

**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-1225-676	Date	11-12-2025
Customer Name	AMIT MISHRA	Contact No.	6394765449
VIN	MBLKCU156RHM00175	Model	XTREME 160R
Insurance Company		Reg No.	UP31CK0116
HMCGL Card No	1073025570000234	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61101ABZ000YS -FRONT FENDER (MATT SAPPHIRE BLUE)	87141090	Paid	1,093.22	1	9.00	9.00	0.00	0.00	0.00	0.00	1,290.00
2	61301ABZ000S -FRONT COWL	87141090	Paid	229.66	1	9.00	9.00	0.00	0.00	0.00	0.00	271.00
3	61320ABZ600TS -RIGHT FRONT COWL NH-303M	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
4	61330ABZ600TS -COWL FRONT LEFT NH-303M	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
5	61312ABZ000S -STAY METER MOUNTING	87141090	Paid	73.73	1	9.00	9.00	0.00	0.00	0.00	0.00	87.00
6	51450ABZ000RS -FORK ASSY R FRONT	87141090	Paid	2,421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	2,857.00
7	51550ABZ000RS -FORK ASSY L FRONT	87141090	Paid	2,421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	2,857.00
8	53100ABZ000S -PIPE STRG HANDLE	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
9	53200ABZ000S -STEM COMP STEERING	87141090	Paid	1,222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	1,442.00
10	45251ABZ010S -"DISC, FR BRAKE"	87141090	Paid	1,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	1,820.00
11	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
12	88110ABZ001S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	185.59	1	9.00	9.00	0.00	0.00	0.00	0.00	219.00
13	17520ABZB00S -FUEL TANK ASSEMBLY	87141090	Paid	2,624.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,097.00
14	50803AAG300S -GUARD LEG	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
15	18312ABZ000S -ASSY COVER MUFFLER	87141090	Paid	250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	295.00
16	33100ABZ001S -LIGHT ASSY HEAD	85122010	Paid	2,029.66	1	9.00	9.00	0.00	0.00	0.00	0.00	2,395.00
17	64120ABZ000S -TANK COVER INNER	87141090	Paid	283.90	1	9.00	9.00	0.00	0.00	0.00	0.00	335.00
18	50803AAG300S -GUARD LEG	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
19	46500ABZ000S -PEDAL BRAKE	87141090	Paid	146.61	1	9.00	9.00	0.00	0.00	0.00	0.00	173.00
20	18313ABZH00S -COVER MUFFLER 1	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
21	18313ABZ000S -COVER MUFFLER-1	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
22	18314ABZ000S -COVER MUFFLER-2	87141090	Paid	50.85	1	9.00	9.00	0.00	0.00	0.00	0.00	60.00
23	50600ABZ010S -HOLDER	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00

0.00 19,878.00

Parts Total

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-XTREME 160R	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
										0.00	2,000.10
<b>Jobs Total</b>											19,878.00
											2,000.10
<b>Parts Total</b>											2,000.10
<b>Labour Total</b>											1,516.12
<b>SGST (Parts) 9%</b>											1,516.12
<b>CGST (Parts) 9%</b>											152.55
<b>SGST (Labour) 9%</b>											152.55
<b>CGST (Labour) 9%</b>											21,878.10
<b>Total</b>											

Authorised Signatory

Rupees in Words: Twenty One Thousand Eight Hundred Seventy Eight and paise Ten Only

10730 - 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 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  
M.F.E.R.U.T.

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.	अमिता मिश्रा 8127062540
2	Vehicle No. / वाहन संख्या	UP31 CK0216
3	Policy No. / पालिसी संख्या	252400/31/2025/81388
4	Period of Insurance / बीमा अवधि	29/01/2025 से 28/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 समय- 4:00PM
6	Place of Accident / दुर्घटना का स्थान	लालपुर पेट्रोल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	कपिल शुक्ला, 6394765449 UP31 20140007948
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	लालपुर पेट्रोल पम्प के पास सामने से एक मोटर साइकिल से टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त 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 / फोन नं.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR, KHERI, 9151154036

Date / दिनांक : 07/12/2025  
हस्ताक्षर

Amita  
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 MEFRUT

Certificate/Policy No. 252400/31/2025/81388

Tel. No.

