

सेवा में,  
The Oriental Insurance Co Ltd /  
द 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.	Anu Mishra 9839864700
2	Vehicle No. / वाहन संख्या	UP32QU1821
3	Policy No. / पालिसी संख्या	252400/31/2026/26054
4	Period of Insurance / बीमा अवधि	3/7/2025 to 2/7/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/06/2026 (2:00 Pm)
6	Place of Accident / दुर्घटना का स्थान	Purania Lucknow
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Dinesh Tiwari UP 32A 20200007146
8	Estimated Loss / अनुमानित हानि	9361
9	Cause of Accident / दुर्घटना का कारण:	Scooter turn ley sahi thi suddenly four wheeler aaie ussey takna ke gaadi gin aur damaged ho gai.
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 Bussiness services Pvt Ltd. 7081166066

Date / दिनांक : 17/06/2026  
हस्ताक्षर

  
17/06/2026

Anu Mishra  
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. 252400/31/2026/26054  
 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 : ANU Mishra  
 (b) Address for correspondence : Naungangabad, Lakhimpur Kheri 262701  
 (c) Telephone : 9229864700

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>MBLCEW048S6E02131</u> Chassis No. <u>ECD001S6E01743</u>	Registration No. <u>UP32QU1821</u>
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- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? Personal use  
 (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 to 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 : Atharv Tiwari  
(b) Age : 24  
(c) Address : Priyadarshini Colony Near  
(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 : UP32A20200007146  
(h) Issuing Authority :  
(i) Date of Expiry : 21-08-2041  
(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 : 9/06/2026 ( 2:00 pm )  
(b) Place : Purania Lucknow  
(c) Speed of vehicle at the time of accident : 20-40  
(d) Give a short description of the accident : Turn left tym 4wheeler sudden aagui aur  
(e) If any third party was responsible for this accident give the name and address : accident ho gaya

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : left side  
(b) Estimated cost of repairs : 9361/-  
(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? \_\_\_\_\_
- (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 17/6/20026

Anu Mishra  
Signature of the insured \_\_\_\_\_

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 QV1821 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 Anu Mishra  
Occupation .....  
Address .....  
.....  
.....

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

भारत सरकार



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रमांक/ Enrolment No.: XXXX/XXXXXX/XXXXXX

To  
अनु मिश्रा  
Anu Mishra  
C/O Trilok Nath Mishra  
naurangabad  
Lakhimpur  
Lakhimpur Kheri  
Lakhimpur  
Kheri Uttar Pradesh-262701

Download Date: 25/09/2022

Issue Date: 25/10/2015

Signature Not Verified  
Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 2022.09.25 16:05:42  
IST



आपका आधार क्रमांक / Your Aadhaar No. :

XXXX XXXX 3954

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



अनु मिश्रा  
Anu Mishra  
जन्म तिथि/DOB: 27/02/2000  
महिला/ FEMALE

Issue Date: 25/10/2015

Download Date: 25/09/2022

XXXX XXXX 3954

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
C/O त्रिलोक नाथ मिश्रा, नौरंगाबाद, लखीमपुर,  
लखीमपुर खेरी, लखीमपुर, खेरी,  
उत्तर प्रदेश, 262701

Address:  
C/O Trilok Nath Mishra, naurangabad,  
Lakhimpur, Lakhimpur Kheri, Lakhimpur,  
Kheri,  
Uttar Pradesh, 262701



