

**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-1225-670	Date	11-12-2025
Customer Name	NIKHIL	Contact No.	9452087096
VIN	MBLHAW029KHG09048	Model	HF DELUXE
Insurance Company		Reg No.	UP31BK0550
HMCGL Card No		HMCGL Card Category	

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	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
3	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
4	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
5	37100AAFH00S -METER ASSY COMB	87141090	Paid	1,233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,456.00
6	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
7	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
8	77210AAH100RS -RIGHT REAR COWL (BLACK NH-1 (TYPE-1))	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
9	77220AAH100RS -LEFT REAR COWL (BLACK NH-1 (TYPE-1))	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
10	77230AAHF00RS -CENTER REAR COWL (BLACK NH-1 (TYPE-1))	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
11	3370BAAHA010099S -UNIT TAIL LIGHT	85122010	Paid	315.25	1	9.00	9.00	0.00	0.00	0.00	0.00	372.00
12	83600AAHF00RS -L 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
<b>Parts Total</b>											0.00	<b>7,323.42</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

<b>Parts Total</b>	<b>7,323.42</b>
<b>Labour Total</b>	<b>2,000.10</b>
<b>SGST (Parts) 9%</b>	<b>558.57</b>
<b>CGST (Parts) 9%</b>	<b>558.57</b>
<b>SGST (Labour) 9%</b>	<b>152.55</b>
<b>CGST (Labour) 9%</b>	<b>152.55</b>
<b>Total</b>	<b>9,323.52</b>

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

बि.सं.  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	NIKHIL VISHNOI, 9653074056
2	Vehicle No. / वाहन संख्या	UP 31 BK 0550
3	Policy No. / पालिसी संख्या	28/05/2025 से 27/05/2026
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/12/2025 10:00 am
6	Place of Accident / दुर्घटना का स्थान	जिंद बाबा मंजार के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	NIKHIL VISHNOI, 9653074056
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	जिंद बाबा मंजार के पास पीछे से ट्रक वाले ने टक्कर मार दी जिससे मेरी गाडी सामने डिवाइडर से टकराकर बाँधी और गिरकर शतशत है।
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, LPP ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 09/12/2025  
हस्ताक्षर

Nikhil Vishnoi  
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 28/05/2025 से 27/05/2026  
 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 : Nikhil Vishnoi  
 (b) Address for correspondence : MOH: EKTA NAGAR, DEL, PS-KHERI, UP-262701  
 (c) Telephone : 9653074056

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. <u>HAJ1ENK6J6531</u> Chassis No. <u>MBLHAW029KHG09048</u>	Registration No. <u>UP31 BK</u> <u>0550</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 \_\_\_\_\_

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. : N/A  
 (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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : NIKHIL VIISHNOI  
(b) Age : 36/01/1991  
(c) Address : EKTA NAGAR OF LAKHIMPUR-KHERI DIST-  
(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 20/10014047  
(h) Issuing Authority : 28/06/2011  
(i) Date of Expiry : 27/06/2031  
(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 : 07/12/2025 10:00am  
(b) Place : जिंद बाबा मजार के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : जिंद बाबा मजार के पास पोलि से टुक वाले ट्रक मार दी  
(e) If any third party was responsible for this accident give the name and address : जिससे मारा जाई सामने डिवाइडर से टकराकर बॉयो और गिरकर सातमरात हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND FRONT AND LEFT  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP 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 :  
(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 09/12/ 2005

Signature of the insured Nikhil Kinnari

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. UP31BK0550 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 Nikhil Kumar  
Occupation .....  
Address .....

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



Registration No : UP31BK0550      Registration Date : 14-Feb-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 : NIKHIL VISHNOI      Son/wife/daughter of : SRI VIRENDRA KUMAR  
 Full Address: (Permanent) : MOH-EKTA NAGAR,OEL, MOH-EKTA NAGAR,OEL, PS-KHERI, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : MOH-EKTA NAGAR,OEL, MOH-EKTA NAGAR,OEL, PS-KHERI, KHERI,UTTAR PRADESH-262701

Fitness Up To : 13-Feb-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 IV  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2012572533      Rear HSRP No : AA1007487040  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 07/2019  
 No of Cylinders : 1      Chassis No : MBLHAW029KHG09048  
 Engine No : HA11ENKHG16531      Fuel : PETROL  
 Horse Power(BHP) : 8.24      Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (SELF-DRUM-CA Wheel base : 1235  
 ST)  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sloopar Cap : 0      Unladen Wt (kgs) : 109  
 Colour : BLACK GREY STRIPE      Laden/GV Wt (kgs) : 239  
 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 v.e.f. .

Purchase dt : 16-Oct-2019      Sale Amt : 48525/-  
 OTT Date : 16-Oct-2019      Amount/Rcpt No : 4853 / UP31D19100002067  
 TaxUpTo : One Time      Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED      Date of Approval : 14-Feb-2020  
**Other State/Transfer/Conversion Details**  
 Previous Owner :      Previous RegNo :  
 Old State :      Entry Date :  
 Conversion Date :

This certificate is valid from 14-Feb-2020 to 13-Feb-2035

Date : 16-Mar-2020 15:54 01  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 16-Mar-2020

K 1245138

No. 567433

# India Driving Licence

(Motor Vehicle Act 1983 82)



सत्यमेव जयते

STATE OF  
UTTAR PRADESH

(1)

## प्रपत्र-6

[ नियम 16(1) देखिये ]

चालन अनुज्ञप्ति का प्रारूप  
अनुज्ञप्तिधारक का नाम

पुत्र/पत्नी/पुत्री विश्व केशव (2)

फोटोग्राफ के आ  
नाम लिखा जाए (अ  
प्राधिकारी की मुद्रा  
उसके हस्ताक्षर के  
भाग फोटोग्राफ पर  
एक भाग धारक के  
पर होना चाहिए)



अनुज्ञप्तिधारक के त  
हस्ताक्षर/अंकित के लिए

100/4147 (2)  
चालन अनुज्ञप्ति संख्याक

जारी करने की तारीख 26/06/2011

नाम विश्व केशव

पुत्र/पत्नी/पुत्री विश्व केशव

स्थायी पता ...

