

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-1225-715	Date	23-12-2025
Customer Name	BIRENDRA KUMAR ..	Contact No.	9838239394
VIN	MBLJAW401R9M05355	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CJ6155
HMCGL Card No	1073024830004955	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
4	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
5	3345BAAF401S -WINKER ASSY L FR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
6	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
7	88120AANH01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	77250ADG000US -COWL REAR LEFT BL(BR)-021M(F)	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
9	3365BAAF401S -WINKER ASSY L RR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
10	17520ADG000US -FUEL TANK BL(BR)-021M(F)	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
11	50803AANB00S -GUARD ENGINE RH	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
12	50804AANB00S -GUARD ENGINE LH	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
Parts Total											0.00	13,263.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER 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	13,263.00
Labour Total	2,000.10
SGST (Parts) 9%	1,011.58
CGST (Parts) 9%	1,011.58
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	15,263.10

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.	विरेंद्र कुमार, 8542965437
2	Vehicle No. / वाहन संख्या	UP31CV6155
3	Policy No. / पालिसी संख्या	252400/31/2025/74114
4	Period of Insurance / बीमा अवधि	31/12/2024 से 30/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/12/2025 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	जसवंत नगर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सैमकान्त काटवार, 7081194883 7081194883, UP3120250006673
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : जसवंत नगर के पास सामने से मोरसाइकल से टक्कर हो गई जिससे मेरी गाड़ी बाँधी और गिरकर सातगुस्त 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

विरेंद्र कुमार

Date / दिनांक : 21/12/2025
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. 252400/31/2025/74714

Tel. No.

Period of Insurance 31/12/2024 से 30/12/2025
 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 : BIRENDRA KUMAR
 (b) Address for correspondence : R/196, MOHAMMADAPUR, KHERI PS, KHAMARIYA,
 (c) Telephone : 8542965437, LAKHIMPUR, KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMR9M07288</u> Chassis No. <u>MBLJAN401R9M05355</u>	Registration No. <u>UP31CT6155</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

NIA

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

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : PREMKANT KATIYAR
(b) Age : 04/07/2002
(c) Address : MOHAMMADPUR DHAURAHARA, KHERI, UP, 262722
(d) Is the Driver
1. Owner : NO
2. paid driver? : NO
3. Owner's relative or friend? : Yes (BROT)
(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 : UP 3120250006673
(h) Issuing Authority : 11/05/2025
(i) Date of Expiry : 03/07/2042
(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 : 19/10/2025 7:00PM
(b) Place : जसवंत नगर के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : जसवंत नगर के पास सामने से मोटरसाइकिल से टक्कर
(e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सातिसस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
(b) Estimated cost of repairs : MOSARAM AUTO SALES, LRP
(c) When and where can the damaged vehicle be inspected : 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 21/12/2005

Signature of the insured [Signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office: A-25/27, Anaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
at full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. 11P31CI 6155 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 Page
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature वीरेंद्र कुमार
Occupation
Address

Bank Account Number
Name of the Bank



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ6155 Registration Date : 02-Jan-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 : BIRENDRA KUMAR Son/wife/daughter of : S/O SRI RAMESH KUMAR
 Full Address: (Permanent) : R/O 96, MOHAMMADAPUR, KHERI, R/O 96, MOHAMMADAPUR, KHERI, PS-
 KHAMARIYA, KHERI, UTTAR PRADESH-262722
 Full Address: (Temporary) : R/O 96, MOHAMMADAPUR, KHERI, R/O 96, MOHAMMADAPUR, KHERI, PS-
 KHAMARIYA, KHERI-UTTAR PRADESH-262722
 Fitness UpTo : 01-Jan-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 : AA2117953038 Rear HSRP No : AA2118186728
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJAW401R9M05355
 Engine No : JA07AMR9M07288 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 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 w.e.f. .

Purchase dt : 31-Dec-2024 Sale Amt : 81761/-
 OTT Date : 31-Dec-2024 Amount/Rcpt No : 8177 / UP31D25010000386
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 11-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Jan-2025 to 01-Jan-2040

Date : 15-Jan-2025 11:49:30

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 Date: 15-Jan-2025

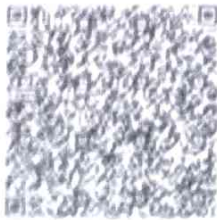
वीरेंद्र कुमार

Q 1-76142



Driving License

NAMI : PREMKANT KATTIYAR
License No : UP31 20250006673
Authorization to Drive : LMV ,MCWG
Date of Issue : 2025-05-17
DOB : 2002-07-04
S/W/D : KRIPASHANKAR
BLOOD GROUP : Unknown
Date of Expiry : 2042-07-03
Permanent Address : mohammdapur
Mohammadapur,
Mohammadapur
Dhaurahara Kheri Uttar
Pradesh, 262722
Present Address : mohammdapur
Mohammadapur,
Mohammadapur
Dhaurahara Kheri Uttar
Pradesh, 262722



Tap to Zoom



Premkant Kattiyar
7081194083



भारत सरकार
Government of India




ब्रिन्द कुमार
Brendra Kumar
जन्म तिथि/ DOB: 02/01/1975
पुंलिंग / MALE



5938 0760 4293

मेरा आधार, मेरी पहचान






एन.डी.ए.आई. प्राधिकरण
Unique Identification Authority of India

पता:
आम्बेडकर: रमेश कुमार, 96,
मोहम्मदपुर, खैरी,
उत्तर प्रदेश - 262722

Address:
S/O: Ramesh Kumar, 96,
Mohammedpur, Khari,
Uttar Pradesh - 262722

5938 0760 4293

govt.in www.uidai.gov.in

ब्रिन्द कुमार

मो. - 8542965437