

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

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

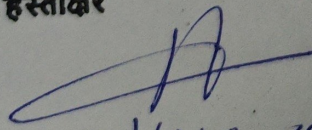
Sir / महोदय,

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.	Shivanand 6388220968, 9721255546
2	Vehicle No. / वाहन संख्या	UP32 QY 9720
3	Policy No. / पालिसी संख्या	252400/31/2026/36539
4	Period of Insurance / बीमा अवधि	1+4 Years
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/11/2025, 11:05 PM
6	Place of Accident / दुर्घटना का स्थान	Raitha Untter Path Highway
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3220200036036 Shivanand, 9721255546
8	Estimated Loss / अनुमानित हानि	89866 Rs
09.	Cause of Accident / दुर्घटना का कारण	सामने आम - पास के लोगों से यह पता चला सामने चल रहे पिठाभय डाले ने अचानक ब्रेक लगाया शुद्ध नरु दिना जिसकी स्पीड गरीबन 50-60 kmph थी मेरी गरीबी की लगभग उसी स्पीड में चलने पीछे चल रहे की क्लॉर उच्चतम गति पर जो जाणू मेरी गाड़ी के जाणू कर सटकार गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	मो. 981166066
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Masaram Premia. 7081166066

Signature of Insured / बीमाधारक के

Date / दिनांक : 9/4/2026.
हस्ताक्षर


9/4/2026



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. 25400/31/2026/36539.

Tel. No. _____

Period of Insurance 1+4 years

Claim No. _____

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

I. INSURED

- (a) Name : S. Hyvanand.
 (b) Address for correspondence : Raitha Untler Path Harwar
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>MBLVH0117S4H00741</u> Chassis No. <u>YG01AB34H00312.</u>	Registration No. <u>UP320V9720</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?
 (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 : N/A
 (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 : Shivanand
(b) Age : 32
(c) Address : Kushhari, Post Kasmandkata, Malihabad Lko.
(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 : _____
(f) Was he under the influence of intoxication Liquor or drugs? : _____
(g) Driving Licence Number : UP32202000 36036.
(h) Issuing Authority : 28-09-2020-11-08-2034
(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? : _____

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 16/11/2025, 11:05 PM
(b) Place : Raitha Gutter Path Hainway.
(c) Speed of vehicle at the time of accident : 30-40
(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 : Front Left Side.
(b) Estimated cost of repairs : 898660.
(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 : 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? : _____
(b) If yes, give full details : _____ N/A.

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 9/4/2006

Signature of the insured

सौरभ तिवारी

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. UP3201/9726 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 सौरभ तिवारी
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP32QY9720
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101, SITAPUR RD, MANDION POLICE STN, MOHIBULLAPUR, WARD FAIZULLAGANJ, , , 157-226021
 Owner Name : SHIVANAND
 Full Address: (Permanent) : R/O KUSBHARI, POST KASMANDI KALA, MALIHABAD, LUCKNOW, LUCKNOW, UTTAR PRADESH-227111
 Full Address: (Temporary) : R/O KUSBHARI, POST KASMANDI KALA, MALIHABAD, LUCKNOW, LUCKNOW-UTTAR PRADESH-227111
 Fitness Up To : 25-Sep-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2134296169
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : YG01ABS4H00312
 Horse Power(BHP) : 26.97
 Maker's Classification : HARLEY-DAVIDSON X440 S
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : MATT DENIM BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 26-Sep-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : PARMATMA NAND
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2138230812
 Month/Year of Manuf. : 08/2025
 Chassis No : MBLYGU117S4H00741
 Fuel : PETROL
 Cubic Capacity : 439.91
 Wheel base : 1418
 Standing Cap : 0
 Unladen Wt (kgs) : 191
 Laden/GV Wt (kgs) : 341
 AC Fitted : NO

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-226001 w.e.f. 22-Sep-2025.

