

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-0126-747
 Customer Name ADESH KUMAR ...
 VIN MBLHAW147RHM05100
 Insurance Company
 HMCGL Card No
 Part Details

Date 04-01-2026
 Contact No. 6389376118
 Model HF DELUXE
 Reg No. UP31CJ8767
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
2	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	33450KST940S -WINKER ASSY.L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
4	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
7	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
8	88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
9	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
10	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	50100AAHA40S -FRAME BODY COMP.	87141090	Paid	7,272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	8,582.00
12	50400KST950S -GRIP REAR	87141090	Paid	1,112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	1,313.00
Parts Total											0.00	23,361.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
Jobs Total											0.00	2,950.00

Parts Total	
Labour Total	23,361.00
SGST (Parts) 9%	2,950.00
CGST (Parts) 9%	1,781.77
SGST (Labour) 9%	1,781.77
CGST (Labour) 9%	225.00
Total	26,311.00

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.	आदिश कुमार, 6389376118
2	Vehicle No. / वाहन संख्या	UP31C78767
3	Policy No. / पालिसी संख्या	252400/31/2025/78179
4	Period of Insurance / बीमा अवधि	20/01/2025 से 19/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/12/2025 समय 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	बेहजम रोड छाऊछ के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अमित कुमार वाजपेई, 7518801795 UP3F20240005024
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	बेहजम रोड छाऊछ के पास सामने से आ रहे वाइक स्वार चालक नरी की हालत में था उसके मेरी वाइक के दाएँ हिस्से पर टक्कर मार दी जिससे वाइक मेरी आसन्नालेत होकर बायीं ओर गिरकर सातेमस्त 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, LPPK ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 02/01/2026
हस्ताक्षर

आदिश कुमार
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name: AMIT KUMAR BAIJAI
 (b) Age: 10/11/1984
 (c) Address: VILL- KORAI PS- DHUMRA, SIKANDARABAD
KHERI, UA 262805
 (d) Is the Driver
 1. Owner: NO
 2. paid driver?: NO
 3. Owner's relative or friend?: FRIEND
 (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 20240005024
 (h) Issuing Authority: 26/04/2024
 (i) Date of Expiry: 25/04/2036
 (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: 29/12/2025 8:00PM
 (b) Place: बैहजम रोड एन388 लखीमपुर के पास
 (c) Speed of vehicle at the time of accident: 30-40
 (d) Give a short description of the accident: बैहजम रोड एन388 लखीमपुर के पास सामने से आ रहे
 (e) If any third party was responsible for this accident give the name and address: वाहन चालक नही को हालत में था स्पेने मरी
वाकि के लगे डिस्टें पर टक्कर मार दी जिससे वाकि के
मेरी आस-तालेत होकर बायी तरफ गिरकर रगड़ती हुई साने अस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage: FRONT AND RIGHT AND LEFT
 (b) Estimated cost of repairs: _____
 (c) When and where can the damaged vehicle be inspected: MOSARAM AUTO SALES, LRP 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: _____
 (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 02/01/2006

Signature of the insured भद्रीश कुमार

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. UP31CT8767 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

The Oriental Insurance Company Ltd.
 Policy Schedule

Report ID: POLR0925

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

REGIONAL OFFICE, 44 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, IN-211406, 570, (GSTIN: 09AAACT0627R4ZU)

Policy No.	2025 59143	Policy Issued On	20-JAN-25
Vehicle No.	HR 15 BT 1033	Proposal No. & Date	R 252400 31/2025 59143 & 20 JAN 2025
Vehicle Description	HERO FINE CORP LTD	Policy Period (OWN DAMAGE)	FROM 18:35 ON 20-01-2025 TO MIDNIGHT OF 19-01-2026
Registered Address	HERO FINANCE (INDIA) LTD	Policy Period (LIABILITY)	FROM 18:35 ON 20-01-2025 TO MIDNIGHT OF 19-01-2026
Lead/Breakin No		Lead/Breakin No	
Insured State	UTTAR PRADESH	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Vehicle	HR 15 BT 1033	Vehicle	60705
Electrical Accessories	0	Electrical Accessories	0
Non Electrical Accessories	0	Non Electrical Accessories	0
Total IDV	60705	Total IDV	60705
IMF CONTRACT NO		IMF CONTRACT NO	
Policy Type	Zone B - Rest of India	Policy Type	Zone B - Rest of India
Geographical Area	INDIA	Geographical Area	INDIA

