

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-1225-714
 Customer Name DILEEP KUMAR
 VIN MBLHAW126NHE54025
 Insurance Company
 HMCGL Card No 1073022800004770
 Part Details

Date 23-12-2025
 Contact No. 6386865657
 Model SPLENDOR +
 Reg No. UP31BX5559
 HMCGL Card Category Platinum

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	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
✓ 3	37100AAE102S -METER ASSY COMB	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	0.00	0.00	1,175.00
4	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
5	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
✓ 7	50100AAE300S -FRAME BODY COMP	87141090	Paid	7,792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	9,195.00
✓ 8	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
9	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
✓ 10	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
✓ 11	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
12	35010AAEH00S -KIT, LOCKS & KEYS	83012000	Paid	766.95	1	9.00	9.00	0.00	0.00	0.00	0.00	905.00
Parts Total											0.00	24,083.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	0.00	9.00	9.00	0.00	0.00	0.00	0.00	0.00	
Jobs Total											0.00	0.00

Parts Total	24,083.00
Labour Total	0.00
SGST (Parts) 9%	1,836.84
CGST (Parts) 9%	1,836.84
Total	24,083.00

Rupees in Words: Twenty Four Thousand Eighty Three 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.

10730 - Main W/S

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

27 नवंबर
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	DILEEP KUMAR 6386885657
2	Vehicle No. / वाहन संख्या	UP31BX5559
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/12/25, 00 PM
6	Place of Accident / दुर्घटना का स्थान	पं० दीनदयाल स्कूल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DILEEP KUMAR 6386885657 UP3120050805117
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	लखीमपुर से अपने निवास लालपुर जा रहे थे तभी अचानक पं० दीनदयाल स्कूल के पास लाइन से बांध से टक्कर हो गयी बेसी गाड़ी बायीं ओर गिरकर हतिगल 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 LRP ROAD LAKHIMPUR KHERT, 9151154086

Date / दिनांक : 19/12/2025
हस्ताक्षर

दि लीप कुमार
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. _____

Tel. No. _____

Period of Insurance _____

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 : DILEEP KUMAR
 (b) Address for correspondence : VILL: KALPUR PO - ODATPUR MAHEWA, PS-PHARDHAN, KHERI
 (c) Telephone : 638865657

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HAIJEDNHE88991</u> Chassis No. <u>MBLHAWIR6NHE54025</u>	Registration No. <u>UP31BX</u> <u>5559</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 : DILEEP KUMAR
- (b) Age : 09/04/1983
- (c) Address : VILL-LALPUR LAKHIMPUR KHERT-262701
- (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 20050005117
- (h) Issuing Authority : 31/10/2025
- (i) Date of Expiry : 30/10/2035
- (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 : 16/11/2025 7:00PM
- (b) Place : 40 दलियाल स्कूल के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : 40 दलियाल स्कूल के पास सामने से साइड से टक्कर हो गई
- (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बाँयी आर गिरकर क्षतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected : MUSARRAM AUTO SALES, LRP ROAD
LAKHIMPUR KHERT

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 PERSONS/PROPERTY

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

NO
NO

9. WITNESS

- (a) Give names and addresses of passengers/other witnesses, 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.

N/A

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 Police Station?
- (i) C.R. diary Number

N/A

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 past or future accident shall be forfeited.

Date 19/12/2015

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. UP 31 BY 555 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

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BX5559 Registration Date : 08-Sep-2022
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : MUSA RAM AUTO SALES, I R P ROAD, LAKHIMPUR KHERI, ...
Owner Name : DILEEP KUMAR Son/wife/daughter of : SRI LAKHPATIRAM
Full Address: (Permanent) : VILL- LALPUR PO- UDAIPUR MAHEWA, VILL- LALPUR PO- UDAIPUR MAHEWA, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : VILL- LALPUR PO- UDAIPUR MAHEWA, VILL- LALPUR PO- UDAIPUR MAHEWA, PS- PHARDHAN, KHERI-UTTAR PRADESH-262701
Fitness Up To : 07-Sep-2037 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 : AA2060217739 Rear HSRP No : AA1021227338
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2022
No of Cylinders : 1 Chassis No : MBLHAW126NHE54025
Engine No : HA11EDNHE88991 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLACK AND A Wheel base : 1236
CCENTSS
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 242
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 MANAPPURAM FINANCE LTD, ANDHERI, ANDHERI, . Mumbai, Maharashtra-400093 w.e.f. 06-Sep-2022.

Purchase dt : 06-Sep-2022 Sale Amt : 71918/-
OTT Date : 06-Sep-2022 Amount/Rcpt No : 7192 / UP31D22090000444
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 09-Sep-2022

Other State/Transfer/Conversion Details

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

This certificate is valid from 08-Sep-2022 to 07-Sep-2037

Date : 07-Oct-2022 12:13:02

taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
Signature of Registering Authority
Date 07-Oct-2022

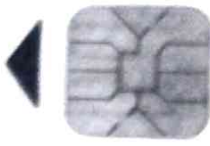
दिलीप कुमार

N 4073344



Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20050005117



Issue Date Validity (NT) Validity (TR)
31-10-2025 30-10-2035



Holder's Signature

Date of First Issue 18-05-2005

Name: **DILIP KUMAR**
Date of Birth: **09-04-1983** Blood Group:
Son/Daughter/Wife of: **LAKSHMI**
Address:
**VILL LALPUR LADENPUR IDHERI
IDHERI 262701**

Organ Donor:

दिलीप कुमार
6386865657

DL No: UP31 20050005117

UPDL311000020042



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	MCWG	UP31	18-05-2005	NT			
LAV	LAV	UP31	18-05-2005	NT			

Form 7 (Rule 16(2))

Emergency Contact Number

Licensing Authority
UP31 LADENPUR IDHERI



भारत सरकार
GOVERNMENT OF INDIA



दिलीप कुमार
Dileep Kumar
जन्म तिथि/DOB: 01/01/1983
पुरुष / MALE



9170 9035 4864

आधार-आम आदमी का अधिकार

दिलीप कुमार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: लखपतिराम, ग्राम
लालपुर, उदयपुर महेवा,
खीरी,
उत्तर प्रदेश - 262701

Address:

S/O: Lakhpatiram, gram lalpur,
Udalpur Mahawa, Kheri,
Uttar Pradesh - 262701

9170 9035 4864

Aadhaar-Aam Admi ka Adhikar

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT



GOVT. OF INDIA

DILEEP KUMAR

LAKHPATIRAM

01/01/1983

Permanent Account Number

EISPK3079M

Dileep Kumar

Signature



16042016