

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-1225-678	Date	12-12-2025
Customer Name	DALVINDER SINGH ..	Contact No.	9838597661
VIN	MBLJAW407R9L11500	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CJ7083
HMCGL Card No	1073025530000165	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
4	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
5	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.51	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
6	17520ADG000US -FUEL TANK BL(BR)-021M(F)	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
7	50619AANB00S -BAR L STEP	87141090	Paid	61.02	1	9.00	9.00	0.00	0.00	0.00	0.00	72.00
8	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
9	18355AAGA02S -COVER MUFFLER	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
10	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	432.20	1	9.00	9.00	0.00	0.00	0.00	0.00	510.00
11	50803AANB00S -GUARD ENGINE RH	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
12	50804AANB00S -GUARD ENGINE LH	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
13	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
Parts Total											0.00	16,395.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	16,395.00
Labour Total	2,000.10
SGST (Parts) 9%	1,250.47
CGST (Parts) 9%	1,250.47
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	18,395.10

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

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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र. विषय Claim Intimation

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.	Dalvinder Singh, 9838597661
2	Vehicle No. / वाहन संख्या	UP31CJ7083
3	Policy No. / पालिसी संख्या	252400/31/2025/75928
4	Period of Insurance / बीमा अवधि	03/01/2025 से 02/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	ऑन बायसाई स्कूल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dalvinder Singh, 9838597661 UP31 2004 8146757
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	घर से लखीमपुर जा रहे थे तभी अचानक ऑन बायसाई स्कूल के पास सामने बाई ओर से वाहन पारने से तबकर भार दा बिस्से मेरी गाड़ी दायी ओर गिरकर हाकिमपुर 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 : 12/12/2025
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. 252400/31/2025/75928

Tel. No.

Period of Insurance 03/01/2025 to 02/01/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED

- (a) Name : Dalvinder Singh
 (b) Address for correspondence R/O: 306, ROAD AGGAR BUZURG, KHERI, PS-PHARDMAN
 (c) Telephone : 9838597661

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMA9LJ433J</u> Chassis No. <u>MBLJAW407R9LJ1500</u>	Registration No. <u>UP31CT</u> <u>7083</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 : _____ N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : DALVINDER SINGH
 (b) Age : 16/07/1981
 (c) Address : VILL. AGGAR KHURD, LAKHIMPUR - KHERI, 261506
 (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 : UP3120040146757
 (h) Issuing Authority : 25/07/2024
 (i) Date of Expiry : 24/07/2034
 (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 : 10/12/2025 10:00am.
 (b) Place : डीन बाँसो स्कूल के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : डीन बाँसो स्कूल के पास सामने बाई ओर से बाईन वाले ने
 (e) If any third party was responsible for this accident give the name and address : लुकर मार की जिससे मेरी गाड़ी दखी ओर गिरकर क्षतिग्रस्त 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 : MOSKRAM AUTO SALES, LR 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? :

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 12/12/ 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. UP31CT7083 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 Singh
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ7083 Registration Date : 07-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 : DALVINDER SINGH Son/wife/daughter of : SRI SUKHRAJ SINGH
 Full Address: (Permanent) : R/O 306, ROAD AGGAR BUZURG KHERI, AGGAR KHURD, PS- PHARDHAN, KHERI, UTTAR PRADESH-261506
 Full Address: (Temporary) : R/O 306, ROAD AGGAR BUZURG KHERI, AGGAR KHURD, PS- PHARDHAN, KHERI- UTTAR PRADESH-261506

Fitness UpTo : CS-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 : AA2117953502 Rear HSRP No : AA2118187191
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLJAW407R9L11500
 Engine No : JA07AMR9L14331 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : MATT GREY Laden/GV Wt (kgs) : 252
 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.	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 w.e.f. .

Purchase dt : 03-Jan-2025 Sale Amt : 82461/-
 OTT Date : 03-Jan-2025 Amount/Rcpt No : 8247 / UP31D25010001364
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Jan-2025 to 06-Jan-2040

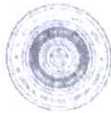
Date : 22-Jan-2025 11:00:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 22-Jan-2025

9521392

Ding



The Oriental Insurance Company Ltd. Policy Schedule

Report ID: PDR0524

Page No: 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE

(FORM 1 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, CHAKRABARTY SALAH OPP. THE MISTAN CINEMA MILLER T...01211063570... (GSTIN: 09AAAC T0627R4Z1)

Policy Type: B (NEW/OLD VEHICLE) Policy Issued On: 01 JAN 23
Policy No: 23001230123456789 Proposal No. & Date: R23001230123456789 & 01 JAN 23
Agent/Broker Code: BCAA00123456789 Policy Period (OWN DAMAGE): 01 JAN 23 TO 31 DEC 23
Agent/Broker Name: ABHINAV SUREVI Policy Period (LIABILITY): 01 JAN 23 TO 31 DEC 23
Insured Name: D. DIVIN D R S Type of Vehicle: B (NEW/OLD VEHICLE)
Insured Address: 5, PANDIT SURESH CHANDRA BHARGAVA STREET, CHAKRABARTY, DIVISIONAL OFFICE, CHAKRABARTY, WEST BENGAL, INDIA. Unit/Breakdown No: 01
Insured Status: UTTAR PRADESH

Table with columns: Make, Model & Variant, Registration No, Year of Manufacture, Engine & Chassis No, Cubic Capacity, Seating Capacity, Type of Body, BTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TME CONTRACT NO, Policy Type, Geographical Area. Includes details for a Tata Nano car.

