

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.

ESTIMATE

Estimate No.	10730-03-REST-1225-668	Date	10-12-2025
Customer Name	ANURAG GUPTA	Contact No.	9415574186
Aadhaar Card	9790	Model	V2 PLUS
VIN	MBLCEW047S6E06736	Reg No.	UP31CN2320
Insurance Company		HMCGL Card Category	
HMCGL Card No			
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD64301ACP000US - COVER FRONT L	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
2	VD81120ACP000S -COVER INNER UPPER	87141090	Paid	245.76	1	9.00	9.00	0.00	0.00	0.00	0.00	290.00
3	VD64303ACP000S -LID COVER FRONT LEFT	87141090	Paid	362.71	1	9.00	9.00	0.00	0.00	0.00	0.00	428.00
4	VD64307ACP000YS - COVER FRONT LOWER CENTRE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
5	VD53178ACP000S -LEVER L HANDLE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
Parts Total												
											0.00	2,039.00

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	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total												
											0.00	1,000.64

Parts Total	
Labour Total	2,039.00
SGST (Parts) 9%	1,000.64
CGST (Parts) 9%	155.52
SGST (Labour) 9%	155.52
CGST (Labour) 9%	76.32
Total	3,039.64

Rupees in Words: Three Thousand Thirty Nine and paise Sixty Four Only

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.

Authorised Signatory
 10730 - Main W/S

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.	अनुराग गुप्ता, 9415574186
2	Vehicle No. / वाहन संख्या	UP31 CN2320
3	Policy No. / पालिसी संख्या	252400/31/2026/35853
4	Period of Insurance / बीमा अवधि	07/09/2025 से 08/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	कसड़े रोड के पास, 08/12/2025, 8:00PM.
6	Place of Accident / दुर्घटना का स्थान	कसड़े रोड के पास.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अनुराग गुप्ता, 9415574186 UP31-20040001438
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	कसड़े रोड के पास सामने वॉर्ड गोर से ऑटो वाले ने टक्कर मार दी जिससे मेरी गाड़ी दाँयी ओर गिरकर सातेंग्रस्त 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, 9151154036

Date / दिनांक : 09/12/2025
हस्ताक्षर

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 MEERUT

Certificate/Policy No. 252400/31/2026/35853

Tel. No.

Period of Insurance 07/09/2025 to 06/09/2026
 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 : ANURAG GUPTA
 (b) Address for correspondence : RLO HOSPITAL ROAD, SHANTI SADAN, VIKKHIMPUR
 (c) Telephone : 9415574186 KHRI PS KOTWALI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC0001S6E07071</u> Chassis No. <u>MBLCEW047S6E06736</u>	Registration No. <u>UP 31 CN</u> <u>2320</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 N/A
 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 : _____
 (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 : ANURAG GUPTA
 (b) Age : 31/07/1972
 (c) Address : SHANTI SADAN HOSPITAL ROAD, LAKHIMPUR
 (d) Is the Driver :
 1. Owner : Yes
 2. paid driver? : NO
 3. Owner's relative or friend? : NO
 (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 20040001438
 (h) Issuing Authority : 14-12-2022
 (i) Date of Expiry : 30-07-2032
 (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 : 08/12/2025 8:00PM.
 (b) Place : बक्स रोड के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : बक्स रोड के पास सामने बाईं ओर से आते वाले ने
 (e) If any third party was responsible for this accident give the name and address : जोर मार दी जिससे मेरी गाड़ी दायीं ओर गिरकर
 सड़क किनारे हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LRP ROAD
 LAKHIMPUR, KHERT.

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? : 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 Police 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 09/12/2015

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. UP31CA/2320 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/-

Signature
Occupation
Address

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

Digitized by: RAJESH KUMAR SHARMA
Date: Sun, Sep 7, 2025 11:57:54 AM
Reason: Expired Policy No. OCS

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 No	252400/31/2026/35853
Agent/Broker Code	BA0000155144
Agent/Broker Name	ABHINAV BHATT
Insured Name	ANURAG GUPTA (GSTIN)
Insured Address	C/O SRI BHUPENDRA KUMAR GUPTA, R/O HOSPITAL ROAD SHANTI SADAN LAKHIMPUR KHERI, PS-KOTWALLI LAKHIMPUR KHERI, NA,0
Policy Issued On	07-SEP-25
Proposal No. & Date	R/252400/31/2026/104222697/2 & 07-SEP-2025
Policy Period (OWN DAMAGE)	FROM 16:47 ON 07/09/2025 TO MIDNIGHT OF 06/09/2026
Policy Period (LIABILITY)	FROM 16:47 ON 07/09/2025 TO MIDNIGHT OF 06/09/2030
Lead / Breakin No	/
Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO	Vehicle		118750	
Model & Variant	VIDA V2 PLUS	Electrical Accessories		0	
Registration No	NEW	Non Electrical Accessories		0	
Year Of Manufacture	2025	Total IDV		118750	
Engine -Chassis No	ECD001S6E07071 - MBLCFW047S6E06736	TMF CONTRACT NO			
Cubic Capacity	6	Policy Type		Zone B - Rest of India	
Seating Capacity	1 + 1	Geographical Area			
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	1990.25	Basic Third Party Liability	3273
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	179.25	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
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)	674
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishni Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4423
NIL Depreciation	297		
Return to Invoice	0		
Key Replacement	0		
Consumables	297		
Sub Total Add-on Coverages	476		
Net own Damage Premium(A)			