पिन ...

धाना ... जिला ...

उ. स्थायी पता/कार्यालय का पता ...

फाई हो ...

धाना ... जिला ...

जन्म तिथि 10/...

## प्रपत्र (3) का भाग

शैक्षिक अर्हताएं

वैकल्पिक नागरिकता

रक्त समूह

अर०एच० फंक्टर

इस अनुज्ञप्ति के धारक को संपूर्ण  
भारत में लिखित वर्णन के यानों  
को चलाने की अनुज्ञप्ति प्रदान की  
जाती है ...

...

विना गियर वाली मोटर साइकिल

विना गियर वाली मोटर साइकिल

अशक्ति यात्रा वाली

हल्का मोटर यान

परिवहन यान

रोड रोलेर



सड़क पारिवहन और राजमार्ग मंत्रालय भारत सरकार  
MINISTRY OF ROAD TRANSPORT & HIGHWAYS  
Government of India

Sarathi PARIVAHAN  
साराथी SARATHI

DATE: 10-12-2025 TIME: 02:19:00 PM

Change State (stateSelection.do)

A\* A A\*

## TRANSPORT DEPARTMENT, GOVERNMENT OF UTTAR PRADESH

### Application for Services on Driving Licence

\* Driving Licence Number

UP31 20110014047

\* Date of Birth

10-01-1991

Personal Details and Particulars of existing Licence (Learners or Permanent) of the DL Holder

Name : NIKHIL BISHNOI

Father's Name : VEERENDRA KUMAR GUPTA

Date of Birth : 10-01-1991

Present Address: EKTA NAGAR OEL

LAKHIMPUR KHERI



SORRY, NO  
IMAGE  
AVAILABLE



DL Holder Last Endorsed Details :

State- Uttar Pradesh  
RTO - ASST.RTO, LAKHIMPUR KHERI

Class of Vehicles :

COV Abbr.	Issue Date & Issue Authority	
MCWG	ASST.RTO, LAKHIMPUR KHERI	
LMV	ASST.RTO, LAKHIMPUR KHERI	

Validity Period

Non - Transport :  
28-06-2011 to 27-06-2031



\* Confirmed that the above Driving Licence details are mine:

Select

Category of the Driving Licence Holder :

General

Select only if the Driving Licence Holder belongs( Ex-Servicemen / Repatriate / Refugees / Diplomats (Foreigner) /  
Foreigners (But not Diplomats) / Physically Challenged )

Submit Request to :

To know your RTO Office Enter the pin code of Applicants Present  
Address here

:

PINCODE

\* State

Uttar Pradesh

\* RTO Office

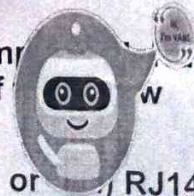
--Select--

Proceed    Reset    Exit

(\*) Mandatory Fields.

Note:: 1) DL Number can be entered in any format. For example DL Number is : RJ-14/DLC/00/91059 then it can be entered in any one of the following mentioned formats :

i) RJ14 20000091059    or    ii) RJ1420000091059    or    RJ14





भारत सरकार  
Government of India



Aadhaar No. Issued: 18010019



निकिल विष्णो  
Nikal Vishno  
जन्म तिथि DOB: 10/01/1991  
पुरुष MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑनलाइन प्रमाणपत्र 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 Kiosk).

8537 5915 5654

मेरा आधार, मेरी पहचान



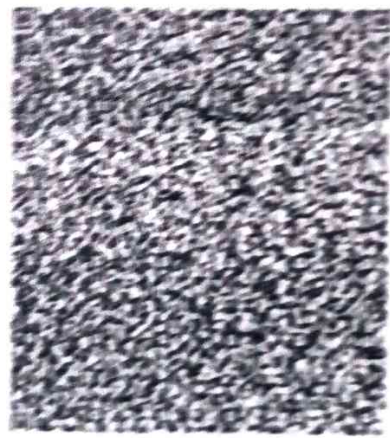
भारतीय अद्वितीय पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O विरेन्द्र कुमार, एकता नगर ओएल लखिम्पुर खेरी,  
ओएल, खेरी,  
उत्तर प्रदेश - 262725

Address:  
S/O Virendra Kumar, EKTA NAGAR OEL  
LAKHIMPUR KHERI, OEL, DIST. Kheri,  
Uttar Pradesh - 262725

Details at: [uidai.gov.in](http://uidai.gov.in)



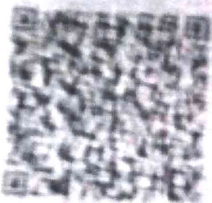
8537 5915 5654

1947 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

AZIPV2494G

नाम / Name

NIKHIL VISHNOI

पिता का नाम / Father's Name

VIRENDRA KUMAR

जन्म की तारीख / Date of Birth

10/01/1991

*Nikhil Vishnoi*  
हस्ताक्षर / Signature



05122017