Period of Insurance 29/01/2025 से 28/01/2026  
 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 : AMITA MISHRA  
 (b) Address for correspondence : RISHIV COLONY, LAKHIMPUR DO-KHERI, PS-KOTWALI  
 (c) Telephone : 8127062540 LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>KCOJACRHM00793</u> Chassis No. <u>MBLKCU156RHM00175</u>	Registration No. <u>UP31CK</u> <u>0116</u>
---	--	--

- (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
- NA

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 : KAPIL SHUKLA  
(b) Age : 03/07/1988  
(c) Address : MOH-SHIV COLONY, KANLAPUR LAKHIMPUR-KHERI  
(d) Is the Driver  
1. Owner : NO  
2. paid driver? : NO  
3. Owner's relative or friend? : HUSBAND  
(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 20140007948  
(h) Issuing Authority : 26/Jul/2014  
(i) Date of Expiry : 25/July/2034  
(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 : 05/12/2025 4:00 PM  
(b) Place : लालपुर पेट्रोल पम्प के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : लालपुर पेट्रोल के पास सामने से रफ मोटरसाइकिल से  
(e) If any third party was responsible for this accident give the name and address : टक्कर हो गई जिससे मेरी गाड़ी दाईं ओर भिस्क कर घटियस हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : MOSRAM AUTO SALES/RP ROAD 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 : N/A  
(e) Full details of property damaged :  
(f) Has notice of any claim been given to you? :

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : KAPTI SHUKLA  
 (b) Age : 03/07/1988  
 (c) Address : MOH-SHIVCOLONY, KANLAPUR, LAKHIMPUR, KHERI  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : HUSBAND  
 (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 20140007948  
 (h) Issuing Authority : 26/Jul/2014  
 (i) Date of Expiry : 25/July/2034  
 (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 : 05/12/2025 4:00 PM  
 (b) Place : लालपुर, पेट्रोल पम्प के पास  
 (c) Speed of vehicle at the time of accident : 36-40  
 (d) Give a short description of the accident : लालपुर पेट्रोल के पास सामने से एक मोटर साइकिल से टकरा हो गई जिससे मेरी गाड़ी बाईं ओर भिन्नकर घटित हुई  
 (e) If any third party was responsible for this accident give the name and address : हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, RRROAD, 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 : 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? : \_\_\_\_\_
- (d) If yes, to which Police Station? : N/A
- (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? : N/A
- (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 07/12/2025

Signature of the insured Amrita

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. CP31CK0116 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 Amita .....  
Occupation .....  
Address .....  
.....  
.....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: P1000925

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT...01214061570... (GSTIN: 09AAACT0617RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	29-JAN-25
Policy No	25240031/2025/81388	Proposal No. & Date	R/25240031/2025/61310 & 29-JAN-2025
Agent/Broker Code	HA000155144	Policy Period (OWN DAMAGE)	FROM 22-01-2025 ON 24-01-2025 TO MIDNIGHT OF 20-01-2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 22-01-2025 ON 29-01-2025 TO MIDNIGHT OF 23-01-2026
Insured Name	AMITA MISHRA (GSTIN: 0)	Lead/Broker No	
Insured Address	C/O SRI KAPIL KUMAR SHUKLA, R/O SHIV COLONY LAKHIMPUR PO: KHERI/PS: KOTWALL LAKHIMPUR KHERI, N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	106030
Model & Variant	XTREME 160 R	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2024	Total IDV	106030
Engine - Chassis No	KC01ACRHM00793 MBLKCU18RHM00175	TMF CONTRACT NO	
Cubic Capacity	160	Policy Type	Zone B - Rest of India
Seating Capacity	1	Geographical Area	INDIA
Type Of Body	OTHERS	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1866.13	Basic Third Party Liability	7365
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1866.13	Legal Liability (WC) to driver (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
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	0	PA Paid Driver, Conductor, Cleaner-GR36B3	7365
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	7645
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	1376
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	1586	Swachh Bharat Cess @ 0.50%	0
Total Deductibles	1586	Krishi Kalyan Cess @ 0.50%	902
Net own Damage Premium(A)	280	Gross Premium Paid	902
Nil Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	280		

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

Nominee Details:		Age		Relation	
Name	Amount				
HERO FINCORP LTD	9021				

In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs 1 lac 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.co.in or on demand from the policy issuing office.

