

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड


Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

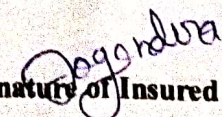
Sir / महोदय ,

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.	Jogendra 9198366931
2	Vehicle No. / वाहन संख्या	UP32 QZ 1778
3	Policy No. / पालिसी संख्या	2S2400/31/2026/39938
4	Period of Insurance / बीमा अवधि	02/10/2025 To 01/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/01/2026 02:00 PM
6	Place of Accident / दुर्घटना का स्थान	Baraaha Link Road
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jogendra - 9198366931 UP32 20230001889
8	Estimated Loss / अनुमानित हानि	36,340 Rs.
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी वाइक लेकर सिव्हर की रिसीव करने का रहा था मे धर से लगभग 2 km पर निकला था मुझे रास्ता सही न होने के वजह से मेरी वाइक का वेल स विगड़ गरा और सामने पुलि मल वरुह पर मेरी वाइक चली गई और वाइक फिसल गई जिससे वाइक से हाट गिर गया.
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.	Mbsadam Motemra 7081166066 Madison Lucknow

Date / दिनांक : 9/1/2026
हस्ताक्षर


9/1/2026


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 _____ Certificate/Policy No. 252400/31/2026/39938
 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

1. INSURED
 (a) Name : Jogendra
 (b) Address for correspondence : Willing end Post Barauna Lucknow 226002
 (c) Telephone : 9198366931

2. THE INSURED VEHICLE

Make & Year <u>Harley Davidson</u> <u>X440, 2025</u>	Engine No. <u>7601ABS4J01491</u> Chassis No. <u>MBLY6U1154J06581</u>	Registration No. <u>UP32QZ</u> <u>1778</u>
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(a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident? Personal
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried NA

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 : NA
 (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 : Jogendra
(b) Age : 30
(c) Address : Village Barauna Link Road
(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 : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP3220230001889
(h) Issuing Authority : Madan Union Driving Licence Issued by UP
(i) Date of Expiry : 02-06-2035
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? : No
(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 : 08/01/2026 02:00 PM
(b) Place : Barauna Link Road
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : SLIP ON BIKE IN ANIMAL WASTE
(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 : Left Side
(b) Estimated cost of repairs : 362340RS
(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 : 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? : _____ NA
- (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 Police 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 9/1/20026

Signature of the insured D. Jendera

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 on _____ 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. B32A21778 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 Jogendra
Occupation
Address Village and P.O. St.
Barauna Lucknow
226002

Bank Account Number
Name of the Bank

आधार

जोगेन्द्र
Jogendera
जन्म तिथि / DOB : 03/06/1995
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

9310 2669 8126

मेरा आधार, मेरी पहचान

Claim Perferred

भारत सरकार
Government of India
AADHAAR

पता: आत्मज: राम मनोहर, बरौना, लखनऊ, उत्तर
प्रदेश, 226002
Address: S/O: Ram Manohar, Barauna,
PO: Dilkusha, DIST: Lucknow, Uttar
Pradesh, 226002

9310 2669 8126

1847 info@uidai.gov.in www.uidai.gov.in

Claim Perferred

Jogendera



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



UP32 20230001889



Issue Date: **23-01-2023** Validity (NT): **02-06-2035** Validity (TR): _____



(23-01-2023)

Holder's Signature

Name: **JOGENDERA**
 Date of Birth: **03-06-1995** Blood Group: _____ Organ Donor: **Y**
 Son/Daughter/Wife of: **RAM MANOHAR**
 Address: **Barauna Lucknow Uttar Pradesh 226002**

Date of First Issue

only claim purpose

DL No: UP32 20230001889

UPDL000010434110



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	MCWG	UP32	23-01-2023	MT			
LNV	LNV	UP32	23-01-2023	MT			
MVSD							

Emergency Contact Number



Jogendera



only claim purpose

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA




JOGENDERA

RAM MANOHAR

03/03/1995
Permanent Account Number

BBKPJ4817Q

Jogendera



10042015

Jogendera

GOVERNMENT OF UTTAR PRADESH
Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP32QZ1778 Registration Date : 06-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION
 POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, , , 157-226021
 Owner Name : JOGENDERA Son/wife/daughter of : RAM MANOHAR
 Full Address: (Permanent) : R/O BARAUNA, LUCKNOW, , LUCKNOW, UTTAR PRADESH-226002
 Full Address: (Temporary) : R/O BARAUNA, LUCKNOW, , LUCKNOW-UTTAR PRADESH-226002
 Fitness UpTo : 05-Oct-2040 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 : AA2134296149 Rear HSRP No : AA2138230796
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLYGU113S4J06581
 Engine No : YG01ABS4J01491 Fuel : PETROL
 Horse Power(BHP) : 26.97 Cubic Capacity : 439.91
 Maker's Classification : HARLEY-DAVIDSON X440 S Wheel base : 1418
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 191
 Colour : MATT DENIM BLACK Laden/GV Wt (kgs) : 341
 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HDFC BANK LTD, LUCKNOW, Lucknow, Uttar Pradesh-226001 w.e.f. 02-Oct-2025.