XXXX XXXX 3954

1947

help@uidai.gov.in

www.uidai.gov.in

આવક વિભાગ

INCOME TAX DEPARTMENT



ભારત સરકાર

GOVT. OF INDIA



નામ / Name

ANU MISHRA

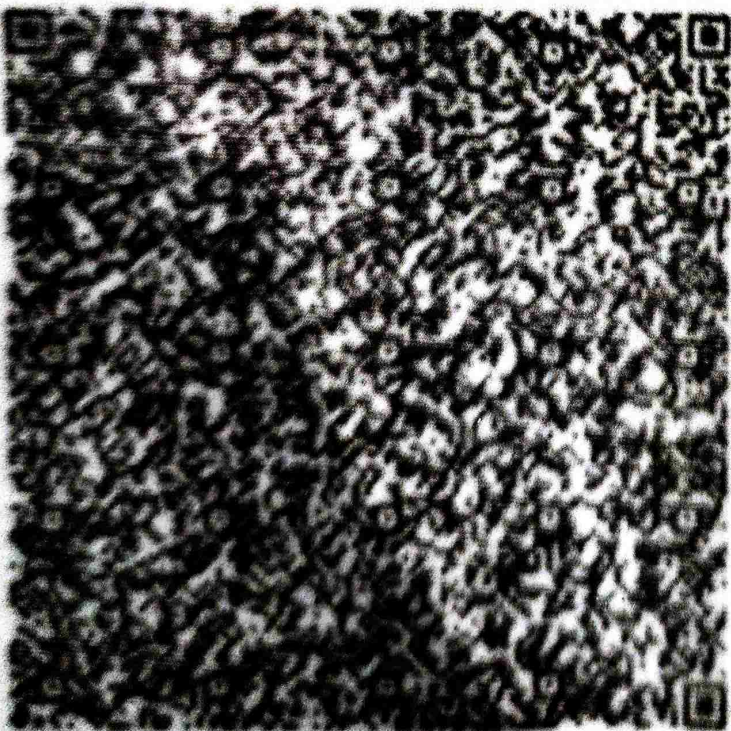
જન્મ તારીખ / Date of Birth

27/10/2000

સ્થાયી સંખ્યા સંખ્યા

Permanent Account Number

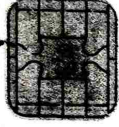
GJFPM7473B





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

**UP32A20200007146**



Issue Date **19-06-2020** Validity (NT) **21-06-2041** Validity (TR)



Holder's Signature

Date of First Issue **(19-06-2020)**

Name: **ATHARY TIWARI**  
Date of Birth: **22-06-2001** Blood Group: **B** Organ Donor: **IN**  
Son/Daughter/Wife of: **DINESH TIWARI**  
Address: **3/81 PRIYADESHANI COLONY NEAR SURBHI  
SCHOOL LUCKNOW, UP 226020**



# GOVERNMENT OF UTTAR PRADESH

## Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP32QU1821      Registration Date : 14-Jul-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 : ANU MISHRA      Son/wife/daughter of : D/O TRILOK NATH MISHRA  
 Full Address: (Permanent) : NAURANGABAD, LAKHIMPUR, LAKHIMPUR KHERI, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : 3/808 P.O COLONEY, STP RD LKO, LUCKNOW, LUCKNOW-UTTAR PRADESH-226020  
 Fitness Up To : 13-Jul-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	Rear HSRR No	: AA2123449910
Front HSRR No	: AA2120464786	Month/Year of Manuf.	: 06/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLCEVW04856E02131
No of Cylinders	: 0	Fuel	: PURE EV
Engine No	: ECD001S6E01743	Cubic Capacity	: 0.00
Horse Power(BHP)	: 8.04	Wheel base	: 1301
Maker's Classification	: VIDA V2 PLUS	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 124
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 274
Colour	: 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 ECOFY FINANCE PRIVATE LIMITED, WORLI, MUMBAI, Mumbai, Maharashtra-400030 w.e.f. 03-Jul-2025.

Purchase dt	: 03-Jul-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 19-Jul-2025		

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

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

This certificate is valid from 14-Jul-2025 to 13-Jul-2040

Date : 06-Aug-2025 18:39:14

Transport Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 Signature of Registering Authority  
 Date : 06-Aug-2025

Q 4989598

Government of Uttar Pradesh Government of Uttar Pradesh  
 Government of Uttar Pradesh Government of Uttar Pradesh



**SARAM BUSINESS & SERVICES PVT LTD**  
 1ANA MADIION, 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-0626-10	Date	17-06-2026
Customer Name	ANU MISHRA	Contact No.	9839864700
Aadhaar Card	3954		
VIN	MBLCEW048S6E02131	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QU1821
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	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
2	VD64305ACP000YS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	1,710.00
											0.00	2,281.00

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	6,000.00	9.00	9.00	0.00	0.00	0.00	0.00	7,080.00	
											0.00	7,080.00

Jobs Total											2,281.00
	Parts Total										7,080.00
	Labour Total										173.97
	SGST (Parts) 9%										173.97
	CGST (Parts) 9%										540.00
	SGST (Labour) 9%										540.00
	CGST (Labour) 9%										540.00
	<b>Total</b>										<b>9,361.00</b>

Rupees in Words: Nine Thousand Three Hundred Sixty One Only

Authorised Signatory

17011 - Main W/S

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