

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-1225-694 Date 17-12-2025
 Customer Name RISHAB KUMAR Contact No. 7518132385
 VIN MBLHAW233SHAC2944 Model SPLENDOR +
 Insurance Company Reg No. UP31CK7252
 HMCGL Card No 1073024840004511 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
5	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
8	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
9	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	10,483.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	10,483.00
Labour Total	2,000.10
SGST (Parts) 9%	799.55
CGST (Parts) 9%	799.55
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	12,483.10

Rupees in Words: Twelve Thousand Four Hundred Eighty Three and paise Ten Only Authorised Signatory

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
- 10730 - Main W/S

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.	RISHABH KUMAR JAISWAL, 7518132385
2	Vehicle No. / वाहन संख्या	UP31CK7252
3	Policy No. / पालिसी संख्या	252400/31/2025/90022
4	Period of Insurance / बीमा अवधि	26/02/2025 से 25/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025 और समय - 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	हरगोव के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RISHABH KUMAR JAISWAL, UP3120190012133
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : हरगोव रोड के पास सामने से बायीं ओर से आती वलने टस्क मार दी 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 / फ़ोन नं.	MOSARAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 14/12/2025
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. 252400/31/2025/90022

Tel. No.

Period of Insurance 26/02/2025 to 25/02/2026
 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 : RISHABH KUMAR JATSJAL
 (b) Address for correspondence : R/DOOMELA BHUPORANATHLAKHIMPUR-KHERI, PS-
 (c) Telephone : 7518132385, KOTWALI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E8SHAC6613</u> Chassis No. <u>MBLHA W233 SHAC2944</u>	Registration No. <u>UP31CK</u> <u>7252</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 : RISHABH KUMAR JATSWAL
 (b) Age : 25/04/2000
 (c) Address : MOH-BHUTPURWARANATH, KOTWALI SADAK, LAKHIMPUR-KHERI.
 (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 20190012133
 (h) Issuing Authority : 05/10/2019
 (i) Date of Expiry : 24/04/2040
 (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 : 12/12/2025 4:00 PM
 (b) Place : हरगोब के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : हरगोब रोड के पास सामने से आले वाले ने टक्कर मार
 (e) If any third party was responsible for this accident give the name and address : दी जिससे मेरी गाड़ी दायी आर गिरकर क्षतिग्रस्त हो गयी

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, 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 : 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 14/12/ 2025

Signature of the insured Rishabh

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. UP31CK 7252 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 Pishah
Occupation
Address

Bank Account Number
Name of the Bank



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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-221406 (U.P.) (GSTIN: 09AAACT6627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (3 Years))		Policy Issued On	16-FEB-23
Policy No	25240031/2023/90022	Proposal No. & Date	R/25240031/2023/9055921/5 & 26-FEB-2023	
Agent/Broker Code	BA0000153144	Policy Period (OWN DAMAGE)	FROM 17:39 ON 16/02/2023 TO MIDNIGHT OF 25/02/2026	
Agent/Broker Name	AIHINAV BHATI	Policy Period (LIABILITY)	FROM 17:39 ON 16/02/2023 TO MIDNIGHT OF 25/02/2026	
Insured Name	RISHABH KUMAR JASWAL (GSTIN:)			
Insured Address	C/O SRI RAJESH KUMAR JASWAL, R/O 06 MEHA MAIDAN BHUPORANATH LAKHIMPUR KHERI, FB-KOTWALL, LAKHIMPUR KHERI, NA, 0		Lead / Breakin No	
			Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTOCORP	Vehicle	73175
Model & Variant	HERO SPLINDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2023	Total IDV	73175
Engine - Chassis No	HA11HBBHAC6613 - MBLHAW233BHAC2944	IME 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			

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1226.41	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory P.A Cover Premium	0
Non-Elec Accessories	0	PA Cover for 9 Person Of Rs (9) each (IMT-16)	0
Basic Premium	184.41	Legal Liability (W/Cto driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employee (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%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GSR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4035
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	726
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	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4761
NH. Depreciation	0	Note:	
Return to Invoice	0	1. Policy Insurance is the subject of the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs 0	
Net own Damage Premium(A)	184	5. Subject to Endorsements IMT, 7, 10, 28.	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	Cash	Financer Branch
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				Amount
				4761

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 www.orientalinsurance.org in or on demand from the policy issuing office.