Purchase dt : 22-Sep-2025
 OTT Date : 22-Sep-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 10-Oct-2025
 Sale Amt : 273100/-
 Amount/Rcpt No : 27310 / UP32D25090010754
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 26-Sep-2025 to 25-Sep-2040

Date : 19-Nov-2025 17:15:40

Taxation Particulars / Advance Registration Mark Fee Details

कर / पंजीयन अधिकारी
 मोहर वाला विभाग लुकरा (T.P.N)
 Signature of Registering Authority
 Date : 19-Nov-2025

Q 6084740

DL No: **UP32 20200036036** UPDL000003688853

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	UP32	UP32	28-09-2020	NT			
LMV	UP32	UP32	28-09-2020	NT			
MVSD							

Emergency Contact Number Licensing Authority
UP32 LUCKNOW TRIPRAKAR

Form 7, Rule-6(2)

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

UP32 20200036036

Issue Date	Validity (NT)	Validity (TR)*
28-09-2020	11-08-2034	

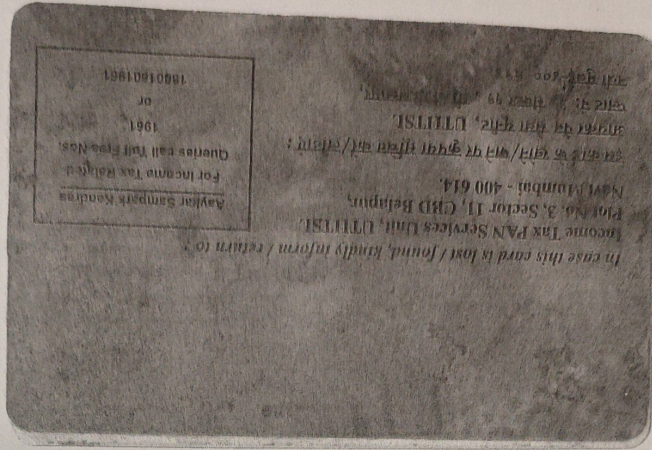
Name: **SHIVANAND** Holder's Signature

Date of Birth: **12-08-1994** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **PARMATMANAND**

Address: **105/111, KASMANDI KALA MALIHABAD
 LUCKNOW, UP 227111**

First Issue (28-09-2020)

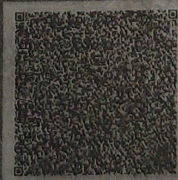


आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
JDTP58037Q



नाम
SIVANAND

पिता का नाम / Father's Name
PARNATHANAND

कार्ड का दिनांक
Date
12/08/1984

भारत सरकार
भारत
आधार

शिवानंद
SHIVANAND
जन्म तिथि / DOB : 12/08/1994
पुरुष / MALE

Issue Date: 12/01/2012

2594 6417 1260

मेरा आधार, मेरी पहचान

भारत सरकार
भारत
आधार

पता: S/O परमात्मा नन्द, कुसभरी
पोस्ट- कसमंडी कला, मलिहाबाद, लखनऊ, उत्तर
प्रदेश, 227111
Address: S/O PARAMATMA NAND,
KUSBHARI POST- KASMANDI KALA,
Malihabad, Lucknow, Uttar Pradesh, 227111

Print Date: 23/03/2021

2594 6417 1260

1947 help@uidai.gov.in www.uidai.gov.in

संख्या 2
S.No.2



फॉर्म 6
FORM 6



उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
शिक्षा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
ग्राम पंचायत राधा
GRAMA PANCHAYAT RAITHA

मृत्यु प्रमाण पत्र
DEATH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा उत्तर प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS AND DEATHS RULES 2002)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि ग्राम पंचायत राधा तहसील बखशी का तालाब जिला लखनऊ राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR GRAMA PANCHAYAT RAITHA OF TAHSIL/BLOCK BAKSHI KA TALAB OF DISTRICT LUCKNOW OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA

मृतक का नाम / NAME OF DECEASED: SHIVANAND / शिवानंद

लिंग / SEX: MALE / पुरुष

आधार संख्या / AADHAAR NUMBER:
XXXX-XXXX-1260

मृतक की आयु / AGE OF DECEASED:
31 YEARS 3 MONTH(S) 4 DAY(S)

मृत्यु की तिथि / DATE OF DEATH:
16-11-2025
SIXTEENTH-NOVEMBER-TWO THOUSAND TWENTY FIVE

मृत्यु का स्थान / PLACE OF DEATH:
RAITHA ROAD, RAITHA, BAKSHI KA TALAB, LUCKNOW UTTAR PRADESH, 227202 / राधा, बखशी का तालाब, लखनऊ, उत्तर प्रदेश, 227202

पति/पत्नी का नाम / NAME OF HUSBAND / WIFE:
ANJU TRIVEDI / अंजु त्रिवेदी

पति/पत्नी का आधार संख्या / AADHAAR NUMBER OF HUSBAND / WIFE:
XXXX-XXXX-3348

माता का नाम / NAME OF MOTHER:

