

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.	RAVINDRA PRAAD TURAHA 8726429377
2	Vehicle No. / वाहन संख्या	UPS2 BX9161
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/392205
4	Period of Insurance / बीमा अवधि	31-12-2024 TO 30-12-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	
6	Place of Accident / दुर्घटना का स्थान	
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAVINDRA PRAAD 8726429377
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	घोड़ी होने के सम्बन्ध में FIR के अनुसार
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	DRISHATI AUTO MOBILES 9793307827



राविन्द्र प्रसाद
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAVINDRA PRASAD
- (b) Age : 01-01-05
- (c) Address : MATHAULI RATI WARD 01 KARGALA SALEM PUR
- (d) Is the Driver : OWNER
 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 : UP52 2018 00000449
- (h) Issuing Authority : RTO - 11-01-18
- (i) Date of Expiry : 31-12-2034
- (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 : _____
- (b) Place : _____
- (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 : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : _____
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : _____

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? : _____



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/2024/7001/0/46575/392205

Tel. No. _____

Period of Insurance _____
Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

(a) Name : INSURED RAVINDRA PRASAD
(b) Address for correspondence : MATHAULI RAJ WARD NO. KAOLANI
(c) Telephone : SALEMPUR DEORIA - 0326429377

2. THE INSURED VEHICLE

Make & Year	Engine No. <u>HA11E7PHF16300</u> Chassis No. <u>MBLHAW219PHF17594</u>	Registration No. <u>UP52 BX 9161</u>
-------------	--	--------------------------------------

- (a) Was the vehicle in proper working condition?
(b) For what purpose was the vehicle being used at the time of accident?
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
1. Was a side-car attached
2. Was a pillion rider carried

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 : _____



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 21/11/15

Occupation

Address

Bank Account Number

Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

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

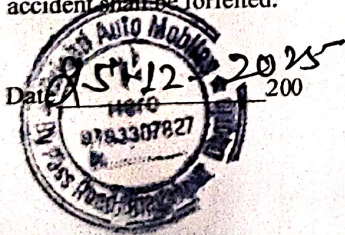
9. WITNESS

- (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 : 03-12-2025 7:00 Pm
 (b) Place : SALEM PUR MACHARI HATTA
 (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? : SALEM PUR
 (i) C.R. diary Number : 0381

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.



Signature of the insured

21/12/25 4/27/5

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2024/7001/O/46575/392205

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

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAVINDRA PRASAD TURAIHA		8726429377		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
125 E20		HA11E7PHF16300	MBLHAW219PHF17594	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	WHEELS EMI PVT LTD	---	2	1543.37	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PARWATI DEVI	Female	44 Years	Wife	2024-12-31 00:00	Midnight of 2025-12-30	

Section A, VRC: 359.58 TCR: 295.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) **Total with GST(A) 798.27**

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: 631.44 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 113.66 **Total with GST(D): 745.10**

Total(Section A+B+C+D) Offered Price After Discount: 1543

Package Period Covered	2024-12-31 To 2025-12-30	2025-12-31 To 2026-12-30	2026-12-31 To 2027-12-30	2027-12-31 To 2028-12-30	2028-12-31 To 2029-12-30
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 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 Companies 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 1543.37 ON 2024-12-31 from Mr./Ms. RAVINDRA PRASAD TURAIHA

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



FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP52BX9161 Registration Date : 11-Nov-2023
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURWAHA GKP ROAD, DEORIA, ... 190-274001
 Owner Name : RAVINDRA PRASAD Son/wife/daughter of : BADRI
 TURAIHA

Address: (Permanent) : VILL- MAJHAULI RAJ WARD NO.01, KAOLANI SALEMPUR, SALEMPUR DEORIA,
 DEORIA, UTTAR PRADESH-274506

Address: (Temporary) : VILL- MAJHAULI RAJ WARD NO.01, KAOLANI SALEMPUR, SALEMPUR DEORIA,
 DEORIA, UTTAR PRADESH-274506

Valid Up To : 10-Nov-2038 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	Rear HSRP No	: AA2083471161
Mont HSRP No	: AA2081427255	Month/Year of Manuf.	: 06/2023
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW219PHF17594
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E7PHF16300	Cubic Capacity	: 97.20
Engine Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Seper Cap	: 0	Laden GV Wt (kgs)	: 242
Colour	: BLACK TORNADO GREY	AC Fitted	: NO
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

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

By Manuf.	As Regd.	Weight(in kgs)
Description		

(Front:
 (Rear:
 (Other:
 (Tandem:
 The motor vehicle above described is subject to Hypothecation in favour of WHEELS EMI PVT LTD,
 DEORIA, , Deoria, Uttar Pradesh-274001 w.e.f. 09-Nov-2023.

