

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-1225-729	Date	30-12-2025
Customer Name	SONIYA VERMA	Contact No.	8957614217
VIN	MBLJFN359RGM07469	Model	DESTINI PRIME
Insurance Company		Reg No.	UP30BY7762
HMCGL Card No	1073024810005423	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAY000SS -FRONT FENDER (WH-004P S)	87141090	Paid	1,522.88	1	9.00	9.00	0.00	0.00	0.00	0.00	1,797.00
2	64305ABS000TS -COVER FR UPPER NOBLE RED (RD-021M)	87141090	Paid	1,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
3	81131ABS000S -COVER INNER	87141090	Paid	421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	497.00
4	64309ABS300YS -FRONT COVER LOWER (MET. NEXUS BLUE BL(BR	87141090	Paid	1,093.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,290.00
5	53205ABS000TS -COVER HANDLE FR NOBLE RED (RD-021M)	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
6	83300ABSD00RS -SET R. BODY SIDE PANTHER BLACK MET. NH-B	87141090	Paid	1,679.60	1	9.00	9.00	0.00	0.00	0.00	0.00	1,982.00
7	80105AAWB00S -REAR FENDER UPPER	87141090	Paid	187.29	1	9.00	9.00	0.00	0.00	0.00	0.00	221.00
8	80106AAY000S -FENDER REAR	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
Parts Total											0.00	8,404.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	8,404.00
Labour Total	1,500.96
SGST (Parts) 9%	640.98
CGST (Parts) 9%	640.98
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	9,904.96

Rupees in Words: Nine Thousand Nine Hundred Four and paise Ninety 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.
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

10730 - Main W/S

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.	सोमिया वर्मा, 8957614217
2	Vehicle No. / वाहन संख्या	UP 30BY 7762
3	Policy No. / पालिसी संख्या	252400/31/2025/82288
4	Period of Insurance / बीमा अवधि	02/02/2025 से 01/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/12/2025 9:30am.
6	Place of Accident / दुर्घटना का स्थान	इलाहाबाद माइनर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आंकेत कुमार वर्मा 8853131188 UP75 20110008367
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	इलाहाबाद माइनर के पास सामने से कुल्हा आ गया जिससे मुझे ब्रेक लगाना पड़ा जिससे मेरी गाड़ी डिस्कबैलेंस होकर दाँयी ओर गिरकर सति प्रस्त 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

Date / दिनांक : 28/12/2025
हस्ताक्षर

Soniya
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. 252400/31/2025/82288

Tel. No.

Period of Insurance 02/02/2025 से 01/02/2026
 Claim No. _____

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

1. INSURED

- (a) Name : SONIYA VERMA
 (b) Address for correspondence : RIDWAL GUTREHTA BANE KUTAN HARDOI,
 (c) Telephone : {8957614211} PS-BENIGANJ HARDOI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JF17ERRGM07392</u> Chassis No. <u>MBLJFN359RGM07469</u>	Registration No. <u>UP 30BY</u> <u>7762</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 : ANKIT KUMAR VERMA
 (b) Age : 01/07/1992
 (c) Address : GUJREHTA RAYPUR HARDOI, ETAWAH
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BROTHER
 (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 : UP75 20110008367
 (h) Issuing Authority : 23/05/2011
 (i) Date of Expiry : 22/05/2031
 (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 26/12/2025 9:30am.
 (b) Place : इलाहाबाद माइनर के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : इलाहाबाद माइनर के पास सामने से चूल्हा आ गया जिससे
 (e) If any third party was responsible for this accident give the name and address : मुझे ब्रेक लगाना पड़ा जिससे मेरी गाड़ी डिस्बेलेन्स होकर दायी ओर गिरकर क्षतिग्रस्त 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, LRPR ROAD 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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

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 28/12/ 200

Signature of the insured Soniys

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. UP30BY762 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 Soniya
Occupation
Address

Bank Account Number
Name of the Bank

Policy Schedule

(भारत सरकार का उपक्रम) (Govt. of India Undertaking)

U66010DL1947G01007158 (Vehicle No.) U66010DL1947G01007158 (Policy No.)

Policy Type	HUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	02-FEB-25
Policy No.	252400/11/2025/R2208	Proposal No. & Date	R/252400/11/2025/96225047/1 & 02-FEB-2025
Agent/Broker Code	HA0000155144	Policy Period (OWN DAMAGE)	FROM 23.32 ON 02/02/2025 TO MIDNIGHT OF 01/02/2026
Agent/Broker Name	AJHINAV BHATT	Policy Period (LIABILITY)	FROM 23.32 ON 02/02/2025 TO MIDNIGHT OF 01/02/2026
Insured Name	SONIYA VERMA (GSTIN: 0)	Lead / Breakin No	0
Insured Address	D/O SRI SANT RAM VERMA, R/O VILLAGE- GURJEHTA BANE KUAN HARDOI BENIGAN, PS- BENIGAN, HARDOI, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	72062
Model & Variant	HERO DESTINI 125 PRIME	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	72062
Engine - Chassis No	JF17ERRGM07392 - MBLJN359RGM07469	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	IND
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1207.76	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	180.76	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4032
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4758
NH Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realization of cheque	
Key Replacement	0	2. Consult Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess (Rs 0)	
Net own Damage Premium(A)	181	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	Financer Branch	Amount
POS Name	POS ID	POS PAN NO/Aadhar No	4758

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

Warranty that in case of dishonour of premium cheque(s) 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 to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein set his/their hands at 252400 on 02-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 MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

Limitations as to use: Use 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) Reliability trials

g) Any Purpose in connection with motor trade.

