

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.	Nagendra Prat Singh 9622849344
2	Vehicle No. / वाहन संख्या	UP-85-C 9-5639
3	Policy No. / पालिसी संख्या	MS/2025/201/0/46575/462195
4	Period of Insurance / बीमा अवधि	15/8/2025 To 14/8/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/06/2026 Time - 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	Manr.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Devenraj Kumar - UP 85 20200003818 2462002258
8	Estimated Loss / अनुमानित हानि	20405
09. Cause of Accident / दुर्घटना का कारण :		
		मैं और मेरा भाई दैवेन्द्र बाइक से माँह से घर आ रहे थे घर आते समय सामने से टम्पो वाले ने बाइक में टक्कर कर दी, जिससे दैवेन्द्र जाँटी चला रहा था मैं पीछे बैठे था।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	ND
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	ND
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	S.B. Chandelwal Nagar Bihar, Manr, Muzaffar 8868808889

Date / दिनांक :
हस्ताक्षर 13/6/2026

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/2025/2001/0146525/462195

Period of Insurance 15/8/2025 To 17/8/2025

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 Nagender Pal Singh

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

Badli, Mathura

2. THE INSURED VEHICLE

Make & Year <u>Jeep</u> <u>2024</u>	Engine No. <u>18711 ETR 9601090</u> Chassis No. <u>MBL107W127K9651942</u>	Registration No. <u>UP85-C9</u> <u>5639</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
- (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 _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Devanraj Kumar
 (b) Age : 20-3-1997
 (c) Address : Plot 12, Oct 9, Badli, Noida, Noida
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : Yes
 (e) If paid driver, how long has he been in your employment : NA
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP 8500200003018
 (h) Issuing Authority : Noida
 (i) Date of Expiry : 19-5-2032
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NO
 (l) Has he been involved in any accident before? : NO
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 13/6/2026 Time - 12:30 PM
 (b) Place : Noida
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : Same as above
 (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 : As per Estimate.
 (b) Estimated cost of repairs : 20405
 (c) When and where can the damaged vehicle be inspected : S.B. Mechanical Workshop

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? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (b) If yes, give full details _____

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. _____

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 _____

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 18/6/2026 200

Signature of the insured _____

Handwritten 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
Signature
Address

Signature
Occupation
Address
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CQ5639 Registration Date : 09-Aug-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , ,
 145-281004
 Owner Name : NAGENDRA PAL SINGH Son/wife/daughter of : MUKAND SINGH
 Full Address: (Permanent) : HOUSE NUMBER-27, VILLAGE PALKHERA, , MATHURA, UTTAR PRADESH-281201
 Full Address: (Temporary) : HOUSE NUMBER-27, VILLAGE PALKHERA, , MATHURA-UTTAR PRADESH-281201
 Fitness UpTo : 08-Aug-2039 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1035486693 Rear HSRP No : AA1034662331
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2024
 No of Cylinders : 1 Chassis No : MBLHA'W137R9G51942
 Engine No : HA11E1R9G01890 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE CANVAS Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Siespar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, NEW DELHI, , , New Delhi, Delhi-110007 w.e.f. 08-Aug-2024.

Purchase dt : 08-Aug-2024 Sale Amt : 69278/-
 OTT Date : 08-Aug-2024 Amount/Rcpt No : 6928 / UP85D24080001346
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Aug-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 09-Aug-2024 to 08-Aug-2039

Date : 17-Sep-2024 15:49 30
 Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 MATHURA
 Date : 17-Sep-2024

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS.2025/7001/O/46575/462195

Motorsathi Care Private Limited
 B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) 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	
NAGENDRA PAL SINGH	1990-03-15	9627849344	MUKAND SINGH	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
STLT - E20 CAST	UP85CQ5639	HA11E1R9G01890	MBLHAW137R9G51942	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
52500.00	NA	0.00	0.00	0.00	52500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
MATHURA	Solo	HERO FINCORP LTD.	---	2	1512.38	
Address			City / District	Pin Code	State	
HOUSE NUMBER-27			MATHURA	281201	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NAGENDRA PAL SINGH	Female		WIFE	2025-08-15 17:00	Midnight of 2026-08-14	

Section A: 75% Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 150.60 Total with GST(A) 897.11
 Section B: 8% FCPD: 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 (P): 257.34 MS Services (D): 0.00 MS Services (P): 0.00 GST (CGST @9% + SGST @9%): 45.61 Total MS Services with GST(C): 299.00
 Section D: Disc. Asses. 288.03 AHDC: 0.00 & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.24 Total with GST(D): 316.27
Total Section A-B-C-D) Offered Price After Discount: 1512

Package Period Covered	2025-08-15 To 2026-08-14	2026-08-15 To 2027-08-14	2027-08-15 To 2028-08-14	2028-08-15 To 2029-08-14	2029-08-15 To 2030-08-14
ADV	52500	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 2029-08-07 (DETAILS ARE 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) Recreational 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 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/ Not 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 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, vehicle closure 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 be subject to 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: 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 Aligarh.