Warranted that in case of disclosure of premium cheque(s) the Company shall not be liable under this 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 this 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 26-FEB-23

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

(7) 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 A 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 (1) of the policy - Death of or body injury Such amount is necessary to meet there requirements of the motor vehicle act 1988. Under Section II-1 (1) 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 four consecutive years/45%, preceding five consecutive years/50%. 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, 1988.

* This insurance excludes all pre-existing damages

	Approved By : UHIV@252400	
	Approved On : 26-FEB-23	
	Place : MRT	
	Printed On : 26-FEB-23	

General Manager
Authorized Signature

Rishabh



CERTIFICATE OF REGISTRATION

Registration No : UP31CK7252 Registration Date : 27-Feb-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 : RISHABH KUMAR JAISWAL Son/wife/daughter of : SRI RAJESH KUMAR JAISWAL

Full Address: (Permanent) : 00, MELA MAIDAN BHUIFORANATH, LAKHIMPUR KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : 00, MELA MAIDAN BHUIFORANATH, LAKHIMPUR KHERI, PS- KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 26-Feb-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 : AA2121945880 Rear HSRP No : AA1040066618
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW233SHAC2944
 Engine No : HA11E8SHAC6613 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar 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)
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- 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	: 26-Feb-2025	Sale Amt	: 77027/-
OTT Date	: 26-Feb-2025	Amount/Rcpt No	: 7703 / UP31D25020004596
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 07-Mar-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Feb-2025 to 26-Feb-2040

Date : 20-Mar-2025 17:58:38

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 गोबर सिंह
 Date : 20-Mar-2025
 लखी

Q 2471734

Rishabh

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20190012133

Issue Date: **05-10-2019** Validity (NT): **24-04-2040** Validity (TR)*: _____

Name: **RISHABH KUMAR JAISWAL**

Date of Birth: **25-04-2000** Blood Group: _____

Son/Daughter/Wife of: **RAJESH KUMAR JAISWAL** Organ Donor: **N**

Address: **MOH- BHUIPURWARANATH PS KOTWALI SADAR
 Lakhimpur, Kheri, UP 262701**

Holder's Signature: _____

Date of First Issue: **05-10-2019**

DL No: UP31 20190012133 UPDL000001336567

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	05-10-2019	NT			
	LMV	UP31	05-10-2019	NT			



Emergency Contact Number _____

Licensing Authority
UP31 LAKHIMPURKHERI


Form 7 Rule 16(2)

Mob. No.
7518132385

भारतीय रिजिस्ट्रार जनरल कार्यालय
 Government of India

Download Date: 08/03/2015





राजेश कुमार जयसवाल
 Rajesh Kumar Jaiswal
 पान नं./UID: 25-194/25AA
 लिंग MALE

9134 0126 1423
 UID : 9135 6957 0639 5349

मेरा आधार, मेरी पहचान

Rajesh


भारतीय रिजिस्ट्रार जनरल कार्यालय
 Unique Identification Authority of India

Download Date: 08/03/2015

पान नं.:
 S/O राजेश कुमार जयसवाल, 00, मेला मैदान
 भुवनेश्वर-नगर, लखीमपुर, लखीमपुर, खैरी,
 उत्तर प्रदेश - 262701

Address:
 S/O Rajesh Kumar Jaiswal, 00, meela maidan
 bhufornanath, lakhimpur, Lakhimpur, Khari,
 Uttar Pradesh - 262701



9134 0126 1423
 UID : 9135 6953 0639 5349

1947
help@uidai.gov.in
www.uidai.gov.in

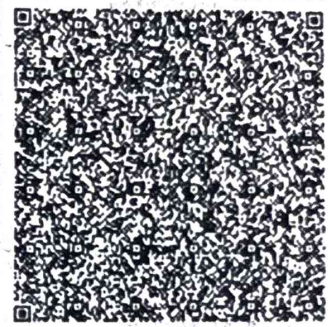
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
EZHPJ0104M



नाम / Name
RISHABH KUMAR JAISWAL

पिता का नाम / Father's Name
RAJESH KUMAR JAISWAL

जन्म की तारीख
Date of Birth
25/04/2000

Rishabh Kumar Jaiswal
हस्ताक्षर / Signature

29072019