

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

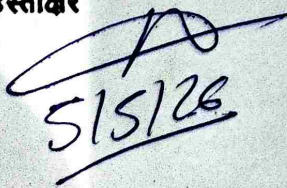
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

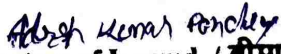
Sir / महोदय,

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.	आदिश कुमार पॉस्ट 9125976219
2	Vehicle No. / वाहन संख्या	UP32OR 4501
3	Policy No. / पालिसी संख्या	25240013112026/19443
4	Period of Insurance / बीमा अवधि	31-05-2025 से 30-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29. 4. 2026 7.40 PM
6	Place of Accident / दुर्घटना का स्थान	गोमतीनगर बिल्डर लॉन्ड
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आदिश कुमार पॉस्ट DL No. UP40202 0010464
8	Estimated Loss / अनुमानित हानि	15663 Rs.
9.	Cause of Accident / दुर्घटना का कारण : खरगापुर से लोनापुर की तरफ जाते वें अचानक लगाने कुल्ला खागजा गाड़ी का बैलन्स बिगड़ गया दुर्घटना गस्त 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 / फोन नं.	Masaram Akmal 7001166066

Date / दिनांक : 5/5/26  
हस्ताक्षर

  
5/5/26

  
Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : आशिष कुमार पांडे
- (b) Age : \_\_\_\_\_
- (c) Address : गांधी नगर, पौड़ी, काठमांडू, नेपाल
- (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 : UP46 20210010464
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 24.01.2047
- (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 : 29.4.2026 7:40 PM
- (b) Place : \_\_\_\_\_
- (c) Speed of vehicle at the time of accident : 292km/hr से लोनापूर (सर्वनाक)
- (d) Give a short description of the accident : 30-48
- (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 : Right side
- (b) Estimated cost of repairs : 15663 रु
- (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 : NTA
- (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? : \_\_\_\_\_ 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 5/5/20026

Signature of the insured Aadesh Kumar Panab

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. UP32QR4581 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.

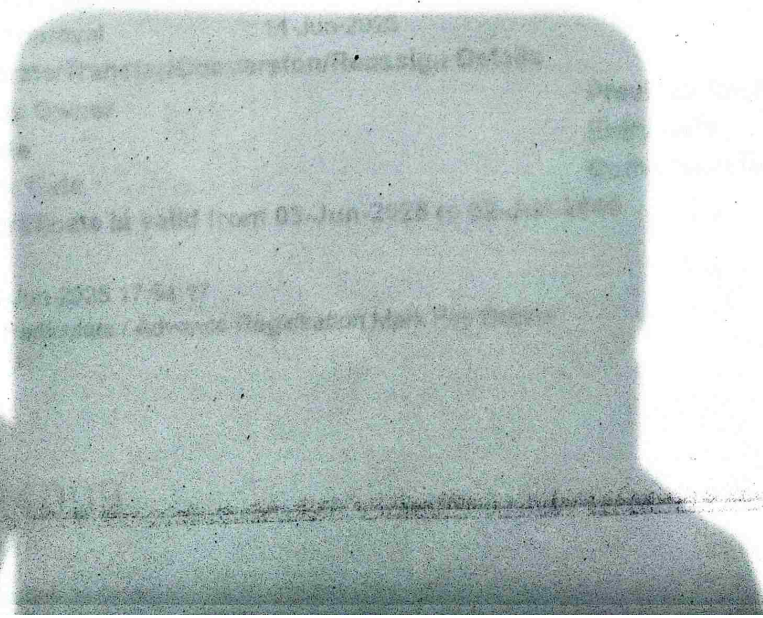
Rs. \_\_\_\_\_

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature Anshu Kumar Prasad  
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 : UP32QR4581 Registration Date : 03-Jun-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 : ADRASH KUMAR PANDEY Son/wife/daughter of : S/O RAJ KUMAR PANDEY  
Full Address: (Permanent) : GAWARKHA, GAWARKHA, PO: BABAGANJ, BAHRAICH, UTTAR PRADESH-271881  
Full Address: (Temporary) : KH NO 165, LONAPUR GOMTI NAGAR EXT, LUCKNOW, LUCKNOW-UTTAR  
PRADESH-226010

Fitness UpTo : 02-Jun-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 : AA2120429358 Rear HSRP No : AA2123360675  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025  
No of Cylinders : 0 Chassis No : MBLCEW043S6E02375  
Engine No : ECD001S6E01550 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 : BLACK 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-226001 w.e.f. 31-May-2025.

