

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-1225-685
 Customer Name VIJAY ..
 VIN MBLHAW131L9C04479
 Insurance Company
 HMCGL Card No 1073025800001853
 Part Details

Date 13-12-2025
 Contact No. 9235506045
 Model HF DELUXE
 Reg No. UP31BM1899
 HMCGL Card Category Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	83500AAHF00RS -R SIDE COVER BLACK NH-1(T1)	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
3	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	2,751.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	848.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64
Jobs Total											0.00	1,000.64

Parts Total	2,751.00
Labour Total	1,000.64
SGST (Parts) 9%	209.82
CGST (Parts) 9%	209.82
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	3,751.64

Rupees in Words: Three Thousand Seven Hundred Fifty One and paise Sixty Four
 Only Authorised Signatory

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
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.	VIJAY, 9044909608
2	Vehicle No. / वाहन संख्या	UP31BM1899
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025, 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	खिरीवा बेहोला पम्प के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIJAY, 9044909608 UP3120250012791
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	इशानगर से खिरीवा जा रहे थे तभी अचानक खिरीवा बेहोला पम्प के पास लम्बे से सांड आ गया जिससे बेसी गाड़ी की एन्जर हो गई। जिससे बेसी गाड़ी थोड़ी ओर बिरकर हतिगहल 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 LRPRAD LAKHAMPUR KHARI, GISTASA036

विजय

Date / दिनांक : 13/12/2025
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. _____

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 : VIJAY
 (b) Address for correspondence R/O: ISANAGAR, RS-ISANAGAR, KHERI OP-262701
 (c) Telephone : 9044909608

2. THE INSURED VEHICLE

Make & Year <u>HFRO</u> <u>2020</u>	Engine No. <u>HAI1EWL9C07707</u> Chassis No. <u>MBLHAW131L9C04479</u>	Registration No. <u>UP31BM</u> <u>1899</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

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 : VIJAY
(b) Age : 01/01/1987
(c) Address : R/O: ISANAGAR DHAURAHARA KHERI, UP-26
(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 20250012791
(h) Issuing Authority : 28/08/2025
(i) Date of Expiry : 27/08/2025
(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 : 11/12/2025 1:00 PM
(b) Place : सिसौदा पेट्रोल पम्प के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : सिसौदा पेट्रोल पम्प के पास साइबे ले साइ आगमा दिलसे गाड़ी की
(e) If any third party was responsible for this accident give the name and address : टक्कर हो गई। दिलसे मेरी गाड़ी शमी और बिद्वर घातक 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 LRROAD LAKHIMPUR KHERI, 9151154036

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 : NIA
(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? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

N/A

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 Police Station? : _____
- (i) C.R. diary Number : _____

N/A

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: 3/12/2005

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. UP31BM1899 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 [Handwritten Signature]
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31BM1899 Registration Date : 22-Jun-2020
 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, , , -
 Owner Name : VIJAY Son/wife/daughter of : SRI JAMUNA
 Full Address: (Permanent) : R/O- ISANAGAR, R/O- ISANAGAR, PS- ISANAGAR, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O- ISANAGAR, R/O- ISANAGAR, PS- ISANAGAR, KHERI-UTTAR PRADESH-262701
 Fitness Up to : 21-Jun-2035 Tax Up To : One Time
 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 : AA2014733172 Rear HSRP No : AA2014261928
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2020
 No of Cylinders : 1 Chassis No : MBLHAW131L9C04479
 Engine No : HA11EWL9007707 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE-BLK-13S-SELFD Wheel base : 1235
 RUMCAST
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

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

By Manuf.	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 SHRIRAM CITY UNION FINAMNCE LTD, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 12-Jun-2020.

Purchase dt : 12-Jun-2020 Sale Amt : 56750/-
 OTT Date : 12-Jun-2020 Amount/Rcpt No : 5675 / UP31D20060001804
 TaxUpTo : One Time Vehicle Is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 22-Jun-2020

Other State/Transfer/Conversion Details

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

This certificate is valid from 22-Jun-2020 to 21-Jun-2035

Date : 24-Jul-2020 13:02:13
 Faxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 24-Jul-2020

ये गाड़ी श्रीराम सिटी युनियन फाइनेंस लि
 से फाइनेंस है।
 कृपया ना इस गाड़ी को खरीदें ना ही बेचें।

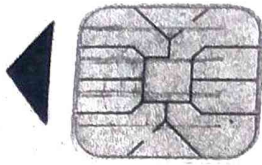
1721879



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

UP

UP31 20250012791



Issue Date **28-08-2025** Validity (NT) **27-08-2035**

Validity(TR)*



Holder's Signature

Name: **VIJAY**

Date of Birth: **01-01-1987**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **JAMUNA**

Address:

**ISANAGAR ISANAGAR ISANAGAR DHAURAHARA
KHERI UTTAR PRADESH 261502**

Date of First Issue **28-08-2025**

DL No: UP31 20250012791

UPDL311000022245



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	28-08-2025	NT				
LMV	UP31	28-08-2025	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI



भारत सरकार
Government of India



Download Date: 23/07/2020



विजय
Vijay
जन्म तिथि/DOB: 01/01/1987
पुरुष/ MALE

Issue Date: 17/07/2020

5047 8094 6638

VID : 9161 5501 9792 1274

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

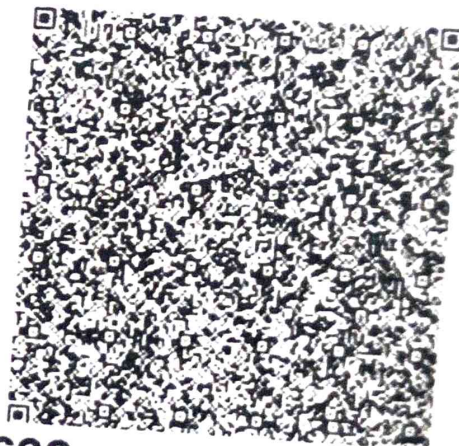


पता:

आत्मज, जमुना, ईसानगर, ईसानगर, खीरी,
उत्तर प्रदेश - 261502

Address:

S/O: Jamuna, ISANAGAR, Isanagar, Kheri,
Uttar Pradesh - 261502



5047 8094 6638

VID : 9161 5501 9792 1274



1947



help@uidai.gov.in



www.uidai.gov.in

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

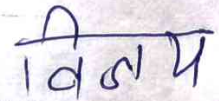
1. Full Name and Address of the declarant VIJAY S/O : JAMONA
R/O : ISANAGAR KHERI, UTTAR PRADESH -
261501
2. Particulars of transaction
Account Type Number
3. Amount of the transaction Rs.
4. Are you assessed to tax ? Yes / No
5. If yes,
i) Details of Ward / Circle / Range where the last return of income was filed.
ii) Reasons for not having permanent account number / General Index Register Number
6. Details of document being produced in support of address in column (1)

Verification

I, VIJAY do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 13/12/2025

Place KHERI



Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.