

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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L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

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GSTIN No: 09AAJFM3951B1ZD

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 10730-03-REST-1225-713
 Customer Name CHINTU ..
 VIN MBLHAW223RHM66084
 Insurance Company
 HMCGL Card No
 Part Details

Date 23-12-2025
 Contact No. 6386276914
 Model SPLENDOR +
 Reg No. UP31CK4602
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount
1	77300ADH700CS -REAR COWL RIGHT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
2	77400ADH700CS -REAR COWL LEFT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	77235AAE300RS -CENTER REAR COWL NH-1 TYPE-1	87141090	Paid	202.54	1	9.00	9.00	0.00	0.00	0.00	0.00	239.00
4	33701KST930S -UNIT TAIL LIGHT (W/O BULB)	85122010	Paid	305.08	1	9.00	9.00	0.00	0.00	0.00	0.00	360.00
5	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
6	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
7	51104KCC900S -STEP PILLION WOMEN	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
8	80102KCC900S -BASE TAILLIGHT	85122010	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
9	3365AKCC830S -WINKER ASSY.L RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
10	40510AAE200S -CASE UP (HALF) DRIVE CHAIN	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
11	40520KST940S -CASE UND (HALF) DRIVE CHAIN	87141090	Paid	226.27	1	9.00	9.00	0.00	0.00	0.00	0.00	267.00
Parts Total											0.00	4,408.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	102,032.00	1	9.00	9.00	0.00	0.00	0.00	0.00	120,397.76
Jobs Total											0.00	120,397.76

Parts Total	4,408.00
Labour Total	120,397.76
SGST (Parts) 9%	336.20
CGST (Parts) 9%	336.20
SGST (Labour) 9%	9,182.88
CGST (Labour) 9%	9,182.88
Total	124,805.76

Rupees in Words: One Lakh Twenty Four Thousand Eight Hundred Five and paise Seventy Six 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



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. 252400/31/2025/89707

Tel. No.

Period of Insurance 25/02/2025 to 24/02/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.
 Please answer All relevant questions fully

I. INSURED

- (a) Name : CHINTU
 (b) Address for correspondence R/O: GROOM CHINTI KHERI, PS-PHARDHAN
 (c) Telephone : 6386276914

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>NA1LE7RHM69081</u> Chassis No. <u>MBLHAW223RHM66084</u>	Registration No. <u>UP31CK</u> <u>4602</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 : SATYAPAL SINGH
(b) Age : 06/07/1996
(c) Address : KORAIYA DHARA SANJAR, LAKHIMPUR KHERRI
(d) Is the Driver
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : Relative
(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 : UP3120220003866
(h) Issuing Authority : 2910312022
(i) Date of Expiry : 05/07/2036
(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 : 17/12/2025 8:40PM
(b) Place : खजारा हेल्स के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : खजारा हेल्स के पास पीछे से बाइक वाले ने टक्कर मारी
(e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बायीं ओर धीकर तुरिगलर हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK/LEFT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LA PRAD
LAKHIMPUR KHERRI, 915154036

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? :
NTA

8. INJURY TO DRIVER/OCCUPANT

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

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 20/12/2008

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. UP31CK4602 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



The Oriental Insurance Company Ltd.
Policy Schedule

Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	HINDUSTAN POLICY (NON-ORIGINATED) WHEELERS (5 Year)	Policy Issued On	25-FEB-25
Policy No	252400031/2024/9702940/1 & 25-FEB-2025	Proposal No. & Date	R/252400031/2024/9702940/1 & 25-FEB-2025
Agent/Branch Code	RAG0000152-44	Policy Period (OWN DAMAGE)	FROM 19-10-2025 TO MIDNIGHT OF 14-02-2026
Agent/Branch Name	ADHINAV BHAGT	Policy Period (LIABILITY)	FROM 19-10-2025 TO MIDNIGHT OF 14-02-2026
Insured Name	CHINTU (GSTIN)	Lead / Branch No	
Insured Address	C/O SRI VISHUNYAN LAL, R/O GOOM CHINI KHERI/PS-PHARHANJAKHIMPUR KHERI, N/A	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN RS.)	
Name	HERO MOTOR VEHICLE	Vehicle	75873
Model & Variant	HERO SPLENDOR PLUS FI	Electrical Accessories	0
Registration No	NE-9	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	75873
Engine - Chassis No	HAT1E1RHM6081 - MBLHAW22RHM6084	IMP 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
RFD Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1271.63	Basic Third Party Liability	3851
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Electrical Accessories	0	PA Cover for 9 Person Of Rs (9) each (IMT-16)	0
Basic Premium	160.63	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Rate (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
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
		PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
		Total Premium (A+B)	4042
		GST	728
		STAMP DUTY	0
		Swachh Bharat Cess@0.50%	0
		Krishik Kalyan Cess@0.50%	0
		Gross Premium Paid	4770
		Note:	
		1. Policy Issuance is the subject to the realisation of cheque	
		2. Consolidated Stamp Duty paid via Challan No	
		3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
		4. Voluntary excess Rs(0)	
		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	TATA CAPITAL LIMITED	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
		Amount	4770	LAKHIMPUR

In the event of a claim under the policy exceeding Rs.100 or a claim for refund of premium exceeding Rs(1)lac, 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 this policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.co.in or as deemed from the policy issuing office.

