

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

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

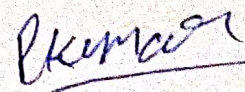
Sir / महोदय ,

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.	Puneet Kumar 91202 77068
2	Vehicle No. / वाहन संख्या	UP32RB9127
3	Policy No. / पालिसी संख्या	252400/31/2026/52437
4	Period of Insurance / बीमा अवधि	26/10/25 to 25/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/2025 / 3:30 PM
6	Place of Accident / दुर्घटना का स्थान	Sikandra bagh Lucknow
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sunil Kumar 91202 77068
8	Estimated Loss / अनुमानित हानि	66339 Rs.
09.	Cause of Accident / दुर्घटना का कारण :	मैं सिकंदरबाग, योराहे सैनिकल स्ट्रा था तभी अचानक सामने ई-रिक्शा ने ब्रेक लगाना दिया जिस कारण मुझे अचानक ब्रेक लगाना पड़ा और नियंत्रण खो गया। गाड़ी आगे सेलइकट वाहिन और गैर गड जिससे गाड़ी में चक्कर आ गया।
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.	MOSARAM Premia

Date / दिनांक
हस्ताक्षर

22/12/2025



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. 252400/31/2026/52437

Tel. No. _____

Period of Insurance 26/10/25 TO 25/10/26
 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 : PUNEET KUMAR
 (b) Address for correspondence : EKLAWA NAGAR, RAJAKAM MOHAN RAI MARG, LUCKNOW
 (c) Telephone : 91202 77068 226001

2. THE INSURED VEHICLE

Make & Year <u>Hero Xtreme 250R</u>	Engine No. <u>NC25A0SGJ00513</u> Chassis No. <u>MBLNCU018SGJ00533</u>	Registration No. <u>UP32RB</u> <u>9127</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 : Sunit Kumar
- (b) Age : 41 years
- (c) Address : Ekawa Nagar, Hazratganj Lucknow
- (d) Is the Driver
 - 1. Owner :
 - 2. paid driver? :
 - 3. Owner's relative or friend? : Brother
- (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 : UP3220180018526
- (h) Issuing Authority :
- (i) Date of Expiry : 01/07/2034
- (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 : 21/12/2025 / 3.30 PM.
- (b) Place : Sikandra bagh
- (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 front and light side damaged of vehicle
- (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 and light side
- (b) Estimated cost of repairs : 86339/-
- (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? : ~~_____~~

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? : _____
- (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 22/12/2025

Signature of the insured *[Signature]*

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. UP32RB9127 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 PKumar
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	: UP32RB9127	Registration Date	: 28-Oct-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	: PUNEET KUMAR	Son/wife/daughter of	: MOOLCHAND
Full Address: (Permanent)	: R/O EKLAVYA NAGAR, RAKA RAM MOHAN RAI MARG, NEAR CID OFFICE, LUCKNOW. UTTAR PRADESH-226001		
Full Address: (Temporary)	: R/O EKLAVYA NAGAR, RAKA RAM MOHAN RAI MARG, NEAR CID OFFICE, LUCKNOW. UTTAR PRADESH-226001		
Fitness Up To	: 27-Oct-2040	Owner Serial No	: 1
Detailed Description	: M-CYCLE/SCOOTER		
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2138231026
Front HSRP No	: AA2134296281	Month/Year of Manuf.	: 10/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLNCU018SGJ00533
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: NC25AOSGJ00513	Cubic Capacity	: 249.03
Horse Power(BHP)	: 29.57	Wheel base	: 1357
Maker's Classification	: XTREME 250R	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 169
Sieepar Cap	: 0	Laden/GV Wt (kgs)	: 319
Colour	: STEALTH BLACK	AC Fitted	: NO
Other Criteria	:		
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 HERO FINCORP LTD, PUNE Mumbai, Maharashtra-411009 w.e.f. 26-Oct-2025.