Purchase dt	: 31-May-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 14-Jun-2025		

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 03-Jun-2025 to 02-Jun-2040

Date : 18-Jun-2025 17:54:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 18-Jun-2025

Q 4004009

आयकर विभाग  
INCOME TAX DEPARTMENT

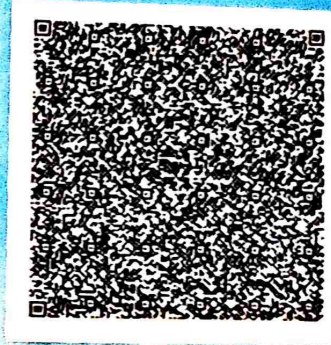


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**FZBPP7851K**



नाम /Name  
**ADRASH KUMAR PANDEY**

पिता का नाम / Father's Name  
**RAJ KUMAR PANDEY**

जन्म की तारीख /  
Date of Birth  
**25/01/2002**

*Adrash Kumar Pandey*

हस्ताक्षर /Signature

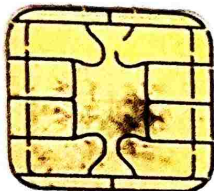


मेव जयते

# Indian Union Driving Licence Issued by Uttar Pradesh



## UP40 20210010464



Issue Date: 21-12-2021    Validity (NT): 24-01-2042    Validity (TR): \_\_\_\_\_



(21-12-2021)

Holder's Signature

Name: **ADRASH KUMAR PANDEY**  
Date of Birth: **25-01-2002**    Blood Group: **AB+ V**    Organ Donor: **Y**  
Son/Daughter/Wife of: **RAJ KUMAR PANDEY**  
Address:  
**VILL-KODRAILA PO-BABAGANJ PS-RUPAIDHA  
GAWARKHA NANPARA,BAHRAICH,UP 271881**

DL No: **UP40 20210010464**

UPDL000007103244



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*
	<b>MCWG</b>	<b>UP40</b>	<b>21-12-2021</b>	<b>NT</b>			
	<b>LMV</b>	<b>UP40</b>	<b>21-12-2021</b>	<b>NT</b>			
	<b>MVSD</b>						

Form 7 Dule 16(7)

Emergency Contact Number

Licensing Authority  
**UP40 BAHRAICH**



भारत सरकार  
Government of India



आदर्श कुमार पाण्डेय  
Adrash Kumar Pandey  
जन्म तिथि/DOB: 25/01/2002  
पुरुष/ MALE

3050 4727 9693

VID : 9157 5651 9558 5724

मेरा आधार, मेरी पहचान

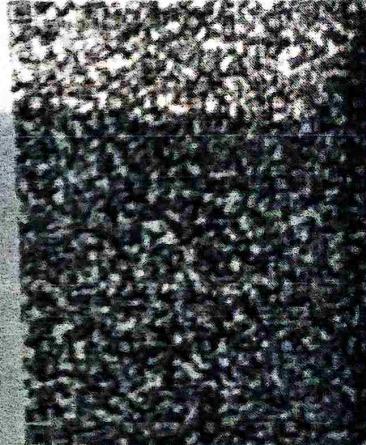


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Download Date 28/11/2012

पता:  
जरा: राज कुमार पाण्डेय, गवारका, गवारका, बहराइच,  
उत्तर प्रदेश - 271881

Address:  
C/O: Raj Kumar Pandey, Gawkaha,  
Gawkaha, Bahraich,  
Uttar Pradesh - 271881



