

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

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

Sir / महोदय,

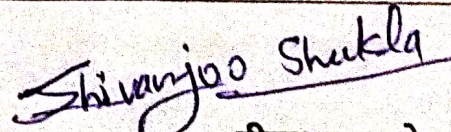
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	SHIVANJOO SHUKLA 6394487160
2	Vehicle No. / वाहन संख्या	UP32 QM 3471.
3	Policy No. / पालिसी संख्या	252400/31/2026/2183
4	Period of Insurance / बीमा अवधि	09/04/2025 To 08/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/11/2026, 4:10 Pm.
6	Place of Accident / दुर्घटना का स्थान	DALIGANJ, LUCKNOW
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIVANJOO SHUKLA Mob-6394487160 DL No-UP34-20230005086
8	Estimated Loss / अनुमानित हानि	₹ 386 Rs.
09.	Cause of Accident / दुर्घटना का कारण :	I am coming from Daliganj on my scooter, a battery rickshaw moving in front of me, suddenly turned to his right side. I have applied sudden break & lost control on my scooter. My scooter skid and fallen and got damaged.
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.	Masaram Business Service AUTO 7081166066.

Date / दिनांक : 20/11/2026.
हस्ताक्षर



20/11/2026


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. 2524-00/31/2026/2183

Tel. No. _____

Period of Insurance 09/04/2025 To 08/04/2026
 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 : SHIVANJOO SHUKLA
 (b) Address for correspondence : PLOT No-1078, BASANT VIHAR COLONY,
 (c) Telephone : SEMRA GAUDHI, LUCKNOW UP-2613

2. THE INSURED VEHICLE

Make & Year <u>VIDA V2 PLUS</u>	Engine No. <u>EC000186C06295</u> Chassis No. <u>MBLC EW 04-256C05116</u>	Registration No. <u>UP32 QM 3471</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 N/A

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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHIVANJOO SHUKLA
 (b) Age : 24 Years
 (c) Address : PLOT No-107B, BASANT VIHAR COLONY SEMRA, BAUDI LUCKNOW UP-261303
 (d) Is the Driver : SHIVANJOO SHUKLA
 1. Owner
 2. paid driver?
 3. Owner's relative or friend?
 (e) If paid driver, how long has he been in your employment : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : N/A
 (g) Driving Licence Number : UP34 2023 0005086
 (h) Issuing Authority :
 (i) Date of Expiry : 07-01-2043
 (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 : 20/11/2026, 4:10 PM
 (b) Place : DALIGANJ, LUCKNOW
 (c) Speed of vehicle at the time of accident : 20-30 km/h
 (d) Give a short description of the accident : Accident with e-rickshaw
 (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 Front
 (b) Estimated cost of repairs : 9386/-
 (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? :
 N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : N/A
- (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? : N/A
- (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? : N/A
- (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 21/1/2026

Signature of the insured Shivanjoo Shukla

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. UP32 QM 34-71 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 Shivanjoo Shukla
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

102032 - ACCIDENTAL
LABOUR-V2 PLUS

No. 998729 Billing Type Paid Rate 2.500000 SGST % CGST % UTGST % IGST % Discount Discount

GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP32QM3471 Registration Date : 13-Apr-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 : SHIVANJOO SHUKLA Son/wife/daughter of : C/O SHIV GOPAL SHUKLA
 Full Address: (Permanent) : SIDDHESHWAR NAGAR, SIDHAULI, SIDHAULI, SITAPUR, UTTAR PRADESH-261303
 Full Address: (Temporary) : PLOT NO-1078, BASANT VIHAR COLONY, SEMRA GAUDHI, SITAPUR ROAD,
 LUCKNOW, LUCKNOW-UTTAR PRADESH-220621
 Fitness UpTo : 12-Apr-2040 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2118543638 Rear HSRP No : AA2123351527
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 0 Chassis No : MBLCEW042S6C05116
 Engine No : ECD001S6C06295 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 124
 Colour : MAT PEARL WHITE Laden/GV Wt (kgs) : 274
 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 IDFC FIRST BANK LTD, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-226021 w.e.f. 10-Apr-2025.