Driver's Clause: Any 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

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

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 or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding four consecutive years/45%, preceding five consecutive years/50% of NCB on OD premium. 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 to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act 1998.

* This insurance excludes all pre-existing damages.



Approved By : UNIV@252400
 Approved On : 02-FEB-25
 Place : MRT
 Printed On : 02-FEB-25

General Manager
 The Oriental Insurance Company Limited
 (Seal of The Oriental Insurance Company Limited)

GOVERNMENT OF UTTAR PRADESH

Transport Department HARDOI
FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP30BY7762 Registration Date : 04-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 : SONIYA VERMA Son/wife/daughter of : D/O SRI SANT RAM VERMA
 Full Address: (Permanent) : R/O VILLAGE- GUJREHTA BANE KUIAN, HARDOI BENIGANJ, PS- BENIGANJ, HARDOI,
 UTTAR PRADESH-241304
 Full Address: (Temporary) : R/O VILLAGE- GUJREHTA BANE KUIAN, HARDOI BENIGANJ, PS- BENIGANJ, HARDOI-
 UTTAR PRADESH-241304

Fitness UpTo : 03-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 Rear HSRP No : AA2120644693
 Front HSRP No : AA2120938405 Month/Year of Manuf. : 12/2024
 Type of Body : SOLO WITH PILLION Chassis No : MBLJFN359RGM07469
 No of Cylinders : 1 Fuel : PETROL
 Engine No : JF17ERRGM07392 Cubic Capacity : 124.60
 Horse Power(BHP) : 8.98 Wheel base : 1245
 Maker's Classification : DESTINI PRIME Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 115
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 245
 Colour : METALLIC NEXUS BLUE AC Fitted : NO
 Other Criteria :
 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 ARYAVART BANK, SAIDAPUR, SAIDAPUR, , Kheri, Uttar Pradesh-261506 w.e.f. 03-Feb-2025.

Purchase dt : 02-Feb-2025 Sale Amt : 75855/-
 OTT Date : 02-Feb-2025 Amount/Rcpt No : 7586 / UP30D25020000400
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-May-2025
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :


This certificate is valid from 04-Feb-2025 to 03-Feb-2040

Date : 08-May-2025 14:46:36



Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 08-May-2025

Q 3169333

UNION OF INDIA Driving Licence  

UP75-20110008367

	जारी करने की तिथि Date of Issue 23/05/2011	वैधता / validity 22/05/2031	
नाम / Name	जन्म तिथि Date of Birth 21/07/1952	Blood Group UNKNOWN	




ASHUTOSH KUMAR VERMA

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of
SANT RAM VERMA

DUPLICATE

UP75 20110008367

UP00232250RS

 LMV 23/05/2011	 MCWG 23/05/2011	
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पता / Address
GJUREHTA RAYPUR HARDOI
A/P- BABA SAHAB DR. B.L.A COLLEGE
AGRI. ENG. COLLEGE ETAWAH

Holder's Signature

जारीकर्ता / Issuing Authority Sign

Form 7 Rule 16(2)

Ashutosh

8853131188



भारत सरकार
Government of India



संत राम वर्मा
Sant Ram Verma
जन्म तिथि: DOB: 02/07/1996
सहिला: Female



5539 3993 0508

आधार - आम आदमी का अधिकार

भारत सरकार
Unique Identification Authority of India

पता:
आत्मजा: संत राम वर्मा,
विलेज-गुजरेहता, बने कुई, हर्दोई,
बेनीगंज, उत्तर प्रदेश, 241304

Address:
D/O: Sant Ram Verma,
village-gujrehta, Bane Kuian,
Hardoi, Beniganj, Uttar Pradesh,
241304

5539 3993 0508

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Soniys

Mob- 8957614217

आयकर विभाग
INCOME TAX DEPARTMENT

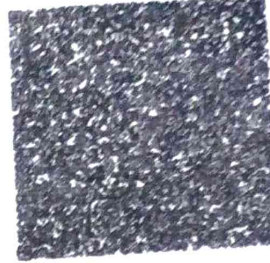


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BXPPV6562F



नाम / Name
SONYA VERMA

पिता का नाम / Father's Name
SANTRAM VERMA

जन्म की तारीख /
Date of Birth
02/07/1996

Sonya Verma
हस्ताक्षर / Signature

Soniya