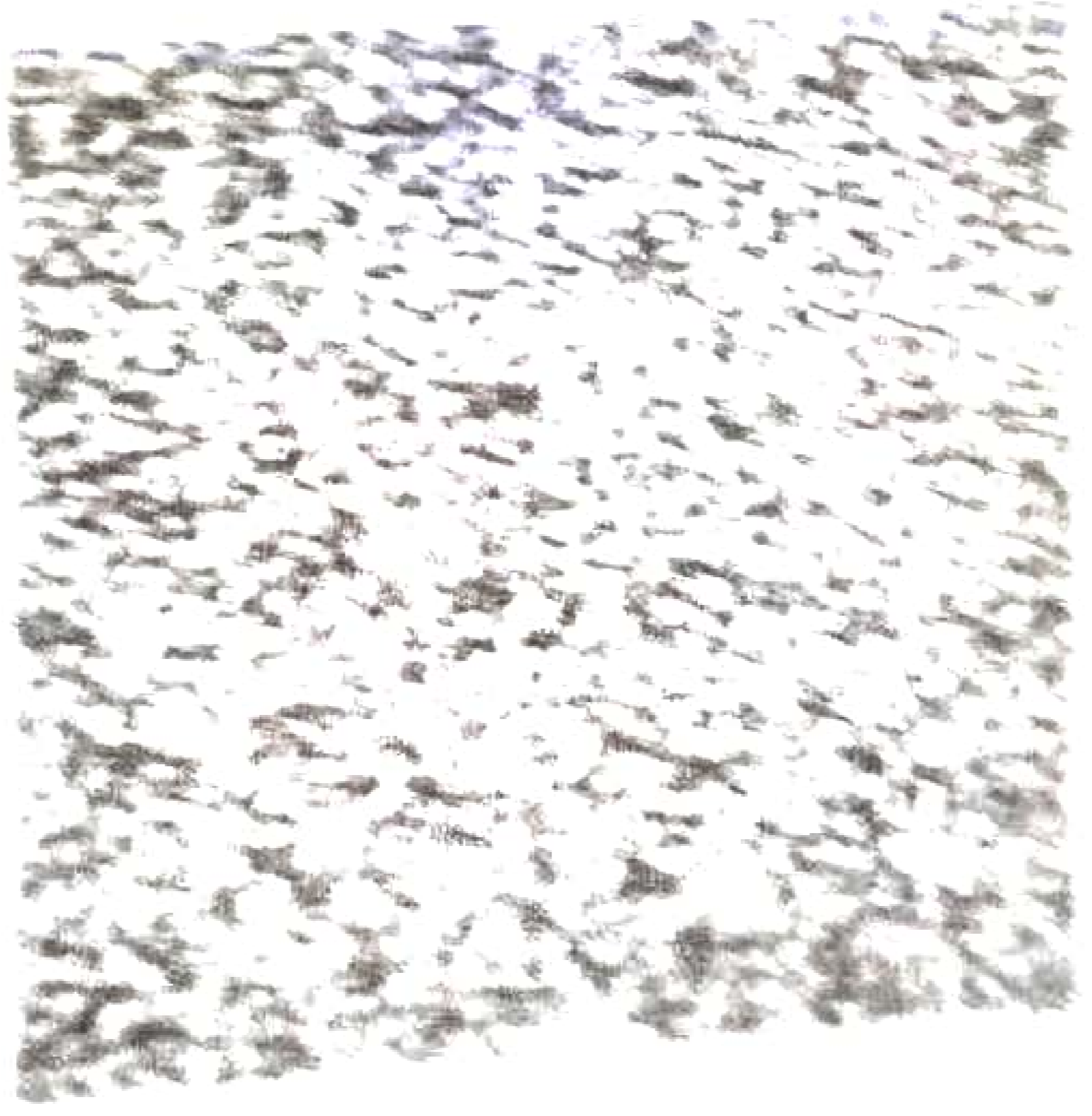
GOVT. OF INDIA



पुस्तक क्रमांक

Government Account Number Card

LOTPK2652M



DEVENDRA PRASAD KUSHWAHA

पुस्तक क्रमांक / Father's Name

RAM CHANDRA KUSHWAHA

पुस्तक क्रमांक

04/08/1975

Signature



भारत सरकार  
GOVERNMENT OF INDIA



नाम प्रसाद कुशवाहा  
Devendra Prasad Kushwaha  
जन्म वर्ष / Year of Birth : 1975  
पुरुष / Male

3167 4000 3742

आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O राम चंद्र कुशवाहा, सिमवा  
मठिया नौका टोला, पडराणा, कुशीनगर,  
उत्तर प्रदेश, 274304

Address: S/O Ram Chandra  
Kushwaha, siswa mathinya  
nauka tola, Padrauna, Padrauna,  
Kushinagar Uttar Pradesh  
274304

1947  
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bengaluru-560 001

Issued by Uttar Pradesh

UP57 20120009159



Issue Date 14-02-2025 Validity (NT) 27-06-2032

Validity (TR)\*



Holder's Signature

Name: RAJU KUSHWAHA

Date of Birth: 20-08-1993

Blood Group:

Son/Daughter/Wife of: DEVENDRA KUSHWAHA

Organ Donor:

N

Address: SISAWA MATHIYA PARSAUNI - KASIA  
PADRAUNA, KUSHINAGAR 274304

Date of First Issue 28.06.2012



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
	LMV	UP57	28-06-2012	NT			

Emergency Contact Number

Licensing Authority  
UP57 KUSHINAGAR