Received with Thanks Rs 1512.37 ON 2025-08-15 from Mr./Ms. NAGENDRA PAL SINGH against the ARN No. INCP00462195
 This 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

Two-Wheeler Package Contract
MOTOR PACKAGE SCHEDULE MOTORISED
TWO WHEELERS PACKAGE-ZONE

Signer: Takshat Bhargava

Date: Friday, Aug 15, 2025

05:00:38 IST

Location: Naurangabad, Aligarh

Reason: Signing

Group Package No: 2062/9022353/4168

Road Side Assistance included in this Package - Toll free No. 7941050643 *Conditions Apply

Package No : MS/2025/7001/O/46575/462195
Cover Note No : -
Customer Code : CUSTINC00599142
Customer Name : NAGENDRA PAL SINGH
Address : MUKAND SINGH HOUSE NUMBER-27
HOUSE NUMBER-27 Barauth
Uttar Pradesh, 281201
Tel /Fax /Email : 9627849344/0 sbkhandelwal8@gmail.com

Prev Package No : -
Cover Note Dt : -
Office Name : MEERUT (GSTIN:09AAACT0627R4ZU)
Address : B.Dass Compound Opposite, DAV Public School,
Naurangabad, Grand Trunk Road, Naurangabad,
Aligarh
Uttar Pradesh, (202001)
Tel /Fax /Email : 7941050643//info@motorsathi.com

Package Period : FROM 17:00 ON 2025-08-15 TO MIDNIGHT OF 2026-08-14
(VEHICLE DAMAGE):
Collection Date : 2025-08-15 00:00:00
Gross Payment : 700.20
GST : 136.85
Total : 897.1064525
GST INVOICE NO : 202508462195



Geographical Area : India
Area Extension :

Particulars of Packaged Vehicle:

Registration Mark & Place	Engine No. & Chassis No. &	Make - Model	Year Of Registration	Type Of Body	Type Of Fuel	Seating Capacity (incl)	Cubic Capacity
UP85CQ5639	HA11E1R9G01890	HF DELUXE SELF - E20 CAST	2024	SOLO	1 + 1 PETROL	100	
	MBLHAW137R9G51942						

Limitations as to use:

The Package covers use only under a permit within the meaning of the Motor Vehicles Act 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act 1988.

Use only for social, domestic and pleasure purposes and for the covered business or profession. The Package does not cover use for hire or reward, tuition, racing, pace making, reliability trial, speed testing, carriage of goods (other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade. Driver: Any person including the covered, 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 Vehicles Rules, 1989.

*This package excludes all pre-existing damages

Pakaged Declared Value

PLACE:

DATE: 2025-08-15 00:00:00



Group Package No: 2062/9022353/4168

Signer: Takshat Bhargava
Date: Friday, Aug 15, 2025
05:00:38 IST
Location: Naurangabad, Aligarh
Reason: Signing

For the Vehicle	For the Side Car	Non Electrical Accessories	Electrical Accessories	Value of LPG/CNG	Total Value
52500	0	0	0	0	52500

SCHEDULE OF PAYMENT

A. VEHICLE DAMAGE		B. EXTERNAL	
VEHICLE RISK COVER	737.96	BASIC EC COVER	0.00
VEHICLE RISK BASIC - NEW	0.00	LESS :ECPD COVER-GR39A	0.00
TCR	309.75	BASIC EC TOTAL	0.00
BASIC RISK TOTAL	0.00	EC TOTAL	0.00
VEHICLE RISK TOTAL	0.00	TOTAL PAYMENT	0.00
MOTOR TOTAL VEHICLE RISK	897.11	TOTAL AMOUNT	897.11

All prices are inclusive of applicable GST

Deductibles under Section-I : COMPULSORY DEDUCTIBLE Rs.100

Subject to IMT Endorsement Printed herein/attached to :

Hypothecation Agreement with: -

Hire Purchase/Lessor Agreement with:

In the event of a claim under the Package exceeding Rs.1lac or a claim for refund of payment exceeding Rs.1lac, the covered will comply with the provisions of the AML Package of the Company. The AML Package is available in all our operating Offices as well as company website.

Warranted that in case of dishonour of payment cheque(s) the Company shall not be liable under the Package and the Package shall be void ab initio (from inception).

Claim is not admissible if Driving Licence is found fake or is not valid whether or not in the knowledge of the covered. I/We hereby certify that the Package to which the certificate relates as well as this certificate of coverage are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at on 15-OCT-23

IMPORTANT NOTICE

The covered 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 in order to comply with the MV Act, 1988 is recoverable from the covered. See the Clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY"

Package Printed By : MSCPL

Package Printed On : 2023-07-31 22:35:18



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

UP85 20200003818

Issue Date: 20-04-2021 Validity (NT): 19-05-2037 Validity (TR): 19-04-2026

Name: **DEVENDRA KUMAR**
Date of Birth: **20-05-1997** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **MUKAND SINGH**

Address:
PALKHEDA BARAOUTH
Mat, Mathura, UP 281201

Date of First Issue: (19-02-2020)

DL No: **UP85 20200003818** UPDL000005517734

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*
MCWG	MCWG	UP85	19-02-2020	NT			
LMV	LMV	UP85	19-02-2020	NT			
TRANS	TRANS	UP85	20-04-2021	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP85 MATHURA

Form 7 Rule 16(2)

भारत सरकार
Government of India

नागेन्द्र पाल सिंह
Nagendra Pal Singh

जन्म तिथि / DOB : 15/03/1990
पुरुष / Male



8378 4374 7903

आधार - आम आदमी का अधिकार

आधार
भारतीय नागरिक प्रमाणन प्राधिकरण
Unique Identification Authority of India

पता: S/O: मुकंद सिंह, मकान
नंबर-27, गाँव-पालखेरा
थाना-नाहिलील, बादोठ, बजना, मथुरा,
उत्तर प्रदेश, 281201

Address: S/O: Mukand Singh, House
Number-27, Village-Palkhera
Thana-Nauhijheel, Badoth, Bajna, Mathura,
Uttar Pradesh, 281201

8378 4374 7903




1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT
NAGENDRA PAL SINGH
MUKAND SINGH
15/03/1990
Permanent Account Number
DMFPS4955E
Signature

भारत सरकार
GOVT OF INDIA



01.11.2014