We warrant that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio from inception.

Claim is not admissible if driving License is found fake or is not valid as per 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 V and Chapter XI of Motor Vehicles Act 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has hereunto set his hand at 252400 on 29-JAN-25

**IMPORTANT NOTICE**

The Insured is not indemnified if the vehicle is used or driven otherwise than as per the schedule. Any Payment made by the company by reason of water damage 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: for only for social, domestic and pleasure purposes and the insured shall not use the Policy for use in (1) Hire or reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials.

Policy Purpose of connection with motor trade.

Driver's Clause: Any person including the insured Policy holder who is driving the vehicle in the course of the accident and is not designated (own 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 3 of the Central Motor Vehicle Rules, 1989. Under Section II-1 (b) of the policy. Damages to third party.

Limits of Liability: Clause under section II-4 (b) 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 (b) of the policy. Damages to third party.

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. The preceding year 20% premium (not more than 50% of the PA cover under section III for owner-driver is Rs. 5 lakhs). PA Cover under section III for owner-driver is Rs. 5 lakhs.

Three consecutive years 30% premium (not more than 50% of the PA cover under section III for owner-driver is Rs. 5 lakhs). PA Cover under section III for owner-driver is Rs. 5 lakhs.

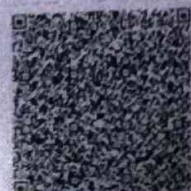
Five consecutive years 45% premium (not more than 50% of the PA cover under section III for owner-driver is Rs. 5 lakhs). PA Cover under section III for owner-driver is Rs. 5 lakhs.

Seven consecutive years 55% premium (not more than 50% of the PA cover under section III for owner-driver is Rs. 5 lakhs). PA Cover under section III for owner-driver is Rs. 5 lakhs.

Within 30 days of the previous policy.

This benefit applies to the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provision of Chapter V and XI of MV Act, 1988.

This insurance excludes all pre-existing damages.



Approved By: 306213040  
Approved On: 29-JAN-25  
Place: MRT  
Printed On: 30-JAN-25

For and on behalf of  
The Oriental Insurance Company Limited  
General Manager  
Authorized Signature

**STATEMENT OF UTTAR PRADESH**  
**Transport Department LAKHIMPUR KHERI**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No	: UP31CK0116	Registration Date	: 31-Jan-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	Son/wife/daughter of	: C/O SRI KAPIL KUMAR SHUKLA
Owner Name	: AMITA MISHRA		
Full Address: (Permanent)	: R/O SHIV COLONY LAKHIMPUR PO: KHERI, KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701		
Full Address: (Temporary)	: R/O SHIV COLONY LAKHIMPUR PO: KHERI, KHERI, PS- KOTWALI, KHERI-UTTAR PRADESH-262701		
Fitness UpTo	: 30-Jan-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA2120643885
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 12/2024
Front HSRP No	: AA1038955846	Chassis No	: MBLKCU156RHM00175
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 163.14
Engine No	: KC01ACRHM00793	Wheel base	: 1327
Horse Power(BHP)	: 14.74	Standing Cap	: 0
Maker's Classification	: XTREME 160R 2V FLAT SEA T	Unladen Wt (kgs)	: 144
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 274
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: MATAXIS GRY BLACK ST		
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, PUNE, , Pune, Maharashtra-411009 w.e.f. 29-Jan-2025.

