

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.	Pinki Devi mob — 6396269609
2	Vehicle No. / वाहन संख्या	UP85 CK 0171
3	Policy No. / पालिसी संख्या	MS12025/7001/0/46575/466616
4	Period of Insurance / बीमा अवधि	17/09/25 to 16/9/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	Date — 2-06-2026 Time — 04:30 PM
6	Place of Accident / दुर्घटना का स्थान	• मयूदा बुद्धावन जयश्री मंदिर रोड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Uday veer Singh UP8520160014207
8	Estimated Loss / अनुमानित हानि	23695/-
09.	Cause of Accident / दुर्घटना का कारण :	• उल्टे ब्रेक मिट्टे में वाहन ठहरा गयी लम्बर जा बहा गयी लम्बी अचकन ब्रेक वाइर से आरहे वाइरक ब्रेक लगाने से लम्बर मयूदा मयूदा वाइरक और मयूदा गयी के कारण पर गिर गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Join Hero Company 7017449987

Date / दिनांक : 3/6/26
हस्ताक्षर

Signature of Insured / बीमाधारक के

पिंकी



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/2025/10010/46875/466

Tel. No. _____

Period of Insurance 7/9/25 to 16/9/26

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 : Pinki Devi
 (b) Address for correspondence : nowi ndpugr sardgocohi
 (c) Telephone : 6396269609

2. THE INSURED VEHICLE

Make & Year <u>new</u> <u>15/sep/2023</u>	Engine No. <u>JA07AMP9601134</u> Chassis No. <u>MBLJAW397PGG00162</u>	Registration No. <u>UPD5CX0171</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? no
 (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. JWA
 (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 _____

Pinki

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Uday veer singh
(b) Age :
(c) Address :
(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? :
(g) Driving Licence Number : UPDS 20160014207
(h) Issuing Authority : Mathura
(i) Date of Expiry : 21/01/2036
(j) Was the licence temporary/permanent : 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 : 3/6/26 4:30 PM
(b) Place : GOSIAD
(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 :
[Handwritten text in Hindi]

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : AS PER ESTIMATED
(b) Estimated cost of repairs : 23695
(c) When and where can the damaged vehicle be inspected : Jain How company

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address :
(c) Full Details of personal injury sustained : [N/A]
(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? :

[Handwritten signature]

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. : _____

IWA

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 : _____

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 3/6/26

Signature of the insured [Signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



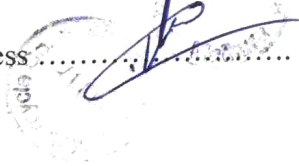
The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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 Dilipm
Signature
Address



Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



No.: MS/2025/7001/O/46575/466616

Motorsathi Private Limited
Nagar, Meerut, Uttar Pradesh, (250004) India
at: 79410 50643
info@motorsathi.com
the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
PINKI DEVI	1994-01-01	6396269609	NITIN	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF	UP8SCK0171	JA07AMPGG01134	MBLJAW397PGG00162	2023	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
68000.00	NA	0.00	0.00	0.00	68000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD.	---	2	1764.59	
Address			City / District	Pin Code	State	
R/O- GOVINDPUR,SARSWATI KUND KE PASS,GOVINDPUR,281001				281001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NITIN	Male	33 Years	HUSBAND	2025-09-17 15:38	Midnight of 2026-09-16	

Section A. VRC: 1024.10 TCR: 561.68 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 260.09 Total with GST(A) 1325.69
 Section B. EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENG: 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: 371.95 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 66.95 Total with GST(D): 438.90
Total(Section A+B+C+D) Offered Price After Discount: 1765

Package Period Covered	2025-09-17 To 2026-09-16	2026-09-17 To 2027-09-16	2027-09-17 To 2028-09-16	2028-09-17 To 2029-09-16	2029-09-17 To 2030-09-16
ADV	68000	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 2028-09-14 (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 or MotorSathi App.

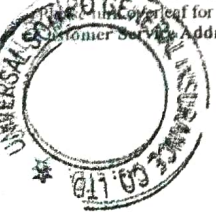
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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.: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 1764.59 ON 2025-09-15 from Mr./Ms. PINKI DEVI against the ARN No. INCP00466616
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 For more details (leaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



Handwritten signature/initials