Schedule Of Premium (Amount in Rs.)

Table showing premium breakdown. OWN DAMAGE SECTION (A) includes Vehicle (13295), Elec Accessories (0), Non-Elec Accessories (0), Basic Premium (2000), Geographical Area Extn (IMT-1) (0), Driving Tuition Loading On OD Premium (60%) (0), Sub-Total Additions (0), Deductibles (0), Voluntary Deductibles (IMT-22A) (0), Anti-Theft Device (IMT-10) (0), AAI Membership (IMT-8) (0), No Claim Bonus (0), Discount for vehicle designed for handicapped (0), NIP Discount (0), Sub-Total Deductibles (0), Add-On Coverages (0), Nil Depreciation (0), Return to Invoice (0), Keys Replacement (0), Consumables (0), Sub-Total Add-on Coverages (0), Net own Damage Premium (A) (13295). LIABILITY SECTION (B) includes Basic Third Party Liability (1851), Compulsory PA Cover Premium (0), PA Cover for 0 Person Of Rs (0) each (IMT-16) (0), Legal Liability (WC) to driver (IMT-20) (0), Legal Liability to Employees (IMT-29) (0), Legal Liability to Passenger (IMT-46) (NA), Driving Tuition Loading On TP Premium (50%) (NA), PA Paid Driver, Conductor, Cleaner-GR36B3 (0), Net Liability Premium (B) (1851), Total Premium (A+B) (15146), GST (725), SERVICE TAX (0), STAMP DUTY (0.00), Swachh Bharat Cess @ 0.50% (6), Krishi Kalyan Cess @ 0.50% (6), Gross Premium Paid (15176).

- Note: 1. Policy Issuance is subject to the realization of cheques. 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.

Table for Nominee and Payment details. Nominee Name: Divin D R S, Age: 23, Relation: Son. Payment Method: Bank Name: ICICI Bank, Amount: 4776. Financier Name: Divin D R S, Financier Branch: ICICI Bank, POS PAN NO: Author 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 on our operating offices as well as company's website.

The motor vehicle under the policy is subject to conditions, warranties, exclusions, IMTs and ODC endorsemnts mentioned herein above which are available on company's website. For all the information on demand from the policy issuing office. We warrant that the insured's premium is not subject to any other conditions or exclusions under the policy and the policy shall be void ab initio from the date of inception of the policy if the insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured.

IMPORTANT NOTICE: The insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured.

Limitations as to 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 (7) Any Purpose in connection with motor trade. Driver's Clause: Any person including the insured, provided that a person driving under an effective driving license and in the line of the accident and is not disqualified from holding or obtaining such a license. Periodic Insurance: The insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured. The insured's name is found false or is not valid whether or not in the knowledge of the insured.



Approved By: [Signature] 01 JAN 23
Approved On: 01 JAN 23
Place: ME
Printed On: 01 JAN 23

[Handwritten Signature]

For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature

DL No: UP31 20040146757

UPDL000013885878



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	19-07-2004	NT			
	LMV	UP31	19-07-2004	NT			
	MVSD						

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



सत्यमेव जयते

Indian Union Driving Licence Issued by Uttar Pradesh



UP31 20040146757

Issue Date Validity (NT) Validity(TR)*
25-07-2024 24-07-2034



Holder's Signature

Name: **DALVINDER SINGH**
Date of Birth: **16-07-1981** Blood Group:
Son/Daughter/Wife of: **SUKHRAJ SINGH**

Organ Donor: **N**

Address:

VILL AGGAR KHURD POST AGGAR KHURD
LAKHIMPUR KHERI LAKHIMPUR, LAKHIMPUR
KHERI 261506

Date of First Issue 19-07-2004

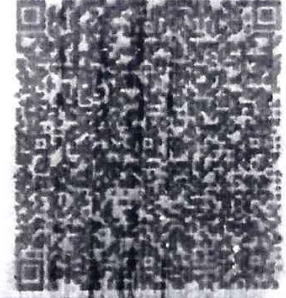
Dalvinder



भारत सरकार
Government of India



दलविन्दर सिंह
Dalvinder Singh
जन्म तिथि / DOB : 16/07/1981
पुरुष / Male



9142 8572 6710

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: सुखराज सिंह, 306, मार्ग,
अग्गर बुजुर्ग, अग्गर बुजुर्ग, खीरी,
अग्गर खुर्द, उत्तर प्रदेश, 261506

Address:
S/O: Sukhraj Singh, 306, road,
aggar buzurg, Aggar Buzurg,
Kheri, Aggar Khurd, Uttar
Pradesh, 261506

9142 8572 6710

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Dingh

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

DALVINDAR SINGH

SUKHRAJ SINGH

16/07/1981

Permanent Account Number

DBTPS0380G

Singh

Signature



27/12/2010

Singh