Purchase dt	: 29-Jan-2025	Sale Amt	: 111611/-
OTT Date	: 29-Jan-2025	Amount/Rcpt No	: 11162 / UP31D25010004496
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 24-Feb-2025		


**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 31-Jan-2025 to 30-Jan-2040

Date : 27-Feb-2025 10:26:14

Taxation Particulars / Advance Registration Mark Fee Details

  
 Registering Authority  
 मोटो साइकिल विभाग  
 लखीमपुर-खीरी  
 Date: 27 Feb 2025

Q 1568281

*Amity*



भारत सरकार  
Government of India



Aadhaar no. issued: 05/07/2015



अमिता मिश्रा  
Amita Mishra  
जन्म तिथि/DOB 05/02/1988  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन ( ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन प्रमाणीकरण की स्कैनिंग) के साथ किया जाना चाहिए।

**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML)**

**6771 9514 5635**

मेरा आधार, मेरी पहचान



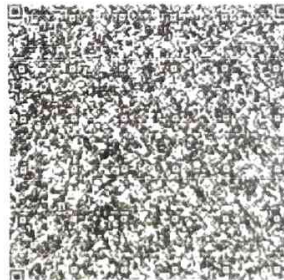
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा: कपिल कुमार शुक्ला, शिव कॉलोनी, लखीमपुर, खीरी,  
खीरी,  
उत्तर प्रदेश - 262701

Address:  
C/O: Kapil Kumar Shukla, shiv colony,  
Lakhimpur, PO: Kheri, DIST: Kheri,  
Uttar Pradesh - 262701

Details as on: 17/02/2024



**6771 9514 5635**

VID : 9132 1915 4863 0473

1947

help@uidai.gov.in

www.uidai.gov.in

Amita

62540

आयकर विभाग  
INCOME TAX DEPARTMENT

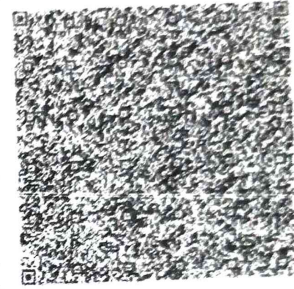


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**IXKPM7135M**



नाम / Name  
**AMITA MISHRA**

पिता का नाम / Father's Name  
**SHRI KANT MISHRA**

03012024

जन्म की तारीख /  
Date of Birth  
**05/02/1988**

*Amita Mishra*  
हस्ताक्षर / Signature

OF UTTAR

Driving Licence



20140007948

Date of Issue  
26/07/2014

Age  
25/07/2014

Date of Birth  
03/07/1988

Blood Group  
Unknown

NAME / नाम  
KAPIL SHUKLA

RESIDENCE / निवास  
LAL BAGARI SHUKLA

31-Jan-202  
NEW  
153-26  
C/O SRI K  
SHUKLA  
OTWALI, KH  
OTWALI, KH  
BHARAT

MINISTRY OF UTTAR PRADESH

UP31 20140007948



LMV

26/07/2014



MCWG

26/07/2014

U.P. Government

MCHT. SEWEE DOLONY

KANUN APYAL

LAKHIMPUR KHATI RI

UP01A376480001



LRP  
2

# GOVERNMENT OF UTTAR PRADESH

## Transport Department LAKHIMPUR KHERI

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP31CK0116      Registration Date : 31-Jan-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 : AMITA MISHRA      Son/wife/daughter of : C/O SRI KAPIL KUMAR SHUKLA

Full Address: (Permanent) : R/O SHIV COLONY LAKHIMPUR PO. KHERI, KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701

Full Address: (Temporary) : R/O SHIV COLONY LAKHIMPUR PO. KHERI, KHERI, PS- KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 30-Jan-2040      Owner Serial No : 1

**Detailed Description**

Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1038955846      Rear HSRP No : AA2120643885  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 12/2024  
 No of Cylinders : 1      Chassis No : MBLKCU156RHM00175  
 Engine No : KC01ACRHM00793      Fuel : PETROL  
 Horse Power(BHP) : 14.74      Cubic Capacity : 163.14  
 Maker's Classification : XTREME 160R 2V FLAT SEA Wheel base : 1327  
 T  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 144  
 Colour : MATAXIS GRY BLACK ST      Laden/GV Wt (kgs) : 274  
 Other Criteria :  
 Vehicle Purchase As : Fully Built      AC Fitted : NO

