

**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-1225-703  
 Customer Name TEJVIR SINGH  
 Aadhaar Card 0800  
 VIN MBLCEW06XS6K10224  
 Insurance Company  
 HMCGL Card No

Date 18-12-2025  
 Contact No. 9839371013  
 Model VIDA VX2 PLUS  
 Reg No. UP31CP4863  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD53205ACP310S - HANDLE COVER FRONT	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
2	VD53206ACP310GS - HANDLE COVER REAR	87141090	Paid	1,128.8	1	9.00	9.00	0.00	0.00	0.00	0.00	1,332.00
3	VDACPDS6A0040DGG - SET ILLUSTR COVER FRONT UPPER	87141090	Paid	6,913.5	1	9.00	9.00	0.00	0.00	0.00	0.00	8,158.00
4	VD64309ACP310S -FRONT COVER LOWER	87141090	Paid	241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	285.00
5	VD64303ACP310CS - COVER FRONT BEZEL	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
6	VD81131ACP310GS - COVER INNER	87141090	Paid	1,210.1	1	9.00	9.00	0.00	0.00	0.00	0.00	1,428.00
7	VDACPDS6A0000BWGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	3,359.3	1	9.00	9.00	0.00	0.00	0.00	0.00	3,964.00
8	VD64310ACP310GS - PANEL FLOOR	87141090	Paid	1,511.0	1	9.00	9.00	0.00	0.00	0.00	0.00	1,783.00
9	VD64320ACP310ES - COVER R FLOOR SIDE	87141090	Paid	784.75	1	9.00	9.00	0.00	0.00	0.00	0.00	926.00
10	VD77300ACP310LS -REAR GRIP	87141090	Paid	1,597.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,885.00
11	VD61100ACP310ES - FRONT FENDER	87141090	Paid	1,069.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,262.00
12	VD53100ACP310S - HANDLE COMP STRG	87141090	Paid	683.05	1	9.00	9.00	0.00	0.00	0.00	0.00	806.00
13	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.0	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00
14	VD51400ACP000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	1,277.1	1	9.00	9.00	0.00	0.00	0.00	0.00	1,507.00
15	VD51500ACP000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	1,327.9	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
16	VD50152ACP310S -STAY R PILLION STEP ASSY	87141090	Paid	464.41	1	9.00	9.00	0.00	0.00	0.00	0.00	548.00
17	VD5071BACP310S -STEP ASSY R PILLION	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
<b>Parts Total</b>											0.00	28,768.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-VIDA VX2 PLUS	998729	Paid	2,119.00	9.00	9.00	0.00	0.00	0.00	0.00	2,500.42	
<b>Jobs Total</b>											0.00	2,500.42
<b>Parts Total</b>											0.00	28,768.00

Labour Total	2,500.42
SGST (Parts) 9%	2,194.17
CGST (Parts) 9%	2,194.17
SGST (Labour) 9%	190.71
CGST (Labour) 9%	190.71
<b>Total</b>	<b>31,268.42</b>

Rupees in Words: Thirty One Thousand Two Hundred Sixty Eight and paise Forty Two 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
  8. All disputes subject to jurisdiction of CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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

दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

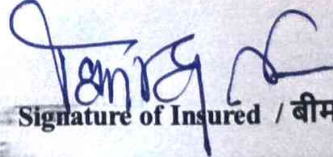
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र . विषय : Claim Intimation

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.	तेजवीर सिंह, 9839371013 बीमाधारक का नाम & मोबाइल नं.
2	Vehicle No. / वाहन संख्या	UP31CP4863 वाहन संख्या
3	Policy No. / पालिसी संख्या	252400/31/2026/58320
4	Period of Insurance / बीमा अवधि	11/11/2025 से 10/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 6:00 PM
6	Place of Accident / दुर्घटना का स्थान	मेहवागंज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	तेजवीर सिंह, 9839371013 UP3120230004661
8	Estimated Loss / अनुमानित हानि	Estimated Loss अनुमानित हानि
09. Cause of Accident / दुर्घटना का कारण : मेहवागंज के पास सामने से बाईं ओर से साई से टक्कर हो गई जिससे मेरी गाड़ी बाईं 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 KHARI, 9151354036

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. 252400/31/2026/58320

Tel. No.

Period of Insurance 11/11/2025 से 10/11/2026  
 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 : TEJVI SINGH  
 (b) Address for correspondence : R/O B-136, GULARIA CHINI MILL OFFICERS, COLONY,  
 (c) Telephone : 98393710133, NAUSAR JOGTI KHERI PS BHITRA LAKHIMPA  
KHERI,

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC0001S6K11999</u> Chassis No. <u>MBLCFW06XS6K10224</u>	Registration No. <u>UP31CP</u> <u>4863</u>
---	--	--