Purchase dt	: 26-Oct-2025	Sale Amt	: 165844/-
OTI Date	: 26-Oct-2025	Amount/Rcpt No	: 16585 / UP32D25100028128
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 07-Nov-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 28-Oct-2025 to 27-Oct-2040

22-Nov-2025 10:33 AM
 Registration Mark Fee Details

Signature of Registering Authority
 Date: 22-Nov-2025



UNION OF INDIA Driving Licence

(UP) (NT)

UP32-20180018526



जारी करने की तिथि
Date of issue

05/04/2018

जन्म तिथि
Date of Birth

02/07/1984

वैधता Validity

01/07/2034

Blood Group

Unknown



नाम / Name

SUNIT KUMAR

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

MOOLCHAND

UP32 20180018526

LP034*8898V**



LMV
05/04/2018



MCWG
05/04/2018



(UP)

Form 7 Rule 16(2)

पता / Address

AKLAVYA NAGAR HAZRAT GANJI LKO
LUCKNOW (CB)
LUCKNOW, UP - 226001

Holder's Signature

जारीकर्ता / Issuing Authority Sign

LUCKNOW





भारत सरकार

Government of India

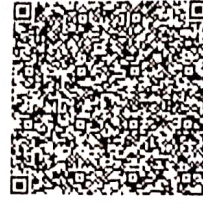


पुनीत कुमार

Puneet Kumar

जन्म तिथि / DOB : 10/06/1971

पुरुष / Male



7182 7073 8605

आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O: मूलचंद, एकलव्य नगर, राजा
राम मोहन राय मार्ग, सीआईडी
ऑफिस के पास, लखनऊ, लखनऊ
जी.पी, उत्तर प्रदेश, 226001

Address:

S/O: Moolchand, Eklavya Nagar,
Raja Ram Mohan Rai Marg, Near
CID Office, Lucknow, Lucknow
G.p, Uttar Pradesh, 226001

7182 7073 8605

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्वाधीन लेखा संख्या कार्ड
Permanent Account Number Card
FSYPK1277E

नाम / Name
PUNEET KUMAR

पिता का नाम / Father's Name
MOOLCHAND

12/06/1977

हस्ताक्षर / Signature



MOSARAM BUSINESS & SERVICES PVT LTD
 THANA MADIION, 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-1225-71	Date	22-12-2025
Customer Name	PUNEET KUMAR	Contact No.	9889352685
Aadhaar Card	8805		
VIN	MBLNCU018SGJ00533	Model	XTREME 250R
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32RB9127
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	53100ACW000S -PIPE STRG HANDLE	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
2	53200ACW000S -STEM COMPLETE STEERING	87141090	Paid	1,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
3	53104AAK900S -WEIGHT STRG HNDL	87141090	Paid	94.92	1	9.00	9.00	0.00	0.00	0.00	0.00	112.00
4	45508ACP000S -LEVER SET	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
5	18314ACW000NS -ASSY COVER MUFFLER (NH-437M)	87141090	Paid	257.63	1	9.00	9.00	0.00	0.00	0.00	0.00	304.00
6	51400ACW000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	12,616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	14,888.00
7	51500ACW000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	12,616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	14,888.00
8	ACWAS6A0060AYGS -SIDE COVER RIGHT BK(BR)-008P (G)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
9	46500ACW000S -PEDAL BRAKE	87141090	Paid	155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	184.00
10	45251ACW000S -DISC FRONT BRAKE	87141090	Paid	2,350.85	1	9.00	9.00	0.00	0.00	0.00	0.00	2,774.00
11	17530ACW000LS -TANK COVER FRONT NH-303M	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
12	50100ACW000S -FRAME BODY COMPLETE	87141090	Paid	15,272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	18,022.00
13	64300ACW000LS -UNDER COWL RIGHT NH-303M	87141090	Paid	175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	207.00
14	ACWAE1K000000GS - WATER PUMP ASSEMBLY	84133030	Paid	1,796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
15	ACWAS6A0060AYGS -SIDE COVER RIGHT BK(BR)-008P (G)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
Parts Total											0.00	58,669.00
Labour Details												0

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-XTREME 250R	998729	Paid	6,500.00	9.00	9.00	0.00	0.00	0.00	0.00	7,670.00

Jobs Total 0.00 7,670.00

Parts Total 58,669.00

Labour Total 7,670.00

SGST (Parts) 9% 4,474.75

CGST (Parts) 9%	4,474.75
SGST (Labour) 9%	585.00
CGST (Labour) 9%	585.00
Total	66,330.00

Amount in Words: Sixty Six Thousand Three Hundred Thirty Nine Only

Authorised Signatory

17011 - Main W/S

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
 All disputes subject to jurisdiction of LUCKNOW Jurisdiction Only