

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

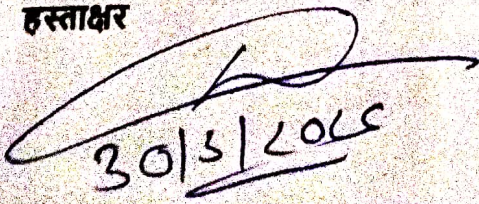
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

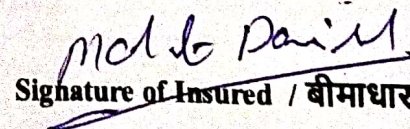
Sir / महोदय,

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.	Mahesh Danush. 8090824114, 7985957175
2	Vehicle No. / वाहन संख्या	UP32QS2642.
3	Policy No. / पालिसी संख्या	252400/31/2026/23601
4	Period of Insurance / बीमा अवधि	18/6/2025 To 17/6/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/3/2026 Time 18:15 PM.
6	Place of Accident / दुर्घटना का स्थान	Kuraji Road St. Mary Hospital
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sushil Kumar Gupta / Vanamda Gupta UP32QS2642 7007645020.
8	Estimated Loss / अनुमानित हानि	3178210
09.	Cause of Accident / दुर्घटना का कारण:	कुर्सि रोड से राह के समय घर जाते वक्त रोज 4 व्हीलर ने मेरी वाहान पर Right side से टक्कर मारी जिस कारण वर मेरी वाहान Left side से दुर्घटनाग्रस्त हो गयी।
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.	Mosalam Premia. 7081166066

Date / दिनांक : 30/3/2026  
हस्ताक्षर

  
30/3/2026

  
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. 252400/31/2026/23601  
 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 Mahd Danish  
 (b) Address for correspondence Kulwari Road, Sec J, Sanjay Parkam Lt. O.  
 (c) Telephone 7985957175

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>EC0501S6602888</u> Chassis No. <u>M0LCEW047S6602833</u>	Registration No.
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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?
- (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/Jesp/Tractor, was trailer attached? N/A
- (h) Number of passengers carried \_\_\_\_\_
- (i) Number of Passenger permitted \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Vinayak Gupta  
(b) Age : 53  
(c) Address : 41 Kanchar Nagar, Kanchar, Rajwari marg L.K.O.  
(d) Is the Driver  
1. 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 : UP3220240050948  
(h) Issuing Authority :  
(i) Date of Expiry :  
(j) Was the licence temporary/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?: N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 29/3/2026. Time 8:15 PM.  
(b) Place : Kursi Road. St Mary Hospital L.K.O.  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : वही रोड के बाएँ तरफ पक्की रोड से  
(e) If any third party was responsible for this accident give the name and address : कामरे से गती थी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Left f. front said.  
(b) Estimated cost of repairs : 31782 Rs.  
(c) When and where can the damaged vehicle be inspected : 4050.

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 : N/A  
(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? : 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? : \_\_\_\_\_

- (c) Was accident reported to Police? If not, Why? : N/A

- (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? : N/A

- (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 30/3/2026

Signature of the insured Mohd Dawid

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 CS 2642 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 Mohd. Pervez .....  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....



भारत सरकार  
Government of India



Aadhaar no. Issued: 08/02/2023



मोहम्मद दानिश  
Mohammad Danish  
जन्म तिथि/DOB: 12/06/1998  
पुरुष/ MALE

**8258 1459 4203**

**मेरा आधार, मेरी पहचान**



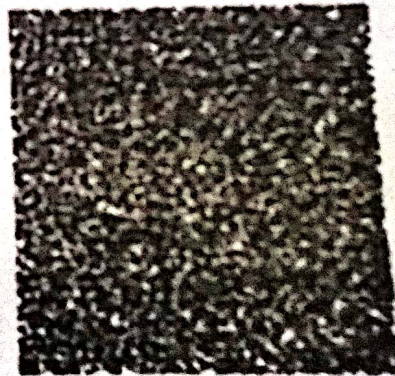
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 04/07/2025

पता:  
S/O अबु उबाइदा, 1/492, कुर्सी रोड, सेक्टर जे जयन्कीपुरम,  
लखनऊ, जयन्कीपुरम, लखनऊ,  
उत्तर प्रदेश - 226021

Address:  
S/O Abu Ubaida, 1/492, kursi road, sector j  
jankipuram, Lucknow, PO: Jankipuram, DIST:  
Lucknow,  
Uttar Pradesh - 226021