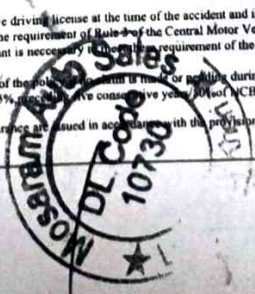
Note:
1. Policy issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT,7,10,28.

Numinee Details :	Numinee Name	Age	l	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name		4423
Financer Type	Financer Name	Cash	Financer Branch		
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	

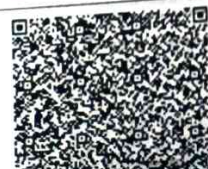
In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.
The insurance under the policy 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 fake or is not valid whether or not in the Knowledge of the insured.
We hereby certify that the policy to which the 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 07-SEP-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 MVA 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 (7) Any Purpose in connection with motor trade (8) 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 9 of the Central Motor Vehicles Rules, 1989. 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 0. Limits 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. No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy for the sum insured or for the preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding ten consecutive years. NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy. 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 M.V. Act, 1988.
* This insurance excludes all pre existing damages

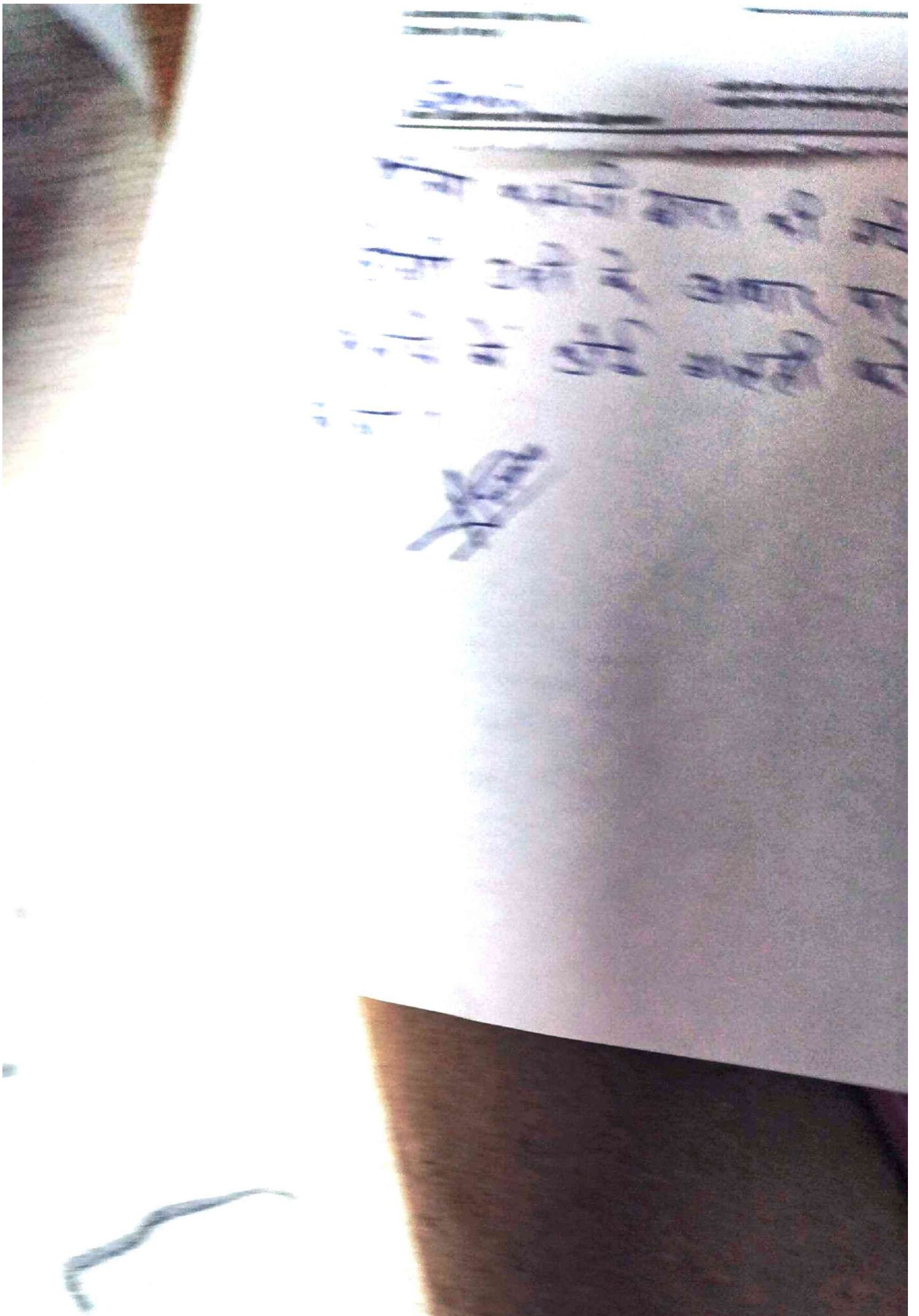


For and on behalf of
The Oriental Insurance Company Limited



Approved By : UNIV@252400
Approved On : 07-SEP-25
Place : MRT
Printed On : 07-SEP-25

General Manager
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : **UP31CN2320** Registration Date : 08-Sep-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, 153-262701
 Owner Name : ANURAG GUPTA Son/wife/daughter of : S/O SRI BHUPENDRA KUMAR GUPTA

Full Address: (Permanent) : R/O HOSPITAL ROAD SHANTI SADAN, LAKHIMPUR KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701

Full Address: (Temporary) : R/O HOSPITAL ROAD SHANTI SADAN, LAKHIMPUR KHERI, PS- KOTWALI, KHERI- UTTAR PRADESH-262701

Fitness UpTo : 07-Sep-2040

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2125883503
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 0
 Engine No : ECD001S6E07071
 Horse Power(BHP) : 8.04
 Maker's Classification : VIDA V2 PLUS