- (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 to 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 : TEJ VIR SINGH
- (b) Age : 09/03/1977
- (c) Address : B-3/6 GULARIA CHINDI MILITARY OFFICERS COLONY,  
NAUSAR JOGI, KHERI, UP, 202301
- (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 20230004661
- (h) Issuing Authority : 02/06/2023
- (i) Date of Expiry : 08/03/2031
- (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: other insurance policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 17/12/2025 6:00 PM
- (b) Place : मेहवागंज के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : मेहवागंज के पास सामने बॉर्डर से साइड से टक्कर हो
- (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बॉर्डर और गिरकर सातभरत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LRPUR
- (c) When and where can the damaged vehicle be inspected : 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? : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (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/ 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. UP31CP4863 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. 500/-

*Tonego*

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP31CP4863 Registration Date : 12-Nov-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 : TEJVIR SINGH Son/wife/daughter of : KAMAL SINGH  
Full Address: (Permanent) : B -3/6 GULARIA NAUSAR, JOGI, OFFICERS COLONY GULARIA CHINI, MILL, KHERI,  
UTTAR PRADESH-262901  
Full Address: (Temporary) : B -3/6 GULARIA NAUSAR, JOGI, OFFICERS COLONY GULARIA CHINI, MILL, KHERI-  
UTTAR PRADESH-262901

Fitness UpTo : 11-Nov-2040

Owner Serial No : 1

### Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
Ownership : INDIVIDUAL Norms : Not Available  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2125883537 Rear HSRP No : AA2123349962  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
No of Cylinders : 0 Chassis No : MBLCEW06XS6K10224  
Engine No : ECD001S6K11999 Fuel : PURE EV  
Horse Power(BHP) : 8.04 Cubic Capacity : 0.00  
Maker's Classification : VIDA VX2 PLUS Wheel base : 1301  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 116  
Colour : MAT GUN MET GREY Laden/GV Wt (kgs) : 266  
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. :

As Regd. :

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 : 11-Nov-2025 Sale Amt : 120990/-  
OTT Date : Amount/Rcpt No : /  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 15-Nov-2025

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Nov-2025 to 11-Nov-2040

Date : 02-Dec-2025 09:47:04

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी/  
Signature of Registering Authority

Date: 02 Dec 2025

Q 6563867

Government of Uttar Pradesh Government of Uttar Pradesh  
Government of Uttar Pradesh Government of Uttar Pradesh

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

**UP31 20230004661**

Issue Date: 02-06-2023    Validity (NT): 08-03-2031    Validity (TR):

**TEJIR SINGH**  
 Date of Birth: 09-02-1971    Blood Group:    Organ Donor: N

Son/Daughter/Wife of: **KAMAL SINGH**

Address:  
 B-2/6 Gularia Gularia Chini mill  
 officers colony Nausar, Jogi Khari Uttar  
 Pradesh 262901

Holder's Signature

Date of First Issue: 02-06-2023

**DL No: UP31 20230004661**    UPDL 0000 107-1/744

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*
Car	MCWG	UP31	02-06-2023	NT			
Motor Cycle	LMV	UP31	02-06-2023	NT			
Auto Rickshaw							
MSD							

Emergency Contact Number:

Issuing Authority  
 UP31 LAKHIMPUR KHASI

Form 7 Rule 16(2)

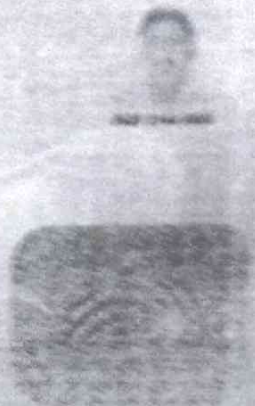
Issue Date: 16/11/2014



भारत सरकार  
Government of India



तेजवीर सिंह  
Tejvir Singh  
जन्म तिथि / DOB : 09/03/1971  
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।  
Aadhaar is a proof of identity, not of citizenship.

7627 8144 0800

मेरा आधार, मेरी पहचान

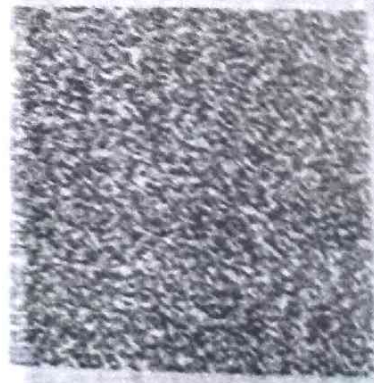


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: संबोधित: कमल सिंह, बी -3/6, गुलरिया,  
गुलरिया चीनी मिल, ऑफिसर्स कॉलोनी,  
नौसर, जोगी, खैरी, उत्तर प्रदेश, 262901  
Address: S/O: Kamal Singh, B-3/6, Gularia,  
Gularia Chini mill, officers colony,  
Nausar, Jogi, Kheri, Uttar Pradesh, 262901

Print Date: 31/10/2023

*[Handwritten signature]*



7627 8144 0800



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA


TEJVEER SINGH

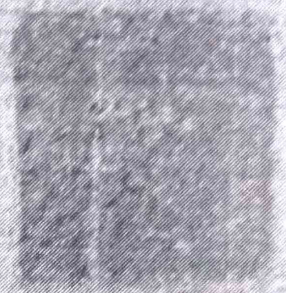
KAMAL SINGH

09/03/1971

Permanent Account Number

BJLPS4956G

  
Signature



78012307