

**MOSARAM AUTO SALES**

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA  
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

MOSARAM AUTO SALES

**ESTIMATE**

Estimate No. 10730-03-REST-1225-658  
 Customer Name SIRAJ. \*\*  
 VIN MBLHAW228RHK14623  
 Insurance Company  
 HMCGL Card No 1073024590004360

Date 07-12-2025  
 Contact No. 6394790061  
 Model SPLENDOR +  
 Reg No. UP31CJ4878  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	83500KCC830ZBS -R SIDE COVER (BLACK NH-1)	87141090	Paid	633.90	1	9.00	9.00	0.00	0.00	0.00	0.00	748.00
3	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
4	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
8	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
11	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
12	40510AAE200S -CASE UP (HALF) DRIVE CHAIN	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
13	40520KST940S -CASE UND (HALF) DRIVE CHAIN	87141090	Paid	226.27	1	9.00	9.00	0.00	0.00	0.00	0.00	267.00
14	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
15	83500AAEH00ZBS -R SIDE COVERBLACK (NH1(TYPE2))	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
16	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
17	51104KCC900S -STEP PILLION WOMEN	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
18	3360AKCC830S -WINKER ASSY.R RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
19	3365AKCC830S -WINKER ASSY.L RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
20	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
<b>Parts Total</b>											0.00	16,556.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
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Jobs Total		0.00	2,000.1
	Parts Total		16,556.0
	Labour Total		2,000.1
	SGST (Parts) 9%		1,262.7
	CGST (Parts) 9%		1,262.7
	SGST (Labour) 9%		152.5
	CGST (Labour) 9%		152.5
	<b>Total</b>		<b>18,556.1</b>

Rupees in Words: Eighteen Thousand Five Hundred Fifty Six and paise Ten Only Authorized Signator

10730 - Main W/

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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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

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.	शिराज, 6394790061
2	Vehicle No. / वाहन संख्या	UP31 CJ 4878
3	Policy No. / पालिसी संख्या	252400/31/2025/72269
4	Period of Insurance / बीमा अवधि	12/12/2024 से 11/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/12/2025 - 8:00PM
6	Place of Accident / दुर्घटना का स्थान	जिन्दवावा मजार के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	कॉ. 8114080592 UP31 20250016251
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : जिन्दवावा मजार के पास सामने से ट्राली से टक्कर हो गई जिससे पीछे आ रहे मोटर साइकिल वाले ने दाँयी ओर से मेरी गाड़ी पर चढ़ा दिया जिससे मेरी गाड़ी दाँयी ओर गिरकर सत्रिस्त हो गई।		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR KHERI, 9153354036

शिराज  
 Signature of Insured / बीमाधारक के

Date / दिनांक : 06/12/2025  
 हस्ताक्षर



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 MFERUT

Certificate/Policy No. 252400/31/2025/72269

Tel. No.

Period of Insurance 12/12/2024 से 11/12/2025

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 : STRAT  
 (b) Address for correspondence : मो० कोतवाली, आरस्त-खोरी, उत्तरप्रदेश, 262725.  
 (c) Telephone : 6394790061

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HAJ1E7RHK 66785</u> Chassis No. <u>MBLHKKJ228RHK14623</u>	Registration No. <u>UP31CT</u> <u>4878</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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried
- NIA

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : BANVI  
(b) Age : 25-06-2003  
(c) Address : BAGIYA DEL LAKHIMPUR-KHERI, UP, 262705  
(d) Is the Driver  
1. Owner : NO  
2. paid driver? : NO  
3. Owner's relative or friend? : BHAT  
(e) If paid driver, how long has he been in your employment : NO  
(f) Was he under the influence of intoxication Liquor or drugs? : NO  
(g) Driving Licence Number : UP31 2025 0016251  
(h) Issuing Authority : 03/11/2025  
(i) Date of Expiry : 24/06/2043  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any : NO  
(l) Has he been involved in any accident before? : NO  
(m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 03/12/2025 8:00PM  
(b) Place : पिन्दवावा मजार के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : पिन्दवावा मजार के पास सामने से दाली से टक्कर हो  
(e) If any third party was responsible for this accident give the name and address : जिससे पीछे आ रही मोटर साइकिल वाले ने दायी ओर से मरो गाड़ी पर चला दिया जिससे मरी गाड़ी बर्बाद और जिसका गतिमत्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND BACK AND RIGHT AND LEFT  
(b) Estimated cost of repairs : MOSIRAM AUTO SALES, LRPRAD  
(c) When and where can the damaged vehicle be inspected : LAKHIMPUR-KHERI

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
- (b) If yes, give full details : NO

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 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 05/12/2015

Signature of the insured रिशज

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. UP31CT4878 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 शिशुज .....  
Occupation .....  
Address .....