Purchase dt	: 02-Oct-2025	Sale Amt	: 273100/-
OTT Date	: 02-Oct-2025	Amount/Rcpt No	: 27310 / UP32D25100005452
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 10-Oct-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Oct-2025 to 05-Oct-2040

Date: 05-Nov-2025 16:59:00

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 05-Nov-2025

Q 5938194

SARAM BUSINESS & SERVICES PVT LTD
 ANA MADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,
 26024, UP, India
 State Code: 9 Contact: 7408404728, . .
 GSTIN No: 09AAQCM8045C1Z7
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 17011-03-REST-0126-77
 Customer Name JOGENDERA .
 Aadhaar Card 8126
 VIN MBLYGU113S4J06581
 Insurance Company THE ORIENTAL CLAIM
 HMCGL Card No
 Part Details

Date 09-01-2026
 Contact No. 9198366931
 Model HARLEY X440
 Reg No. UP32QZ1778
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	HDH61327RAA000S -BACK COVER METER	87141090	Paid	83.05	1	9.00	9.00	0.00	0.00	0.00	0.00	98.00
2	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,100.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,478.00
3	HDH17520RAA030FS -SET FUEL TANK (MATT DENIM BLACK BK(DU)-0	87141090	Paid	14,843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	17,515.00
4	HDH33450RAA001S - WINKER ASSEMBLY LEFT FRONT	85122010	Paid	716.10	1	9.00	9.00	0.00	0.00	0.00	0.00	845.00
5	HDH33650RAA001S - WINKER ASSEMBLY LEFT REAR	85122010	Paid	533.90	1	9.00	9.00	0.00	0.00	0.00	0.00	630.00
6	HDH88120RAA001S - MIRROR ASSEMBLY LEFT BACK	70091090	Paid	235.59	1	9.00	9.00	0.00	0.00	0.00	0.00	278.00
7	HDH53178ACD000S - LEVER COMPLETE LEFT STEERING HANDLE	87141090	Paid	188.14	1	9.00	9.00	0.00	0.00	0.00	0.00	222.00
8	HDH51104RAA000S -STEP WOMEN	87141090	Paid	327.12	1	9.00	9.00	0.00	0.00	0.00	0.00	386.00
9	HDH53105RAA000S -END STEERING HANDLE	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
10	HDH50702ACJ000GS - HOLDER PILLION STEP LEFT (NH-105)	87141090	Paid	737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	870.00
11	HDH5064ARAA000GS - ARM LEFT STEP SUB ASSEMBLY (NH-105)	87141090	Paid	341.53	1	9.00	9.00	0.00	0.00	0.00	0.00	403.00
12	HDH17596RAA030FS - STRIPE FUEL TANK LEFT TYPE-1	39199090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
13	HDH5073ARAA000GS - ARM LEFT PILLION STEP ASSEMBLY (NH-105)	87141090	Paid	212.71	1	9.00	9.00	0.00	0.00	0.00	0.00	251.00
14	HDH24701ACJ000S - PEDAL GEAR CHANGE	87141090	Paid	200.00	1	9.00	9.00	0.00	0.00	0.00	0.00	236.00
15	HDH40543RAA000S - ADJUSTER CHAIN	87141090	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
16	HDH40510RAA000S - UPPER CHAIN CASE	87141090	Paid	163.56	1	9.00	9.00	0.00	0.00	0.00	0.00	193.00
17	HDH52400RAA001AS - CUSHION ASSEMBLY REAR FORCE SILVER	87141090	Paid	4,039.83	1	9.00	9.00	0.00	0.00	0.00	0.00	4,767.00



10/04/2026 10:50:40

0.00 29,850.00

Parts Total

Job No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	5,500.00	9.00	9.00	0.00	0.00	0.00	0.00	6,490.00	
Jobs Total											0.00	6,490.00
Parts Total												29,850.00
Labour Total												6,490.00
SGST (Parts) 9%												2,276.69
CGST (Parts) 9%												495.00
SGST (Labour) 9%												495.00
CGST (Labour) 9%												36,340.00
Total												

Authorised Signatory

Rupees in Words: Thirty Six Thousand Three Hundred Forty Only

17011 - Main W/S

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of LUCKNOW Jurisdiction Only