

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-0426-5	Date	28-04-2026
Customer Name	RAVI PRAKASH VERMA	Contact No.	8808243602
Aadhaar Card	4292		
VIN	MBLCEW069S6K10991	Model	VIDA VX2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32RE2145
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	VD61100ACP310FS - FRONT FENDER	87141090	Paid	1,109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,309.00
2	VD33100ACP301S -LIGHT ASSY HEAD	85122010	Paid	4,529.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,345.00
3	VDACPDS6A0050AYGS - SET ILLUSTR TAIL LIGHT COVER	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
4	VDACPDS6A0040EJGS - SET ILLUSTR COVER FRONT UPPER	87141090	Paid	7,495.76	1	9.00	9.00	0.00	0.00	0.00	0.00	8,845.00
5	VD81131ACP310GS - COVER INNER	87141090	Paid	1,210.17	1	9.00	9.00	0.00	0.00	0.00	0.00	1,428.00
6	VD53100ACP310S - HANDLE COMP STRG	87141090	Paid	683.05	1	9.00	9.00	0.00	0.00	0.00	0.00	806.00
7	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
8	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
9	VD64320ACP310FS - COVER R FLOOR SIDE	87141090	Paid	889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00
10	VD5317AACP320S -LEVER LH ASSY	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
11	VDACPDB4B0010EMGS - BEZEL RACK INNER	87141090	Paid	69.49	1	9.00	9.00	0.00	0.00	0.00	0.00	82.00
12	VD45500ACP320S -FR MASTER CYLINDER ASSY	87141090	Paid	1,355.08	1	9.00	9.00	0.00	0.00	0.00	0.00	1,599.00
13	VD83691ACP310S -COVER SWINGARM AXLE LH	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
Parts Total											0.00	25,192.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-VIDA VX2 PLUS	998729	Paid	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00	
Jobs Total											0.00	4,130.00

Parts Total	25,192.00
Labour Total	4,130.00
SGST (Parts) 9%	1,921.42
CGST (Parts) 9%	1,921.42
SGST (Labour) 9%	315.00
CGST (Labour) 9%	315.00

Total

29,322.00

es in Words: Twenty Nine Thousand Three Hundred Twenty Two Only

Authorised Signatory

Terms Cash

17011 - Main W/S

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

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

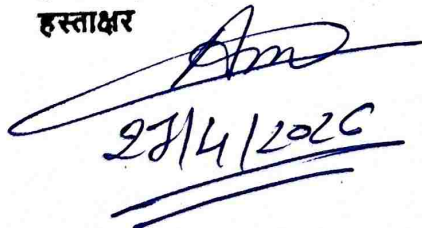
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

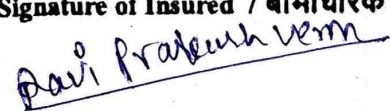
As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Ravi Prakash verma 8808243602
2	Vehicle No. / वाहन संख्या	UP32 RE 2145
3	Policy No. / पालिसी संख्या	252400/31/2026/59601
4	Period of Insurance / बीमा अवधि	15:26 ON 16/11/2025 to midnight of 15/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/04/2026 @ 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	Triveni Nagar III
7	Name of the Driver, D.L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Mamta bisht, UP32A20160005736 9616683223
8	Estimated Loss / अनुमानित हानि	29,322 Rs.
09.	Cause of Accident / दुर्घटना का कारण :	त्रिवेणी नगर III के पास कार से सामने से दाहिने तरफ टक्का मारी 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.	7081166066 Masharam Premia

Date / दिनांक : 27/04/2026
हस्ताक्षर


27/4/2026

Signature of Insured / बीमाधारक के


Ravi Prakash verma



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. 252400121/2026/59681

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 Ravi Prakash verma
- (a) Name : _____
 (b) Address for correspondence : _____
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>10/2025</u>	Engine No. <u>EC000156K12627</u> Chassis No. <u>MBLCEDD69S6K10991</u>	Registration No. <u>UP32 RE-2145</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 : N/A
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mamta bishit
(b) Age : 30
(c) Address : Kalayampur, LKO.
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : 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 : UP32A20160005736
(h) Issuing Authority :
(i) Date of Expiry : 21/04/2026
(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 : 26/09/2026 Time - 5:00 PM
(b) Place : Triveni Nagar III
(c) Speed of vehicle at the time of accident : 50 km/h
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
गोपनीयता के प्रति हमें अनुरोध करते हैं

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Right Front
(b) Estimated cost of repairs :
(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 _____

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? _____
- (e) By whom discovered and reported? _____ N/A
- (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 27/04 2006

Signature of the insured Pav Prakash Verma

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 RE 2145 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 .. Ravi Prakash verma ..
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 : UP32RE2145 Registration Date : 18-Nov-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 : RAVI PRAKASH VERMA Son/wife/daughter of : VISHRAM LAL VERMA
Full Address: (Permanent) : R/O 538KA/714KHA, SITAPUR ROAD, SHIVPURAM TRIVENI NAGAR - 3, NIRALA NAGAR
LUCKNOW, LUCKNOW, UTTAR PRADESH-226020
Full Address: (Temporary) : R/O 538KA/714KHA, SITAPUR ROAD, SHIVPURAM TRIVENI NAGAR - 3, NIRALA NAGAR
LUCKNOW, LUCKNOW-UTTAR PRADESH-226020
Fitness Up To : 17-Nov-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 : AA2133518409 Rear HSRP No : AA2141420901
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
No of Cylinders : 0 Chassis No : MBLCEW069S6K10991
Engine No : ECD001S6K12627 Fuel : PURE EV
Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
Maker's Classification : VIDA VX2 PLUS Wheel base : 1301
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 116
Colour : MAT INSPIRED WHITE Laden/GV Wt (kgs) : 266
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)
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- 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, Uttar Pradesh-226001 w.e.f. 16-Nov-2025.