Purchase dt : 10-Apr-2025 Sale Amt : 125000/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Apr-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State : Previous RegNo :
 Transfer Date : Entry Date :
 Conversion Date :

This certificate is valid from 13-Apr-2025 to 12-Apr-2040

Date : 02-May-2025 17:55:43
Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registrar
 वाहन विभाग
 Date : 02-May-2025

Q 3076501



भारत सरकार
Government of India



Issue Date: 21/03/2014



शिवांजू शुक्ला
Shivanjoo Shukla
जन्म तिथि / DOB : 08/01/2003
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



2054 2266 2389

मेरा आधार, मेरी पहचान

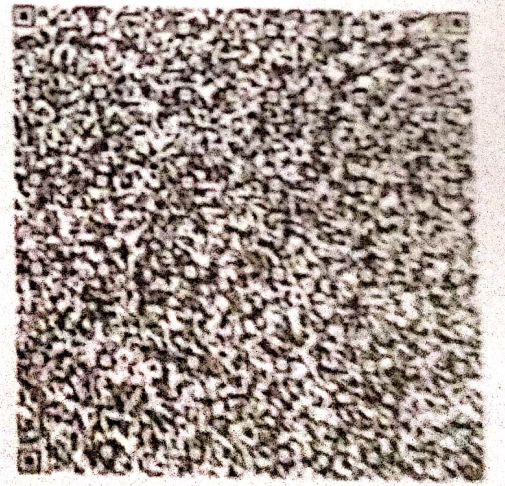


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 17/08/2023

पता. द्वारा: शिव गोपाल शुक्ला, सिद्धेश्वर
नगर, सिधौली, सीतापुर, उत्तर प्रदेश, 261303
Address: C/O: Shiv Gopal Shukla,
siddheshwar nagar, Sidhauili, Sitapur, Uttar
Pradesh, 261303



2054 2266 2389



1947
help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

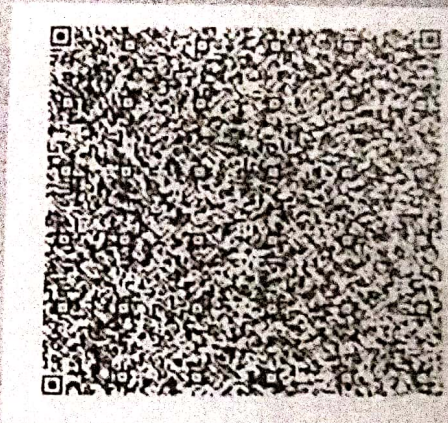


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

OEAPS1843R



नाम / Name
SHIVANJOO SHUKLA

पिता का नाम / Father's Name
SHIVGOPAL SHUKLA

जन्म की तारीख /
Date of Birth
08/01/2003

Shivanjoo Shukla
हस्ताक्षर / Signature

03052021

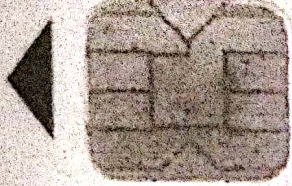




**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP34 20230005086



Issue Date Validity (NT) Validity (TR)*
02-06-2023 07-01-2043 -----



(02-06-2023)

Holder's Signature

Name: **SHIVANJOO SHUKLA**
Date of Birth: **08-01-2003** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **SHIV GOPAL SHUKLA**
Address:
siddheshwar nagar Sidhauri Sitapur Uttar Pradesh 261303

Date of First Issue

DL No: UP34 20230005086

UPDL000010724340



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	UP34	02-06-2023	NT			
	LMV	UP34	02-06-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licence Authority
UP34 SITAPUR

MOSARAM BUSINESS & SERVICES PVT LTD

THANA MADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,
 226024, UP, India
 State Code: 9 Contact: 7408404728, , ,
 GSTIN No: 09AAQCM8045C1Z7
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17011-03-REST-0126-79	Date	21-01-2026
Customer Name	SHIVANJOO SHUKLA .	Contact No.	6394487160
VIN	MBLCEW042S6C05116	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD64300ACP000RS - COVER FRONT RIGHT(MATT PEARL WHITE)	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
2	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
3	VD64304ACP000SS - COVER FRONT LOWER RIGHT(S(D)-015M(F))	87141090	Paid	1,440.68	1	9.00	9.00	0.00	0.00	0.00	0.00	1,700.00
4	VD53204ACP000S -WIND SCREEN	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
5	VD35200ACP003S - SWITCH ASSEMBLY WINKER	85365020	Paid	635.59	1	9.00	9.00	0.00	0.00	0.00	0.00	750.00
6	VD50500ACP000S -STAND COMPLETE MAIN ASSEMBLY	87141090	Paid	1,616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,908.00

Parts Total

Labour Details 0.00 6,436.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00

Jobs Total

0.00 2,950.00

Parts Total	
Labour Total	6,436.00
SGST (Parts) 9%	2,950.00
CGST (Parts) 9%	490.88
SGST (Labour) 9%	490.88
CGST (Labour) 9%	225.00
Total	9,386.00

Rupees in Words: Nine Thousand Three Hundred Eighty Six Only

Authorised Signatory

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