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

The Oriental Insurance Company Ltd.  
Policy Schedule

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE

(FORM 1 OF THE CENTRAL MOTOR VEHICLE TAX RULES, 1987)

REGISTRATION NO. 123456789  
 REGISTRATION DATE 12/12/2023  
 REGISTRATION OFFICE  
 REGISTRATION FEE  
 REGISTRATION CHARGES  
 REGISTRATION TAX  
 REGISTRATION STAMP  
 REGISTRATION RECEIPT NO.  
 REGISTRATION AUTHORITY  
 REGISTRATION OFFICER

VEHICLE MOTOR VEHICLE DETAILS

REGISTRATION NO. 123456789  
 REGISTRATION DATE 12/12/2023  
 REGISTRATION OFFICE  
 REGISTRATION FEE  
 REGISTRATION CHARGES  
 REGISTRATION TAX  
 REGISTRATION STAMP  
 REGISTRATION RECEIPT NO.  
 REGISTRATION AUTHORITY  
 REGISTRATION OFFICER

Vehicle  
 Engine Capacity  
 Gross Weight  
 Total H.P.  
 Type Certificate No.  
 Policy Type  
 Geographical Area

Particulars	Amount	Particulars	Amount
OWN DAMAGE PREMIUM	12345	Third Party Liability	12345
Comprehensive (100%)	12345	PA Cover for 5 Persons (100%)	12345
Collision (100%)	12345	Legal Liability (100%)	12345
Theft (100%)	12345	Legal Liability to Passenger (100%)	12345
Fire (100%)	12345	PA Field Officer, Conductor, Crew (100%)	12345
... (Other items)	...	... (Other items)	...
<b>Total Premium</b>	<b>12345</b>	<b>Total Premium</b>	<b>12345</b>

Particulars	Amount
Service Tax	12345
Stamp Duty	12345
... (Other items)	...
<b>Total</b>	<b>12345</b>

Important Notice: This policy is issued on the basis of the information furnished by the insured. The insured warrants that the information is true and correct. The insurer is not liable for any loss or damage caused by the insured's negligence or willful misconduct. The insured shall indemnify the insurer for any loss or damage caused by the insured's negligence or willful misconduct. The insured shall also indemnify the insurer for any loss or damage caused by the insured's negligence or willful misconduct.

For and on behalf of  
 The Oriental Insurance Company Ltd.  
 General Manager  
 Authorized Signatory

Registered No. 123456789  
 Registered Date 12/12/2023  
 Policy No. 123456789  
 Printed On 12/12/2023

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ4878  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, 153-262701  
 Owner Name : SIRAJ  
 Full Address: (Permanent) : R/O MO KOTAVALI, OEAL KHERI, OEL, PS- KHERI, KHERI, UTTAR PRADESH-262725  
 Full Address: (Temporary) : R/O MO KOTAVALI, OEAL KHERI, OEL, PS- KHERI, KHERI-UTTAR PRADESH-262725  
 Fitness UpTo : 12-Dec-2039  
 Registration Date : 13-Dec-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : S/O SR, RIYAZ  
 Owner Serial No : 1

**Detailed Description**

Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2117952812  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11E7RHK66785  
 Horse Power(BHP) : 7.91  
 Maker's Classification : SPLENDOR+ I3S (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : MATT GREY  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2118186502  
 Month/Year of Manuf. : 10/2024  
 Chassis No : MBLHAW228RHK14623  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1236  
 Standing Cap : 0  
 Unladen Wt (kgs) : 111  
 Laden/GV Wt (kgs) : 241  
 AC Fitted : NO

**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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 12-Dec-2024.

Purchase dt	: 12-Dec-2024	Sale Amt	: 79366/-
OTT Date	: 12-Dec-2024	Amount/Rcpt No	: 7937 / UP31D24120001427
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-Jan-2025	Previous RegNo	:
Other State/Transfer/Conversion/Reassign Details	:	Entry Date	:
Previous Owner	:	Conversion Date	:
Old State	:		
Transfer Date	:		

This certificate is valid from 13-Dec-2024 to 12-Dec-2039

Signature of Registering Authority  
 Date: 15-Jan-2025

Date: 15-Jan-2025  
 Taxation Particulars / Advance Registration Mark Fee Details

Q 0932974

शिराज





भारत सरकार  
Government of India



सिराज  
Siraj  
जन्म तिथि / DOB : 01/01/1999  
पुरुष / Male



7441 9387 0314

आधार - आम आदमी का अधिकार



भारतीय पहचान प्राधिकरण

Unique Identification Authority of India

पता:  
आत्मज: रियाज, मो कोतवाली,  
ओयल, खीरी, ओएल, उत्तर प्रदेश,  
262725

Address:  
S/O: Riyaj, mo KOTAVALI, Oeal,  
Kheri, Oel, Uttar Pradesh, 262725

7441 9387 0314

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

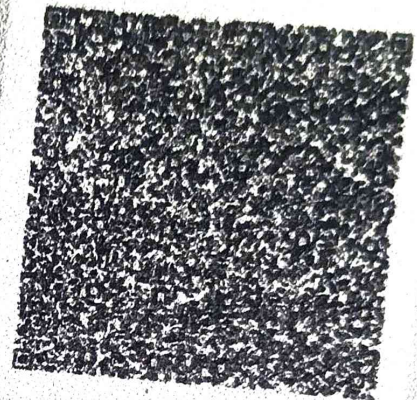


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

THDPS9029E



नाम / Name

SIRAJ

पिता का नाम / Father's Name

RIJAJ

जन्म की तिथि / Date of Birth  
01/01/1999

सिराज

हस्ताक्षर / Signature

08441