#### 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, PUNE, , Pune, Maharashtra-411009 w.e.f. 29-Jan-2025.

Purchase dt : 29-Jan-2025      Sale Amt : 111611/-  
 OTT Date : 29-Jan-2025      Amount/Rcpt No : 11162 / UP31D25010004496  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 24-Feb-2025  
**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :      Previous RegNo :  
 Old State :      Entry Date :  
 Transfer Date :      Conversion Date :

This certificate is valid from 31-Jan-2025 to 30-Jan-2040

Date : 27-Feb-2025 10:26 14

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 मोटार वाहन विभाग  
 लखीमपुर-खोरी  
 Date: 27-Feb-2025

1568281



The Oriental Insurance Company Ltd.  
Policy Schedule

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Divisional Office, 346 Khair Sagar, Opp. Filmistan Cinema Meerut, U.P. (GSTIN: 09AAACT96278A20)

Policy Type: BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)

Policy No: 25240031/2025/01188

Agent/Broker Code: HDAD00155144

Agent/Broker Name: ABHINAV BHATI

Insured Name: AMITA MISHRA (GSTIN: 0)

Insured Address: C/O SRI KAPIL KUMAR SHUKLA, RO SHIV COLONY LAKHIMPUR PO: KHERI, J.S., KOTWALL LAKHIMPUR KHERI, N.A.

Policy Issued On: 29-JAN-25

Proposal No. & Date: R/25240031/2025/01188 & 29-JAN-2025

Policy Period (OWN DAMAGE): FROM 22.05 ON 29/01/2025 TO MIDNIGHT OF 28/01/2026

Policy Period (LIABILITY): FROM 22.05 ON 29/01/2025 TO MIDNIGHT OF 28/01/2026

Lead/Breakin No: /

Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	166030
Model & Variant	XTREME 160 R	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	166030
Engine - Chassis No	KC01ACRHM00793 MBLKCU136RHM00179	IMF CONTRACT No	
Cubic Capacity	160	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	OTHERS		
RTO Location	Type Of Fuel - PETROL		

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1866.13	Basic Third Party Liability	7365
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1866.13	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%)	NA
<b>Deductibles</b>		PA Paid Driver, Conductor, Cleaner-GR3663	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	7365
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	7645
AAI Membership (IMT-8)	0	GST	1376
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1586	Krishi Kalyan Cess@0.50%	0
<b>Add-On Coverages</b>		Gross Premium Paid	9021
NH Depreciation	1386		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	280		

Nominee Details: Nominee Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relation: \_\_\_\_\_

Payment Details: Payment Method: \_\_\_\_\_ Cheque No./Transaction No.: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Amount: 9021

Financer Type: Financer Name: HERO FINCORP LTD. Financer Branch: \_\_\_\_\_

POS Name: NA 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.

Warranted that on case of dishonour of premium (cheques) the Company shall not be liable under the policy and the policy shall be void ab initio (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 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 1938.

In witness whereof the undersigned being authorized by and on behalf of the company has hereunto set his/hand at 252400 on 29-JAN-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 a wider terms appearing on the certificate or order to comply with the MV Act, 1938 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials.

(3) Any Purpose in connection with motor trials.

Driver's Classification: Driver's Classification: The insured must hold an effective driving license as the holder of the vehicle and is not disqualified from holding or obtaining such a license. Provide details that the person holding an effective license may also drive vehicle & 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 (part of the policy):** Death of or body injury: Such amount is necessary to meet their requirement of the motor vehicle act 1938 Under section II-1 (part of the policy). Damage to third party property in Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is Rs. \_\_\_\_\_.

**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 (as per the preceding year 25% preceding two consecutive years 35% preceding three consecutive years 45% preceding four consecutive years 50% of NCB on OD premium. No Claim Bonus will be allowed provided the insured is driving the vehicle for 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 provisions of Chapter X and XI of M.V. Act 1938.

This insurance excludes all pre-existing damage.



Approved By: 59627/SAMU

Approved On: 29-JAN-25

Place: MBT

Printed On: 26-JAN-25