Purchase dt	: 16-Nov-2025	Sale Amt	: 120990/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle Is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 02-Dec-2025		


Other State/Transfer/Conversion/Reassign Details

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

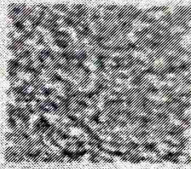
This certificate is valid from 18-Nov-2025 to 17-Nov-2040

Signature of पंजीयन अधिकारी

भारत सरकार
GOVERNMENT OF INDIA



रवि प्रकाश वर्मा
Ravi Prakash Verma
जन्म तिथि/ DOB: 03/11/1998
पुरुष / MALE



7840 1263 4292

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज विधाम लाल वर्मा,
538क/714ख, मीतापुर
रोड, शिवपुरम त्रिवेणी नगर
- 3, निराला नगर, लखनऊ,
उत्तर प्रदेश - 226020

Address:

S/O - Vishram Lal Verma
538ka/714kha, sitapur road
shivpuram Triveni nagar - 3
Nirala Nagar, Lucknow
Uttar Pradesh 226020

7840 1263 4292

MEERA AADHAAR, MERI PEHACHAN

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



राश्वी लेखा संख्या कार्ड

Permanent Account Number Card

BDWPPV9151M

नाम / Name

RAVI PRAKASH VERMA

पिता का नाम / Father's Name

VISHRAM LAL VERMA

जन्म की तारीख / Date of Birth

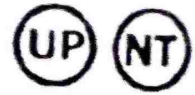
03/11/1998

हस्ताक्षर / Signature

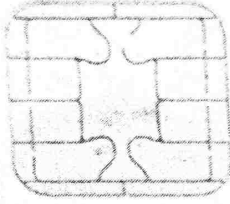


30/3/2017

UNION OF INDIA Driving Licence



UP32A20160005736



जारी करने की तिथि
Date of Issue
22/04/2016

वैधता / Validity
(NT) 21/04/2036

जन्म तिथि
Date of Birth
04/09/1996

Blood Group
O+



नाम / Name

MAMTA BISHT

पिता/पति का नाम / Son/Daughter/Wife of

KAILASH SINGH BISHT

UP32A20160005736

UP00338376RS



LMV
22/04/2016



MCWG
22/04/2016



Form 7 Rule 16(2)

पता / Address
27 BAJRANG NAGAR
LUCKNOW UP
226022

Mamta

Holder's Signature

[Signature]

जारीकर्ता / Issuing Authority Sign
TRANS GOMTI LUCKNOW

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MIERUT, (GSTIN: 09AACT0627R4ZL)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))		
Policy No	25240031/2026/59681	Policy Issued On	16-NOV-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/25240031/2026/39556 & 16-NOV-2025
Agent/Broker Name	ABHINAV BHATT	Policy Period (OWN DAMAGE)	FROM 15:26 ON 16/11/2025 TO MIDNIGHT OF 15/11/2026
Insured Name	RAVI PRAKASH VERMA (GSTIN:)	Policy Period (LIABILITY)	FROM 15:26 ON 16/11/2025 TO MIDNIGHT OF 15/11/2026
Insured Address	C/O VISHRAM LAL VERMA, R/O 538KA/71-KHA, SITAPUR ROAD, SHIVPURAM TRIVENI NAGAR - 3, NIRALA NAGAR, LUCKNOW, LUCKNOW, NA.		

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	110191
Model & Variant	HERO MOTO CORP HERO VIDA VX 2 PLUS	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	110191
Engine - Chassis No	ECD001S6K12627 - MBLCEW069S6K10991	TMF CONTRACT NO	
Cubic Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL
RTO Location		Lead / Breakin No	/
		Insured State	UTTAR PRADESH

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1846.8	Basic Third Party Liability	3273
Elec. Accessories	0	Compulsory PA Cover Premium	0
Non-Elec. Accessories	0	PA Cover for 0 Person Of Rs (0) each (TMT-16)	0
Basic Premium	166.8	Legal Liability (WC) to driver (LMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (LMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (LMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3273
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	3715
AAI Membership (IMT-6)	0	GST	668
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess @ 0.50%	3
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4383
NH. Depreciation	275	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Correspondent Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs (0) (IMT-22)	
Sub-Total Add-on Coverages	275	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	442	5. Subject to Endorsements IMT, 7, 10, 28.	

Nominant Details :	Nominant Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4383
Financer-Type	Financer Name	IDFC First Bank Ltd	Financer Branch
POS Name	NA	POS ID	NA
			POS PAN No/Aadhar No
			NA

In the event of a claim under the policy exceeding Rs. 1Lac or a claim for refund of premium exceeding Rs. 1Lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception). Claim is not admissible if driving License is found false or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 16-NOV-25

IMPORTANT NOTICE:
The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social, domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Liability trials (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability Clause: Under section II-1 (a) of the policy - Death of or body injury: Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (b) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s), as per the following table: Preceding year: 20% preceding two consecutive years: 25% preceding three consecutive years: 35% preceding four consecutive years: 45% preceding five consecutive years: 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of MV Act, 1988.
* This insurance excludes all pre-existing damages.



Approved By : 9221378MD

Approved On : 16-NOV-25

Place : MRT

Printed On : 16-NOV-25

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