**8258 1459 4203**

**VID : 9108 8206 4411 9073**



1947



help@uidai.gov.in



www.uidai.gov.in



G H J K O P  
K

आयकर विभाग  
INCOME TAX DEPARTMENT

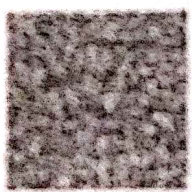


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CULPO1987N



नाम  
MOHAMMAD DANISH

पिता का नाम / Father's Name  
ISHRAAT JAMAN

आयकर संख्या / PAN  
E2007399



# Indian Union Driving Licence Issued by Uttar Pradesh



UP32 20240050948



Issue Date    Validity (NT)    Validity (TR)\*  
07-12-2024    27-09-2042



Holder's Signature

Date of First Issue: 07-12-2024

Name: **VINAMRA GUPTA**

Date of Birth: **28-09-2002**    Blood Group: **B+VE**    Organ Donor: **N**

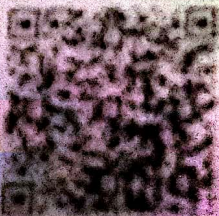
Son/Daughter/Wife of: **SUSHEEL KUMAR GUPTA**

Address:

41 KANCHAN NAGAR KANCHANA BILHARI MARG  
NEAR RAINBOW SCHOOL SAHADURP VIKAS NAGAR  
BAKSHI KA TALAB LUCKNOW UTTAR PRADESH  
226022

DL No: **UP32 20240050948**

UPDL 00001 567 4015/22



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 Recent By*
MCWG	UP32		07-12-2024	NT			
LWV	UP32		07-12-2024	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Issuing Authority  
**UP32 LUCKNOW T P NAGAR**



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

Registration No : UP32QS2642      Registration Date : 23-Jun-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATE LIMITED, 101, SITAPUR RD, MANDION  
 POLICE STN, MOHIBULLAPUR WARD FAIZULLAGANJ... 157-226021  
 Owner Name : MOHAMMAD DANISH      Son/wife/daughter of : S/O ABU UBALDA  
 Full Address: (Permanent) : 1/492, KURSI ROAD, SECTOR J, JANKIPURAM, LUCKNOW, UTTAR  
 PRADESH-226021  
 Full Address: (Temporary) : 1/492, KURSI ROAD, SECTOR J, JANKIPURAM, LUCKNOW, UTTAR  
 PRADESH-226021  
 Fitness Up To : 22-Jun-2040      Owner Serial No : 1

Detailed Description : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Norms : Not Available  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2120429366      Rear HSRP No : AA2125689946  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 05/2025  
 No of Cylinders : 0      Chassis No : MBLCEW047S6E02833  
 Engine No : ECD001S6E02888      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  
 Sleepar Cap : 0      Unladen Wt (kgs) : 124  
 Colour : MAT PEARL WHITE      Laden/GV Wt (kgs) : 274  
 Other Criteria :  
 Vehicle Purchase As : Fully Built      AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)  
 By Manuf. :      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 LIMITED, LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 18-Jun-2025.

Purchase dt : 18-Jun-2025      Sale Amt : 125000/-  
 OTT Date :      Amount/Rept No : /  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 05-Jul-2025

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

This certificate is valid from 23-Jun-2025 to 22-Jun-2040

Date : 16-Jul-2025 18:16:57  
 Taxation Particulars / Advance Registration Mark Fee Details  
 Signature of Regd. Printing Authority :  
 Date : 16-Jul-2025

4802852

**MOHAMMAD DANISH BUSINESS & SERVICES PVT LTD**  
 TANTA ROAD, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD, LUCKNOW, LUCKNOW,  
 UTTAR PRADESH, UP, India  
 State Code: 9 Contact: 7408404728, , ,  
 GSTIN No: 09AAQCM8045C1Z7  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	17011-03-REST-0326-91	Date	30-03-2026
Customer Name	MOHAMMAD DANISH .	Contact No.	8090824114
VIN	MBLCEW047S6E02833	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	VD53100ACP200S - HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	VD88120ACP200S - MIRROR ASSY L BACK	70091090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
3	VD37200ACP201S - SPEEDOMETER ASSY	87141090	Paid	14,866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	17,543.00
4	VD64301ACP000RS - COVER FRONT LEFT(MATT PEARL WHITE)	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
5	VD64305ACP000SS - COVER FRONT LOWER LEFT (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
6	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
7	VDACPCS6A0040DZGS - SET ILLUSTR BODY SIDE LH	87141090	Paid	2,706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	3,194.00
8	VD53178ACP000S -LEVER L HANDLE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
9	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00
10	VD51500ACP000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	1,327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
11	VD51400ACP000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	1,277.12	1	9.00	9.00	0.00	0.00	0.00	0.00	1,507.00
<b>Parts Total</b>											0.00	30,012.00

Labour Details												
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	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	0.00	1,770.00
<b>Jobs Total</b>											0.00	1,770.00

Parts Total	30,012.00
Labour Total	1,770.00
SGST (Parts) 9%	2,289.05
CGST (Parts) 9%	2,289.05
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
<b>Total</b>	<b>31,782.00</b>