

**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-1225-688  
 Customer Name IKBAL @  
 VIN MBLHAW218SHB13341  
 Insurance Company  
 HMCGL Card No 1073025530001004  
 Part Details

Date 16-12-2025  
 Contact No. 9170858118  
 Model SPLENDOR+ XTEC  
 Reg No. UP31CK8034  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	61100AAEB00TS -FENDER COMPLETE FRONT (NH-341P)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
3	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
4	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
5	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
6	52400KWH9099RS - CUSHION ASSEMBLY REAR NH-1 TYPE-1	87141090	Paid	866.95	2	9.00	9.00	0.00	0.00	0.00	0.00	2,046.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	51410KWA941S -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	13,512.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-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	13,512.00
Labour Total	2,000.10
SGST (Parts) 9%	1,030.58
CGST (Parts) 9%	1,030.58
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>15,512.10</b>

Rupees in Words: Fifteen Thousand Five Hundred Twelve and paise Ten 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

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.	इकबाल . 7379348580
2	Vehicle No. / वाहन संख्या	UP31CK8034
3	Policy No. / पालिसी संख्या	252400/31/2025/94751
4	Period of Insurance / बीमा अवधि	16/03/2025 से 15/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/12/2025 समय- 6:00PM.
6	Place of Accident / दुर्घटना का स्थान	ओमकार चमट्टे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अलीनुद्दीन 808133644 UP3120230008342
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	इसागर से विलेंली जा रहे थे तभी अचानक ओमकार चमट्टे के पास सामने डॉई और से टक्कर हो गई। जिससे मेरी गाडी बॉर्ड और गिरकर सविप्रस्त 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.	MOSKRAM AUTO SALES, LRP ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 11/12/2025  
हस्ताक्षर

इकबाल  
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 MEFRUIT

Certificate/Policy No. 252400/31/2025/9451

Tel. No.

Period of Insurance 16/03/2025 से 15/03/2026

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 TKBAL  
 (b) Address for correspondence RIOVILL & PO ISANAGAR, KHERI, LAKHIMPUR-KHERI  
 (c) Telephone 7379348580

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJJE7SHB31471</u> Chassis No. <u>MBLHAW218SHB13341</u>	Registration No. <u>UP3JCK</u> <u>8034</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 : JALALUDDIN  
(b) Age : 21-07-1999  
(c) Address : SINGAWAR KHERI, UP, 261502  
(d) Is the Driver  
1. Owner : No  
2. paid driver? : No  
3. Owner's relative or friend? : Nephew  
(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 : UP3120230008342  
(h) Issuing Authority :  
(i) Date of Expiry : 12-09-2023  
(j) Was the licence temporary/permanent : 31-12-2038  
(k) Details of endorsement/suspension, if any : Permanent  
(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 : 09/12/2025 6:00PM.  
(b) Place : आमकर चमत्वा के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : आमकर चमत्वा के पास सामने दौड़ते हुए से साइड से  
(e) If any third party was responsible for this accident give the name and address : चक्र हो गई जिसमें मरीगा डीवार्ड और गिरकर साहित्य हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : MOSRAM 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 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 11/12/2005

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. UP31CK8034 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 .....

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 IKBAL S/O CHHEDDU ISANAGAR  
KHERI, UTTAR PRADESH, 261502.

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

Date 11/12/2025

Place KHERI

इकबाल

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.



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGR0928

Page No: 1

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

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT062TR4ZU)	
Policy No	252400/31/2025/94751	Policy Issued On
Agent/Broker Code	BA0000155144	Proposal No. & Date
Agent/Broker Name	ABHINAV BHATI	R/252400/31/2025/97606398/7 & 16-MAR-2025
Insured Name	IKBAL (GSTIN: )	Policy Period (OWN DAMAGE)
Insured Address	CO CHHEDDU, R O VILL. & PO, ISANAGAR, KHIERI PS, ISANAGAR, LAKHIMPUR, LAKHIMPUR KHIERI, NA, 0	FROM 14:38 ON 16/03/2025 TO MIDNIGHT OF 15/03/2026
		Policy Period (LIABILITY)
		FROM 14:38 ON 16/03/2025 TO MIDNIGHT OF 15/03/2026
		Lead / Breakin No
		Insured State
		UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine -Chassis No	HA11E75HB31471 - MBLHAW218SHB13341	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	Basic Third Party Liability	3851
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	195.25	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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4046
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4774
NIL Depreciation	0		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject of the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Net own Damage Premium(A)	195	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT.7.10.28,	

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4774
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch
			LAKHIMPUR KHIERI
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 Rs1lac, 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.

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, 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 16-MAR-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 MV 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

g) Any Purpose in connection with motor trade.

**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 3 of the Central Motor Vehicles Rules, 1989

**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. 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

**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(s) as per the The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 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, 1998.

\* This insurance excludes all pre existing damages



Approved By : UNIV@252400

Approved On : 16-MAR-25

Place : MRT

Printed On : 16-MAR-25



For and on behalf of  
**The Oriental Insurance Company Limited**

General Manager  
Authorized Signature

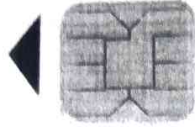




**Indian Union Driving Licence  
Issued by Uttar Pradesh**

UP

**UP31 20230008342**



Issue Date: 12-09-2023    Validity (NT): 31-12-2038    Validity (TR): -----



Date of First Issue (12-09-2023)

Name: **JALALUDEEN**    Holder's Signature: \_\_\_\_\_  
 Date of Birth: **01-01-1999**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **NISAR**  
 Address: **Singawar Kheri Uttar Pradesh 267502**

**DL No: UP31 20230008342**

UPDL000011736145



Invalid Carriage (Regn Numbers)<sup>#</sup>

Hazardous Validity<sup>#</sup>    Hill Validity<sup>#</sup>

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>#</sup>	Badge Issued Date <sup>#</sup>	Badge Issued By <sup>#</sup>
	MCWG	UP31	12-09-2023	NT			
	LMV	UP31	12-09-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
 Licensing Authority  
**UP31 LAKHIMPUR KHERI**



भारत सरकार  
GOVERNMENT OF INDIA

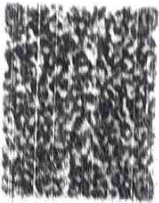


इकावाल

Kbaj

जन्म तिथि/ DOB: 01/01/1969

पुरुष / MALE



5322 1155 3410

मेरा आधार, मेरी पहचान



भारतीय पहचान प्रमाण प्राधिकरण  
AADHAAR AUTHORITY OF INDIA

पता:

आत्मज: झेदु, ईसानगर,  
ईसानगर, खैसी,  
उत्तर प्रदेश - 261502

Address:

S/O: Chhedu, Isanagar,  
Isanagar, Khairi,  
Uttar Pradesh - 261502

5322 1155 3410

MERA AADHAAR, MERI PEHACHAN