

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.	Javed Arjum 9801042001
2	Vehicle No. / वाहन संख्या	BR 28 20370
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/45-9544
4	Period of Insurance / बीमा अवधि	03/08/25 to 02/08/26.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/11/25 . 7:00 PM.
6	Place of Accident / दुर्घटना का स्थान	Mir Bihan
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BR 282008 0058 910 Javed Arjum
8	Estimated Loss / अनुमानित हानि	4200/-
09.	Cause of Accident / दुर्घटना का कारण :	Wrong side se aa rahi gadi se bachne ke chakkar me gadi dishbalance ho kar Duvri Crade Se takkna gye
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Yash Automobiles. Salempurh / 7897481257.

Date / दिनांक : 18/11/25.
हस्ताक्षर

जावेद अर्जुम

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 _____

Certificate/Policy No. MS/2025/7001/0146575/4595

Tel. No. _____

Period of Insurance 03/08/23 to 02/08/25
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 : Javed Arjum
(b) Address for correspondence : Vill-Mechua Pandey Tola, Po-Mechua Jalalpur
(c) Telephone : 9801042001

2. THE INSURED VEHICLE

Make & Year <u>Hero/2021</u>	Engine No. <u>JA07ABMGEO8144</u> Chassis No. <u>MBL5AW7AMGEO6178</u>	Registration No. <u>BR28 Z</u> <u>03 70</u>
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- (a) Was the vehicle in proper working condition? No
(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. :
(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 :
No

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Javed Anjum
 (b) Age : 54
 (c) Address : At-Nehru Pandey Tola Po-N.Talaffa PS-Kuchikote
 (d) Is the Driver :
 1. Owner : 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 : BR28 20050058910
 (h) Issuing Authority : Gopalgarh
 (i) Date of Expiry : 01/03/2030
 (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 : 15/11/25 7:00 PM
 (b) Place : Mir. Bihar
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : Front Side
 (e) If any third party was responsible for this accident give the name and address : No

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : wrong side aa rahi gadi se baahar ke chakke
 (b) Estimated cost of repairs : mi chadi balance fle kor dusri gadi se tapkara gy
 (c) When and where can the damaged vehicle be inspected : 4200/-
Yash Automobiles

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 : NA
 (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

NA

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.

NA

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

NA

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 18/11/25 200

Signature of the insured [Signature]

Program Proposal Two-Wheeler Package Contract - Bundled

NEA-L1.C
2025

Contract No.: MS/2025/7001/O/46575/459544

Motorsathi Care Private Limited

Class Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
Contact us at: 79410 50643
info@motorsathi.com
for the help screen of www.motorsathi.com

Name	Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
JAWED ANJUM	1971-02-01	9801042009	MD YASIN	Hero Motocorp	SUPER SPL	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	
DRUM SELF CAST BLA	BR28Z0370	JA07ABMGE08144	MBLJAW179MGE06178	2021-08-26	125	
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
41500.00	NA	0.00	0.00	0.00	41500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment	
	Solo			2	853.18	
Address			City / District	Pin Code	State	
VILL-NECHUA PANDEY TOLA, PO-NECHUA JALALPUR, P.S-KUCHAIKOT, Gopalganj, Bihar, 841503				841503	Bihar	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End	
SAHJAHAN KHATOON	Female	48 Years	WIFE	2025-08-03 12:51	Midnight of 2025-08-03	

Section A, VRC: 708.34 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 158.73 Total with GST(A) 549.61
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
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: 257.26 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 46.31 Total with GST(D)
Total(Section A+B+C+D) Offered Price After Discount: 853

Package Period Covered	2025-08-03 To 2026-08-02	2026-08-03 To 2027-08-02	2027-08-03 To 2028-08-02	2028-08-03 To 2029-08-02	2029-08-03 To 2030-08-02
ADV	41500	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 2026-07-03 (DETAINED BY THE CUSTOMER).

RESTRICTIONS 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 persons) 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 for retaining 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 the 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. 1 lakh. 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.

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 writing to the customer. 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 company shall 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.

REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone 1800-123-4567 Email: info@motorsathi.com



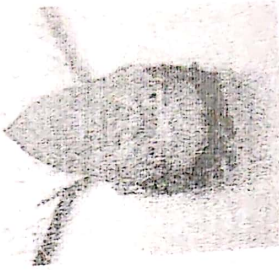
IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs. 853.18 ON 2025-08-03 from Mr./Ms. JAWED ANJUM against the ARN No. INCP00459544
The acknowledgment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
Please turn over for details Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
Selling Service Address: Class Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh,





भारत सरकार
Government of India



जवेद अजुम
Jawed Anjum
जन्म तिथि/DOB: 01/02/1971
पुरुष / MALE

5903 4966 1633

VID: 9163 2951 2143 9993

भारत आचार, भोरी पहचान



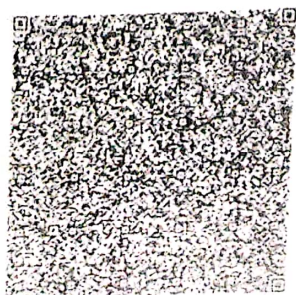
भारतीय विश्व स्वास्थ्य अधिकरण
Unique Identification Authority of India

पता:
S/O मो. यासीन, कुचैकोट, निचुआ पान्रे,
गोपालगंज,
बिहार - 841503

Address:
S/O Md.Yasin, Kuchaikot, Nichua Panre
Tola, Gopalganj,
Bihar - 841503

5903 4966 1633

VID: 9163 2951 2143 9993



INDIAN DRIVING LICENCE
GOVERNMENT OF BIHAR

DL: BR28 20050058910

Name : JAWED ANJUM

S/W/D of : MD. YASIN

Address : AT-NECHUWA PANDEY TOLA
PO-N JALALPUR PS-KUCHAIKOTE
KUCHAIKOTE, GOPALGANJ 841503

DOB : 01-02-1971 BG : A+

Badge No. :

Authorisation to drive the following vehicle class throughout India.
Type of Vehicles : LMV MCWG only

Signature of Holder

Issued on : 22-03-2005

Valid Till (Transport) : 01-03-2030
Valid Till (Non-Transport) : 01-03-2030

Min. Of Licencing Authority

DL: BR28 20050058910

Original LA : BR-28
Old DL No :
Date of Issue : 22-03-2005

Class of Vehicles

Vehicle Class	Issue Date
LMV	22-03-2005
MCWG	22-03-2005

BR10DL02082984

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ALYPA8909K

नाम / Name

JAVED ANJUM

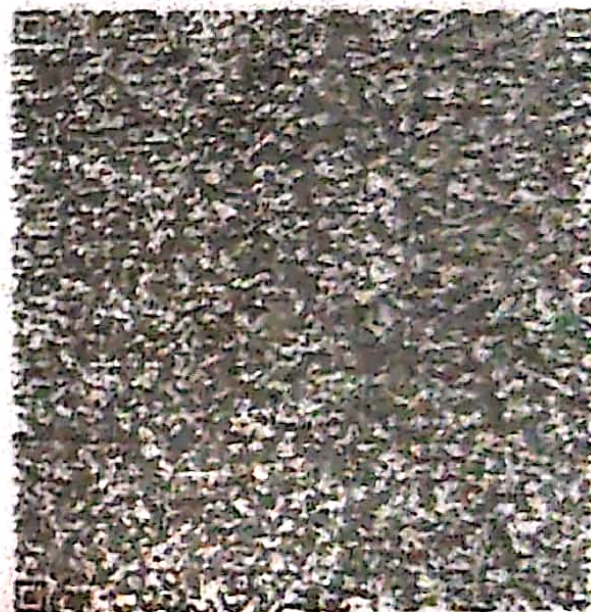
पिता का नाम / Father's Name

MD YASIN

जन्म की तारीख /

Date of Birth

01/02/1971



74062019



CERTIFICATE OF REGISTRATION
DEPARTMENT OF TRANSPORT
GOVERNMENT OF BIHAR

FORM 23A

Regd. No.: BR28Z0370

Name : JAWED ANJUM

S/W/D of : MD YASIN

Address : VILL-NECHUA PANDEY TOLA PO-NECHUA J
 ALALPUR P S-KUCHAIKOT Gopalganj BR
 841503

Vehicle Class : M-Cycle/Scooter

Chasis No. : MBLJAW179MGE06178

Engine No. : JA07ABMGE08144

Registration Date : 26-Aug-2021

Fitness Validity : 25-Aug-2036

Purpose Code : NEW

Signature of Issuing Authority
 DTC - GOPALGANJ

Tax Paid Upto : One Time Tax

Registration No. : BR28Z0370

Manufacturer with Make : SUPER SPLENDOR DRUM SELF D

Date of Manufacture : 05/2021

Colour : BLACK-SILVER

Fuel : PETROL

Body Type : SOLO WITH PILL

Seating Capacity : 002

Standing Capacity : 00

Wheel Base : 001273

No. of Cylinders : 01

Unladen Weight : 000122

Registered Laden Weight : 130

Gross Vehicle Weight : 000252

Cubic Capacity : 000124

Owner Serial no. : 01

BR10RC07809801