Purchase dt	: 07-Nov-2023	Sale Amt	: 80511/-
Test Date	: 07-Nov-2023	Amount/Rcpt No	: 8052 / UP52D23110001619
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 17-Nov-2023		

Transfer State/Transfer/Conversion/Reassign Details

Previous Owner	:	Previous RegNo	:
From State	:	Exp. Date	:
Transfer Date	:	Conversion Date	:



This certificate is valid from 11-Nov-2023 to 10-Nov-2038

Date : 23-Apr-2024 13:27:14
 Particulars / Advance Registration Mark Fee Details


Signature of Registering Authority
 Date 23-Apr-2024


7556534

Government of Uttar Pradesh
 Government of Uttar Pradesh


UNION OF INDIA Driving Licence


UP52 20180000449








जारी करने की तिथि / Date of Issue: 11/01/2018
 वैधता / Validity: 31/12/2034
 जन्म तिथि / Date of Birth: 01/01/1985
 Blood Group: Unknown


नाम / Name: **RAVINDRA PRASAD**
 पिता/पति का नाम / Son/Daughter/Wife of: **BADRI PRASAD**

UP52 20180000449
UP06169980MT

LMV 11/01/2018 MCWG 11/01/2018





पता / Address: **MAJHAULI RAJ WARD NO - 01
KARBALA, SALEMPUR
DEORIA -**

जारीकर्ता / Issuing Authority Sign: **DEORIA**

Form 7 Rule 14(2)



भारत सरकार
Government of India



रविन्द्र प्रसाद तुरैहा
RAVINDRA PRASAD TURAIHA
जन्म तिथि / DOB : 11/06/1980
पुरुष / Male



5029 5697 9343

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O: बद्री, सड़क/मार्ग/गली:
मझौलीराज वार्ड न01, स्थान चिह्न:
मझौलीराज वार्ड न01, स्थान: वॉर्ड 1,
गांव/कस्बा/शहर: कौलानी, जिला:
देवरिया, पोस्ट ऑफिस: मझौली राज,
राज्य: उत्तर प्रदेश, पिन कोड:
274506

Address:

S/O: Badri, Street/Road/Lane:
MAJHAULIRAJ WARD N.1,
Landmark: MAJHAULIRAJ WARD
N.1, Area/Locality/Sector: WARD
1, Village/Town/City: Kaolani,
District: Deoria, P.O.: Majhauli
Raj, State: Uttar Pradesh,
PinCode: 274506

5029 5697 9343



1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



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FIRST INFORMATION REPORT

(Under Section 154 Cr.P.C.)

पथम सूचना रिपोर्ट

(धारा 154 दंड प्रक्रिया संहिता के तहत)

1. District (जिला): देवरिया

FIR No. (प्र.सू.रि. 0381

P.S. (थाना): सलेमपुर

Year (वर्ष): 2025

Date & Time of FIR (प्र.सू.रि. की दिनांक/समय): 12/12/2025 17:51 बजे

2. S.No. (क्र.सं.) Acts (अधिनियम)

1 भारतीय न्याय संहिता (बी एन एस), 2023

Sections (धारा(एँ))

303(2)

3. (a) Occurrence of offence (अपराध की घटना):

1. Day (दिन): बुधवार

Date From (दिनांक से 03/12/2025

Date To (दिनांक तक)03/12/2025

Time Period (समय अवधि): पहर 7

Time From (समय से): 19:00 बजे

Time To (समय तक): 19:00 बजे

(b) Information received at P.S. (थाना जहां सूचना प्राप्त हुई):

Date (दिनांक): 12/12/2025

Time (समय): 18:29 बजे

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. (प्रविष्टि सं.): 046

Date & Time (दिनांक और समय): 12/12/2025 18:34 बजे

4. Type of Information (सूचना का प्रकार): लिखित

5. Place of Occurrence (घटनास्थल):

1. (a) Direction and distance from P.S. (थाना से दूरी और दिशा):