माता का आधार संख्या / AADHAAR NUMBER OF MOTHER:

पिता का नाम / NAME OF FATHER:
PARMATMA NAND / परमात्मा नंद

पिता का आधार संख्या / AADHAAR NUMBER OF FATHER:

मृतक का मृत्यु के समय का पता / ADDRESS OF THE DECEASED AT THE TIME OF DEATH:
RAITHA, BAKSHI KA TALAB, LUCKNOW, UTTAR PRADESH, 227202 / राधा, बखशी का तालाब, लखनऊ, उत्तर प्रदेश, 227202

मृतक का स्थायी पता / PERMANENT ADDRESS OF DECEASED :
KUSMARI, LUCKNOW, LUCKNOW, UTTAR PRADESH, 227111 / कुस्मारी, लखनऊ, लखनऊ, उत्तर प्रदेश, 227111

पंजीकरण संख्या / REGISTRATION NUMBER:
D202509183410000026

पंजीकरण तिथि / DATE OF REGISTRATION:
06-12-2025

टिप्पणी (यदि कोई हो) / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
06-12-2025

Updated On : 06-12-2025 21:19:14



This QR code can be used to check the authenticity of the certificate

आधिकारी के हस्ताक्षर / SIGNATURE OF ISSUING AUTHORITY :
रजिस्ट्रार (जन्म एवं मृत्यु)
Registrar (BIRTH & DEATH)
ग्राम पंचायत राधा
GRAMA PANCHAYAT RAITHA

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

BUSINESS & SERVICES PVT LTD

ADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD, LUCKNOW, LUCKNOW,
UP, India

Code: 9 Contact: 7408404728, , ,

IN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 17011-03-REST-0426-2
Customer Name SHIVANAND
Aadhaar Card 1260
VIN MBLYGU117S4H00741
Insurance Company THE ORIENTAL CLAIM
HMCGL Card No

Date 10-04-2026
Contact No. 9415698769

Model HARLEY X440
Reg No. UP32QY9720
HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	HDH37100RAA011S - METER ASSEMBLY COMBINATION	87141090	Paid	13,904.24	1	9.00	9.00	0.00	0.00	0.00	0.00	16,407.00
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	HDH51400RAA000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
4	HDH51500RAA000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
5	KHDH9967BRAA000S - WINDSCREEN KIT	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
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	KHDH5080BRAA000S -KIT ENGINE GUARD	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
8	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
9	HDH33650RAA001S - WINKER ASSEMBLY LEFT REAR	85122010	Paid	533.90	1	9.00	9.00	0.00	0.00	0.00	0.00	630.00
10	HDH9964BRAA000S - BACKREST SUB ASSEMBLY	87141090	Paid	2,304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	2,719.00
11	HDH33700RAA001S -UNIT TAIL LIGHT	85122010	Paid	973.73	1	9.00	9.00	0.00	0.00	0.00	0.00	1,149.00
12	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
13	HDH45510ACP000S - MASTER CYLINDER SUB ASSEMBLY SET	87141090	Paid	1,300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,534.00
14	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
15	HDH53105RAA000S -END STEERING HANDLE	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
16	HDH24701ACJ000S - PEDAL GEAR CHANGE	87141090	Paid	200.00	1	9.00	9.00	0.00	0.00	0.00	0.00	236.00
17	HDH64315RAA000S -STAY FRONT NO PLATE	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
18	HDH45517ACP010S - CLAMP LEVER	87141090	Paid	40.68	1	9.00	9.00	0.00	0.00	0.00	0.00	48.00

ORAA000S - 87141090 Paid 382.20 1 9.00 9.00 0.00 0.00 0.00 0.00 451.00
 RIDER STEP RIGHT
 Parts Total 0.00 85,146.00

etails

Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	4,000.00	9.00	9.00	0.00	0.00	0.00	0.00	4,720.00
Jobs Total									0.00	4,720.00
										Parts Total 85,146.00
										Labour Total 4,720.00
										SGST (Parts) 9% 6,494.19
										CGST (Parts) 9% 6,494.19
										SGST (Labour) 9% 360.00
										CGST (Labour) 9% 360.00
										Total 89,866.00

Rupees in Words: Eighty Nine Thousand Eight Hundred Sixty Six Only

Authorised Signatory

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

17011 - Main W/S