Schedule Of Premium (Amount in Rs.)		LIABILITY SECTION (B)	
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Basic Third Party Liability	1017.42	Basic Third Party Liability	3851
Compulsory PA Cover Premium	0	Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs.(0) each (IMT-16)	0	PA Cover for 0 Person Of Rs.(0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-28)	1017.42	Legal Liability (WC) to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0	Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-16)	0	Legal Liability to Passenger (IMT-16)	NA
Driving Tuition Loading On TP Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR36R3	0	PA Paid Driver, Conductor, Cleaner-GR36R3	0
Net Liability Premium (B)	0	Net Liability Premium (B)	3851
Total Premium (A+B)	1017.42	Total Premium (A+B)	4004
GST	0	GST	720
SERVICE TAX	0	SERVICE TAX	0
STAMP DUTY	0	STAMP DUTY	0.09
Swachh Bharat Cess @ 0.50%	0	Swachh Bharat Cess @ 0.50%	0
Krishna Kalyan Cess @ 0.50%	0	Krishna Kalyan Cess @ 0.50%	0
Gross Premium Paid	1017.42	Gross Premium Paid	4724

- Note:
1. Policy Issuance is subject to the realization of cheque
 2. Considered Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs (IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT-7,10,28.

Age	Relation	Cheque No./Transaction No.	Bank Name	Amount
				4724
Financier Name	HERO FINCORP LTD	Financier Branch		
POS ID	NA	POS PAN NO/Aadhar No	NA	

The insured shall be liable to pay the premium exceeding Rs.10000/- the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches. The insured shall be liable to pay the premium exceeding Rs.10000/- the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches. The insured shall be liable to pay the premium exceeding Rs.10000/- the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.

The insured shall be liable to pay the premium exceeding Rs.10000/- the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches. The insured shall be liable to pay the premium exceeding Rs.10000/- the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.



Approved By: [Signature]
 Approved On: 20 JAN 25
 Place: MEERUT
 Printed On: 20 JAN 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 : UP31CJ8767 Registration Date : 21-Jan-2025
 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, ... 153-262701
 Owner Name : ADESH KUMAR Son/wife/daughter of : SRI RAM SEWAK
 Full Address: (Permanent) : VILL- KODHAIYA, PO- TIKAR KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262725
 Full Address: (Temporary) : VILL- KODHAIYA, PO- TIKAR KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-262725
 Fitness Up To : 20-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 : AA1038955665 Rear HSRP No : AA1039287654
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW147RHM05100
 Engine No : HA11ECRHM75608 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : SPORTS RED BLACK 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 HERO FINCORP LTD, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 20-Jan-2025.

Purchase dt : 20-Jan-2025 Sale Amt : 63900/-
 OTT Date : 20-Jan-2025 Amount/Rcpt No : 6390 / UP31D25010003158
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-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 21-Jan-2025 to 20-Jan-2040

Date : 19-Feb-2025 18:54:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 19-Feb-2025

Q 1479207

माधव कुमार

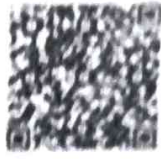
Issuing Authority
UP31 LAKHIMPUR KHERRA

Emergency Contact Number

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVSD							
Other							
LWV	UP31		26-04-2024	NT			
M/W6	UP31		26-04-2024	NT			

Form 7 Rule 10(2)

Invalid Carriage (Regn Numbers)
Hazardous Validity
Hill Validity



UP31 0500123456789

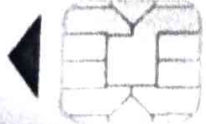
DL No: UP31 20240005024



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20240005024



Issue Date 26-04-2024 Validity (NT) 25-04-2034 Validity (TR)*



(26-04-2024)

Name: **AMIT KUMAR BAJPAI**
 Date of Birth: **10-11-1984** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **KRASHNA KUMAR BAJPAI**
 Address:
 village korai post dhumra mader
 Sikandarabad Khari Uttar Pradesh 262805

Holder's Signature

Date of First Issue



भारत सरकार
Government of India



आदेश कुमार
Ardeah Kumar
जन्म तिथि / DOB : 01/01/1992
पुरुष / Male



6496 4476 5873

आधार - आम आदमी का अधिकार



भारतीय विशिष्टता पहचान प्राधिकरण
Unique Identification Authority of India

पता:
संबंधित: राम सेवक, कोडैया, टीकर,
खीरी, टिकर, उत्तर प्रदेश, 262725

Address:
S/O: Ram Sewak, KODHAIYA,
Tikar, Kheri, Tikar, Uttar Pradesh,
262725

6496 4476 5873

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



आदेश कुमार
6389376118

जायकर विभाग
INCOME TAX DEPARTMENT
ADESH KUMAR
RAM SEVAK



भारत सरकार
GOVT. OF INDIA



20/01/1993
Permanent Account Number
CXPPK0300R

अदेश कुमार

Signature



23022013

अदेश कुमार