

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-0126-748	Date	04-01-2026
Customer Name	VIPIN KUMAR ..	Contact No.	6391422776
VIN	MBLHAW405SHA40644	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP31CJ7887
HMCGL Card No	1073024880005009	HMCGL Card Category	Platinurr

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
3	37100AAE94099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	3,457.00
4	3340BAAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
5	88110AAE930ES -MIRROR ASSEMBLY RIGHT BACK RD-021M	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
9	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
10	61100AAEB00ES -FENDER COMPLETE FRONT RD-021M	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
11	50618KCC000S -BAR R STEP	87141090	Paid	38.98	1	9.00	9.00	0.00	0.00	0.00	0.00	46.00

Parts Total 0.00 10,477.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00

Jobs Total 0.00 2,360.00

Parts Total	10,477.00
Labour Total	2,360.00
SGST (Parts) 9%	799.09
CGST (Parts) 9%	799.09
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
Total	12,837.00

Rupees in Words: Twelve Thousand Eight Hundred Thirty Seven Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged

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.	विपिन कुमार, 6391422776
2	Vehicle No. / वाहन संख्या	UP31CT7867
3	Policy No. / पालिसी संख्या	252400/31/2025/77187
4	Period of Insurance / बीमा अवधि	12/01/2025 से 11/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/12/2025 9:00PM
6	Place of Accident / दुर्घटना का स्थान	रुद्रपुर कला के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विपिन कुमार 6391422776 UP3120210019010
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : रुद्रपुर कला के पास समाने से एक से गाड़ी की टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिस्कर सत्रिभस्त 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.	MASARAM AUTO SALES, LRPR ROAD LAKHIMPUR KHURJ, 9151154036

Date / दिनांक : 03/01/2026
हस्ताक्षर

विपिन 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
 Tel. No. _____

Certificate/Policy No. 252400131/2025/77187
 Period of Insurance 12/01/2025 to 11/01/2026
 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 : VIPIN KUMAR
 (b) Address for correspondence : 110 SGT KAMLESH KUMAR, R/O RUDRAPUR KALAN,
 (c) Telephone : 6391422776 RS-KHERI, LAKHIMPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJIFISHRO 5979</u> Chassis No. <u>MBLHAN405SHR40644</u>	Registration No. <u>UP 31CT</u> <u>7867</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 : VIPIN KUMAR
- (b) Age : 01/07/2000
- (c) Address : VILL SPO - RODRAPUR KALAN PS-KHERI,
LAKHIMPUR-KHERI, UP, 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 : UP3120210019010
- (h) Issuing Authority : 14/12/2021
- (i) Date of Expiry : 30/06/2040
- (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 : 30/12/2025 9:00PM.
- (b) Place : रूड़पुर जंक्शन के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : रूड़पुर जंक्शन के पास सामने से ट्रक से गाड़ी को टक्कर
- (e) If any third party was responsible for this accident give the name and address : हो जिस जिससे मेरी गाड़ी लगी और 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, ITP 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? : NIA
(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? : NIA
(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 03/01/2006

Signature of the insured विपिन 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. CP31CI7867 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 : UP31CJ7867 Registration Date : 13-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 : VIPIN KUMAR Son/wife/daughter of : SRI KAMLESH KUMAR
 Full Address: (Permanent) : R/O RUDRAPUR KALAN, KHERI, PS- KHERI, KHERI, UTTAR PRADESH-202772
 Full Address: (Temporary) : R/O RUDRAPUR KALAN, KHERI, PS- KHERI, KHERI-UTTAR PRADESH-202772
 Fitness UpTo : 12-Jan-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE II
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1038955493 Rear HSRP No : AA1039287482
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW4055
 Engine No : HA11F1SHA05979 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : MAT GUN MET GREY 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 w.e.f.

Purchase dt : 12-Jan-2025 Sale Amt : 84351/-
 OTT Date : 12-Jan-2025 Amount/Rcpt No : 8436 / UP31D25010002197
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-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 13-Jan-2025 to 12-Jan-2040

Date : 17-Feb-2025 10:42:16

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Registering Authority
 लखीमपुर-खेरी
 Date : 17-Feb-2025

Q 1478687

भारत सरकार
Government of India



विपिन कुमार
Vipin Kumar
जन्म तिथि / DOB : 01/07/2000
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

5594 5688 4268

मेरा आधार, मेरी पहचान

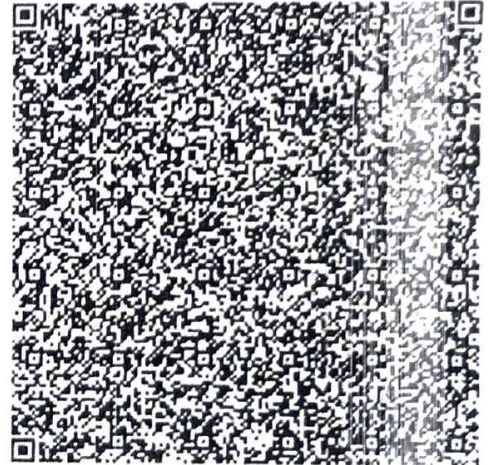
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



आत्मज: कमलेश कुमार, रुद्रपुर कलां, खीरी,
उत्तर प्रदेश, 262721

Address: S/O: Kamlesh Kumar, Rudrapur
Kheri, Uttar Pradesh, 262721



5594 5688 4268



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

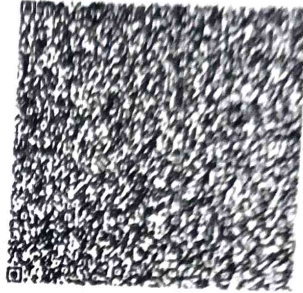


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HKCPK7418D



नाम / Name
VIPIN KUMAR

पिता का नाम / Father's Name
KAMLESH KUMAR

जन्म की तारीख /
Date of Birth
01/07/2000

Vipin
हस्ताक्षर / Signature

04082018