

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-1225-709	Date	19-12-2025
Customer Name	AVDHESH KUMAR	Contact No.	8726452098
VIN	MBLHAC043MHG01580	Model	HF 100
Insurance Company		Reg No.	UP31BV4643
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	83400ACK001RS -FRONT VISOR (BLACK NH-1) TYPE-1	87141090	Paid	558.47	1	9.00	9.00	0.00	0.00	0.00	0.00	659.00
2	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
3	3345BAAH001SR -WINKER ASSY L FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
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	50803AAF400S -GUARD ENGINE R	87141090	Paid	155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	184.00
6	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
7	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
8	53100ACK700S -PIPE STRG HANDLE	87141090	Paid	280.51	1	9.00	9.00	0.00	0.00	0.00	0.00	331.00
9	53100ACK700S -PIPE STRG HANDLE	87141090	Paid	280.51	1	9.00	9.00	0.00	0.00	0.00	0.00	331.00
10	53200ACK000S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
11	88110AAHH00S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
12	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	6,297.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF 100	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	6,297.00
Labour Total	2,000.10
SGST (Parts) 9%	480.28
CGST (Parts) 9%	480.28
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	8,297.10

Rupees in Words: Eight Thousand Two Hundred Ninety Seven 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.

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.	अवधेश कुमार, 8726452098
2	Vehicle No. / वाहन संख्या	UP31 BV 4643
3	Policy No. / पालिसी संख्या	MS/2025/700110/46575/418098
4	Period of Insurance / बीमा अवधि	19/03/2025 से 18/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/12/2025, 12:30 PM
6	Place of Accident / दुर्घटना का स्थान	बेहवलम के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अवधेश कुमार, 8726452098 UP31 20020001170
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : मिर्होली से लखीमपुर आ रहे थे तभी अचानक बेहवलम के पास लगने से बाइक वाले ने हल्का मार दी चिलते गाड़ी दाएँ साइड गिरकर हाथिगढ़ 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 / फोन नं.	MOSARAM AUTO SALES, LAP ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 17/12/2025
 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. MS/2025/7001/0/46575/4180

Tel. No.

Period of Insurance 19/03/2025 से 18/03/2026⁹⁸
 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 : AVDHESH KUMAR
 (b) Address for correspondence : VIIA PO- KHANJAN NAGAR VIISPO-KHANJAN
 (c) Telephone : 8726452098 NAGAR, PS-MITAU LI KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HAJERMHG01444</u> Chassis No. <u>MBLHAC043MHG01580</u>	Registration No. <u>UP31BV</u> <u>4643</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 : ALJDHESH KUMAR
- (b) Age : 05/04/1983
- (c) Address : KHANJAN NAGAR, LAKHIMPUR KHERI, MOHAMMAD
LAKHIMPUR-KHERI, 262727
- (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 : UP3120020001170
- (h) Issuing Authority : 11/07/2024
- (i) Date of Expiry : 20/07/2034
- (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 : 15/12/2025 12:30 PM
- (b) Place : बेहलम के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : बेहलम के पास लाने से वाइक वाइबे टकरा मारपी
- (e) If any third party was responsible for this accident give the name and address : चिल्ले गाड़ी दम लाइड गिरकर हींगल 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, LRPRAD
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 : _____
- (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 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 17/12/2005

Signature of the insured _____

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. UP31BV4643 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
Occupation
Address

Bank Account Number
Name of the Bank

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.

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Jobs Total										0.00	2,000.10
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	CGST (Labour) 9%										152.55
	Total										8,297.10

Rupees in Words: Eight Thousand Two Hundred Ninety Seven and paise Ten Only

Authorised Signatory

10730 - Main WS

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.