 Seating Cap(in all) : 2
 Standing Cap : 0
 Colour : BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built

Link Vehicle No :
 Norms : Not Available
 Rear HSRP No : AA2123349927
 Month/Year of Manuf. : 05/2025
 Chassis No : MBLCEW047S6E06736
 Fuel : PURE EV
 Cubic Capacity : 0.00
 Wheel base : 1301
 Standing Cap : 0
 Unladen Wt (kgs) : 124
 Laden/GV Wt (kgs) : 274
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

As Regd.	Description	Weight(In kgs)
a) Front:		
b) Rear:		
c) Other:		
d) Tandem:		

This motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase date : 07-Sep-2025 Sale Amt : 125000/-
 OT rate : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 22-Sep-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner

Previous RegNo

Old date

Entry Date

Transfer Date

Conversion Date

This certificate is valid from 08-Sep-2025 to 07-Sep-2040

Date: 08-Sep-2025 10:42:59

Tax Particulars / Advance Registration Mark Fee Details

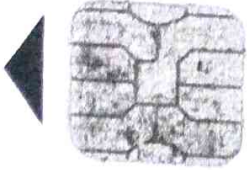
पंजीयन अधिकारी
 Signature of Registering Authority
 लखीमपुर खैरी
 Date: 23-Sep-2025

Anurag



Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20040001438



Issue Date 14-12-2022 Validity (NT) 30-07-2032

Validity (TR)*



(17-06-2004)

Date of First Issue

Name: ANURAG GUPTA
Date of Birth: 31-07-1972 Blood Group:
Son/Daughter/Wife of: BHUPENDRA GUPTA
Address:
SHANTI SADAN HOSPITAL ROAD LAKHIMPUR
KHERI LAKHIMPUR, LAKHIMPUR KHERI 262701

Holder's Signature

Organ Donor: N

DL No: UP31 20040001438

UPDL000009904471



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*
MCWG	UP31	UP31	17-06-2004	NT			
LMV	UP31	UP31	17-06-2004	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)

11/11/11



भारत सरकार
GOVERNMENT OF INDIA



अनुराग गुप्ता
Anurag Gupta

जन्म वर्ष / Year of Birth 1972
पुरुष / Male



4517 5255 9790

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O भूपेंद्र कुमार गुप्ता, हॉस्पिटल
रोड, शान्ति सदन, लखीमपुर, खीरी, खीरी,
उत्तर प्रदेश, 262701

Address: S/O Bhupendra Kumar
Gupta, HOSPITAL ROAD,
SHANTI SADAN, Lakhimpur,
Kheri, Kheri, Uttar Pradesh,
262701



help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ANURAG GUPTA
BHUPENDRA KUMAR GUPTA

31/07/1972

Permanent Account Number
ALCPG9676M

Anurag Gupta

Anurag Gupta
MO...
★ Lak...

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00-07-2023. 13