Insured that in case of discharge of premium (through) the Company shall not be liable under the policy and the policy shall be void ab initio (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 is issued on behalf of the company has/have herein to set his/hair hands at 252400 on 25-FEB-25.

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 M.V. Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations of No. of uses 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) Liability tests

Excluded Person in connection with motor trade

Driver's Liability 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 license is not also drive vehicle at that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1988

Limits of Liability (Under Section II-1) (of the policy) Death or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988, under Section II-1 (ii) of the policy-Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section II) for motor Driver is RS 5

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 during the preceding year(s), as per the following table: The preceding year/20% preceding two consecutive years/35% preceding three consecutive years/45% preceding four consecutive years/50% preceding five consecutive years/55% preceding six consecutive years/60% preceding seven consecutive years/65% preceding eight consecutive years/70% preceding nine consecutive years/75% preceding ten consecutive years. 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 is issued on behalf of the company has/have herein to set his/hair hands at 252400 on 25-FEB-25

This insurance excludes all gas leaking damages

Approved By: /MVG/22400
Approved On: 19-2-25
Place: MBT
Dated On: 25-FEB-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31CK4602 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 : CHINTU Son/wife/daughter of : S/O SRI VIBHUVAN LAL
 Full Address: (Permanent) : R/O GOOM CHINI KHERI, R/O GOOM CHINI KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O GOOM CHINI KHERI, R/O GOOM CHINI KHERI, PS- PHARDHAN, 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 : AA2121946096 Rear HSRP No : AA1040066834
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW223RHM66084
 Engine No : HA11E7RHM690S1 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ ISS (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : MATT GREY Laden/GV Wt (kgs) : 241
 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 TATA CAPITAL LIMITED, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 25-Feb-2025.

Purchase dt : 25-Feb-2025 Sale Amt : 79866/-
 OTT Date : 25-Feb-2025 Amount/Rcpt No : 7987 / UP31D25020004556
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Mar-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State : Previous RegNo :
 Transfer Date : Entry Date :
 Conversion Date :
 This certificate is valid from 27-Feb-2025 to 26-Feb-2040

Date : 22-Mar-2025 16:40:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registration Authority
 22-Mar-2025

Q 2546287



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20220003866



Issue Date
29-03-2022

Validity (NT)
05-07-2036

Validity (TR)*



(29-03-2022)

Holder's Signature

Name:

SATTAPAL SINGH

Date of Birth:

06-07-1996

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of:

PATIRAJAN SINGH

Address:

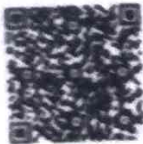
KORAIYYA DHARA Koraiaha Sanjar
Lakhimpur, Lakhimpur Kheri, UP 262728

Date of First Issue

सत्पाल सिंह
6393588339

DL No. UP31 20220003866

UPDL000007911187



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*
Auto	MCBS	UP31	29-03-2022	NT			
Auto	LMV	UP31	29-03-2022	NT			
Auto							
MVSD							

Form 7 Rule 16(2)

*Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

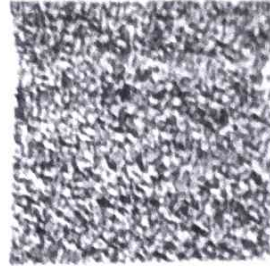
नामांकन क्रमांक / Enrollment No. 064968302/04622

To
चिट्टू
Chintu
S/O: Vibhuvan Lal,
VTC: Goom Chini,
PO: Kalaam,
Sub District: Lakhimpur, District: Khori,
State: Uttar Pradesh,
PIN Code: 262701,
Mobile: 6386276914

35345346



MC353453465FL



आपका आधार क्रमांक / Your Aadhaar No. :

7297 7914 7835

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



चिट्टू
Chintu
जन्म तिथि / DOB : 01/01/2000
पुरुष / Male

Issue Date : 28/11/2014

7297 7914 7835

मेरा आधार, मेरी पहचान

चिट्टू
6386276914