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20020001170

Issue Date: 11-07-2024 Validity (FT): 10-07-2034 Validity (TR): 10-07-2029

Name: **AWANISH KUMAR** Blood Group: Organ Donor: **N**

Date of Birth: 05-04-1983 Sex: **M**

Category: **MCWG** Address: **CHANDAN NAGAR LACHIMPUR KHESI
MANSABENI, MANSABENI KHESI 262727**

Date of First Issue: 12-12-2002




Form 7 Rule 10(2)

UP31 20020001170

Invalid Carriage (Regn Numbers) Hill Validity

Hazardous Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MCWG	UP31	UP31	12-12-2002	NT			
LMV	UP31	UP31	12-12-2002	NT			
TRANS	UP31	UP31	18-10-2016	TR			
MSD							

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LACHIMPUR KHESI

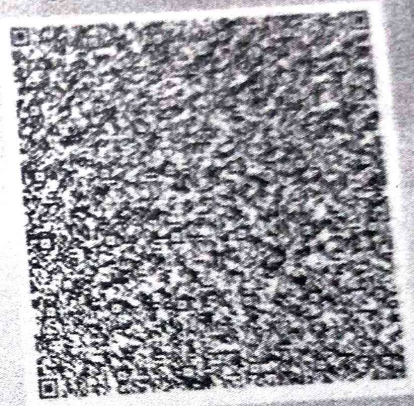


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 13/06/2024

पता संबोधित: नोखे लाल, खंजन नगर, खीरी,
उत्तर प्रदेश, 262727
Address: S/O: Nokhey Lal, Khanjan Nagar,
PO:Khanjan Nagar, DIST:Kheri, Uttar
Pradesh, 262727



3424 9000 7902



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help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



Aadhaar No issued 21/09/2014



अवधेश कुमार
Avdhesh Kumar
जन्म तिथि / DOB : 05/04/1983
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल 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 XML).**

3424 9000 7902

मेरा आधार, मेरी पहचान

Details as on 13/06/2024



भारतीय पहिचान प्राधिकरण

Unique Identification Authority of India



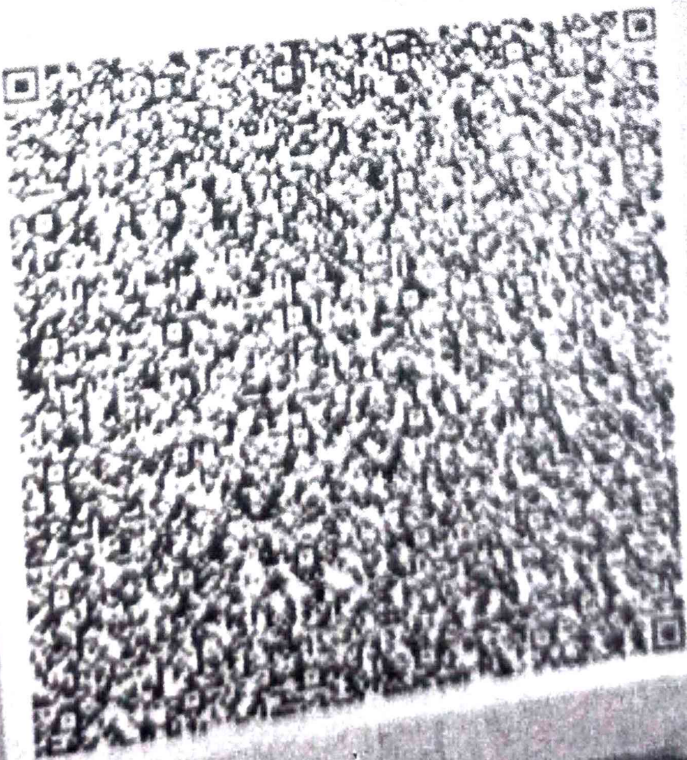
पता: संबोधित: मोखे लाल, खंजन नगर, खीरी,

उत्तर प्रदेश, 262727

Address: S/O: Nokhey Lal, Khanjan Nagar,

PO:Khanjan Nagar, DIST:Kheri, Uttar

Pradesh, 262727



3424 9000 7902



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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BBMPK7177G

नाम / Name

AVDHESH KUMAR

पिता का नाम / Father's Name

NOKHEY LAL

जन्म की तारीख / Date of Birth

05/04/1983

हस्ताक्षर / Signature