Beat No. (बीट सं.):

(b) Address (पता): सलेमपुर मछरी हाटा

(c) In case, outside the limit of this Police Station, then (यदि थाना सीमा के बाहर है तो):

Name of P.S. (थाना का नाम):

District(State) (जिला (राज्य)):

6. Complainant / Informant (शिकायतकर्ता/सूचनाकर्ता):

(a) Name (नाम): Ravindra Prasad Turha

(b) Father's Name (पिता का नाम):

Ravindra Prasad

(c) Date/Year of Birth (जन्म तिथि / वर्ष): 0

(d) Nationality (राष्ट्रियता): भारत

(e) UID No. (यूआईडी सं.):

Date of Issue (जारी करने की तिथि):

(f) Passport No. (पासपोर्ट सं.):

Place of Issue (जारी करने का स्थान):

(g) Id details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN)

S.No. (क्र.सं.) Id Type (पहचान पत्र का प्रकार)

Id Number (पहचान संख्या)

1

(h) Address (पता):

S.No. (क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	वर्तमान पता	Ward No 1 Karbala Majhuliraj, सलेमपुर, देवरिया, उत्तर प्रदेश, भारत
2	स्थायी पता	Ward No 1 Karbala Majhuliraj, सलेमपुर, देवरिया, उत्तर प्रदेश, भारत

14. Signature/Thumb impression of the complainant /
informant.(शिकायतकर्ता / सूचनाकर्ता के हस्ताक्षर / अंगूठे का
निशान):

15. Date and time of dispatch to the court (अदालत में प्रेषण की
दिनांक और समय):



Signature of Officer in charge, Police Station
(थाना प्रभारी के हस्ताक्षर)

Name (नाम): SHO PS SALEMPUR

Rank(पद): (Inspector)

No.(स.): 9454403232

DRISHTI AUTOMOBILES

Main Road Bhagalpur - Deoria (U.P.)

Mob.- 9793307827

ESTIMATE

Owner's Name RAVNORA PRASAD

Address MAHAULI RAILROAD DEORIA

Phone 8726429377

Job No.
Date 25.12.2026
Chasis No. MBLHWW219PNE17594
Engine No. HA11E7PNE16300
Claim no.
Regn. No. UP52-BX9161
Speedmeter Regd
Insurance No. MOTOR SATVI
Model SPRINT
Date of Sale

Dear Sir,

Here Under we are forwarding our estimate for you're accoplarce. Please sign and return copy to is so that we may take up the work in hard.

S. No.	Details of Job	Qty.	Rate	Amount Rs.	P.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
Total					



For : DRISHTI AUTOMOBILES



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आयकर विभाग
INCOME TAX DEPARTMENT

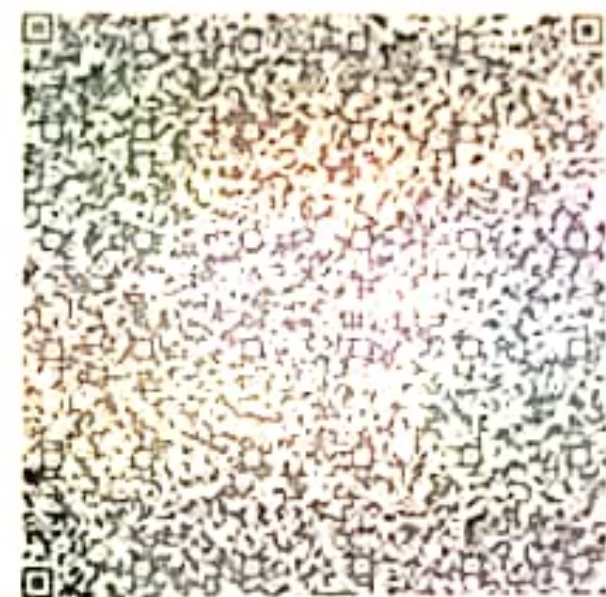


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BSMPR3483F



नाम / Name

RAVINDRA PRASAD TURAIHA

पिता का नाम / Father's Name

BADRI

जन्म की तारीख /

Date of Birth

11/06/1980

रविन्द्र प्रसाद

हस्ताक्षर / Signature

26062025