3050 4727 9693

VID : 9157 5651 9558 5724



1947



help@uidai.gov.in



www.uidai.gov.in



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : FGR0928

Page No : 1

Power: OS THE... INSURANCE  
Company Limited  
Date: Sat, Dec 11, 2021 12:57:57  
Browser: Google Chrome

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	31-MAY-25
Policy No	252400/31/2026/19443	Proposal No.& Date	R/252400/31/2026/100255670/1 & 31-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 22:32 ON 31/05/2025 TO MIDNIGHT OF 30/05/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 22:32 ON 31/05/2025 TO MIDNIGHT OF 30/05/2030
Insured Name	ADRASH KUMAR PANDEY (GSTIN: 0)	Compulsory PA	FROM 22:32 ON 31/05/2025 TO MIDNIGHT OF 30/05/2026
Insured Address	S/O RAJ KUMAR PANDEY, Kh no 165 Lonapur, Gomti Nagar Ext LUCKNOW, LUCKNOW, . NA.	Lead /Breakin No	/0
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO			Vehicle	109250
Model & Variant	VIDA V2 PLUS			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	109250
Engine -Chassis No	ECD001S6E01550 - MBLCEW043S6E02375			TMF CONTRACT NO	
Cubic Capacity	6			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	IND
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL		
RTO Location					

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory PA Cover Premium	360
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	193.03	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (68%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (68%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR3683	3633
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4099
Anti- Theft Device (IMT-18)	0	Total Premium (A+B)	738
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4837
NIL Depreciation	273		
Returns to Insurer	0		
Key Replacement	0		
Consumables	273		
Sub Total Add-on Coverages	466		
Net own Damage Premium(A)			

- Note:
1. Policy Insurance is subject to the realisation of cheque
  2. Consolidated Stamp Duty paid via Challan No
  3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
  4. Voluntary excess Rs(0)
  5. Subject to Endorsements IMT,7,10,28.

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4837
Financier Type	Financier Name	IDFC FIRST BANK LTD	Financier Branch	NA
POS Name	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 Rs1lac, 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 fake 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 31-MAY-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) Reliability trials

g) 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 if 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 (i) of the policy - Death of or body injury - Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS 1500000

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. The 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 provision of chapter X and XI of M.V. Act, 1988.

\* This insurance excludes all pre-existing damages

Approved By : UMV@252400  
Approved On : 31-MAY-25  
Place : MBT  
Printed On : 13-DEC-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature

**AM BUSINESS & SERVICES PVT LTD**

MADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,

UP, India

Code: 9 Contact: 7408404728, , ,

TIN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	17011-03-REST-0526-7	Date	05-05-2026
Customer Name	ADRASH KUMAR PANDEY .	Contact No.	9125976219
VIN	MBLCEW043S6E02375	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	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
3	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
4	VD64300ACP000US - COVER FRONT R	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
5	VD64304ACP000YS - COVER FRONT LOWER RIGHT (S(D)-015M(F))	87141090	Paid	1,452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,714.00
6	VDACPCS6A0030ANGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	2,544.00
7	VD52400ACP000S - CUSHION ASSEMBLY REAR	87141090	Paid	1,413.56	1	9.00	9.00	0.00	0.00	0.00	0.00	1,668.00
8	VD81253ACP000S - LUGGAGE BOX B	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
<b>Parts Total</b>											0.00	11,533.00

**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	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00	
<b>Jobs Total</b>											0.00	4,130.00

<b>Parts Total</b>	11,533.00
<b>Labour Total</b>	4,130.00
<b>SGST (Parts) 9%</b>	879.64
<b>CGST (Parts) 9%</b>	879.64
<b>SGST (Labour) 9%</b>	315.00
<b>CGST (Labour) 9%</b>	315.00
<b>Total</b>	<b>15,663.00</b>

Rupees in Words: Fifteen Thousand Six Hundred Sixty Three Only

Authorised Signatory

**1. Terms Cash**

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

17011 - Main W/S