

**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**

LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA  
 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	10730-03-REST-0126-760	Date	08-01-2026
Customer Name	YACH PAL ..	Contact No.	7309690919
VIN	MBLJAW407S9A00352	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CJ7868
HMCGL Card No	1073024840005006	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
4	K50508AANNB00S -KIT ENGINE GUARD	87149100	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
5	53178AAFH00S -LEVER COMPL STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
6	88120AANH01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
7	83600ADG000US -SIDE COVER LEFT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
8	77250ADG000US -COWL REAR LEFT BL(BR)-021M(F)	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
9	17520ADG000US -FUEL TANK BL(BR)-021M(F)	87141090	Paid	5,859.3	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
10	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
11	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
12	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
13	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	432.20	1	9.00	9.00	0.00	0.00	0.00	0.00	510.00
<b>Parts Total</b>											0.00	<b>14,390.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

Parts Total	14,390.00
Labour Total	2,000.10
SGST (Parts) 9%	1,097.54
CGST (Parts) 9%	1,097.54
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>16,390.10</b>

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

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.....  
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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.	यच पाल 9026092864
2	Vehicle No. / वाहन संख्या	UP31CJ7868
3	Policy No. / पालिसी संख्या	252400/31/2025/77211
4	Period of Insurance / बीमा अवधि	12/01/2025 से 11/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2026 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	निजामपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुरेश 7309690919 UP3120070033003
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	निजामपुर के पास सामने से जाय से टकर हो गई जिससे मेरी गाड़ी बंधी और पीर कर सातवकत 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.

यच पाल

Date / दिनांक : 06/01/2026  
हस्ताक्षर

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. 252400/31/2025/77211

Tel. No.

Period of Insurance 12/01/2025 से 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

I. INSURED

- (a) Name : YACH PAL  
 (b) Address for correspondence : R/O MAHOLI PURWA, MEERA GHAST, PO-BHTRA, GIHANSHI  
 (c) Telephone : 9026092864 KHERI PS-KHERI LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMR9M07973</u> Chassis No. <u>MBLTAW40759A00352</u>	Registration No. <u>UP 31CT</u> <u>7868</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
- NIA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : \_\_\_\_\_
- NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SURESH  
(b) Age : 10/12/1974  
(c) Address : R/O VIL MAHOLI PURWA PS-BHIRAGHASI  
TARNA-KHERI, LAKHIMPUR-KHERI  
(d) Is the Driver  
1. Owner : NO  
2. paid driver? : NO  
3. Owner's relative or friend? : FATHER  
(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 20070033003  
(h) Issuing Authority : 09/01/2025  
(i) Date of Expiry : 09/12/2034  
(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 : 04/01/2026 5:00PM.  
(b) Place : मजमूर के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : मजमूर के पास सामने से गाड़ी लुकर हो गई  
(e) If any third party was responsible for this accident give the name and address : जिसमे मेरा गाड़ी काटी और लुकर भतिम्स्त हो गई

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 : MOSARAM AUTO SALES, LRD 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? : WIA

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 26/01/2006

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. UPJK 17868 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 ... श.ज.जी.जी. .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

**FORM 60****[See third provision to of Rule 114B]**

Form of Declaration to be filled by a person who does not have either permanent account number or general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant YACH PAL S/O SURESH KUMAR  
MAHOLI PURWA, MEERA GHASI PO- BHIRAGHANSHI  
DIST- KHERI, C/P, 262721

2. Particulars of transaction

Account Type ..... Number .....

3. Amount of the transaction Rs. ....

4. Are you assessed to tax ? Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed. .

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, YACH PAL S/O SURESH KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 06/01/2016.....

Place KHERI.....

YACH PAL  
Signature of the declarant

**Instructions:** Documents which can be produced in support of the address are:

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- Any other documentary evidence in support of his address given in the declaration.

**Note:** Amendment with effect from 1<sup>st</sup> November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company ; para (f) opening an account with a Banking Company.





**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department LAKHIMPUR KHERI**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No : UP31CJ7868 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 : YACH PAL Son/wife/daughter of : SRI SURESH KUMAR  
Full Address: (Permanent) : R/O MAHOLI PURWA, MEERA GHASI PO BHIRA GHANSHI KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262721  
Full Address: (Temporary) : R/O MAHOLI PURWA, MEERA GHASI PO BHIRA GHANSHI KHERI, PS- KHERI, KHERI- UTTAR PRADESH-262721  
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 VI  
Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1039287483  
Front HSRP No : AA1038955494 Month/Year of Manuf. : 01/2025  
Type of Body : SOLO WITH PILLION Chassis No : MBLJAW407S9A00352  
No of Cylinders : 1 Fuel : PETROL  
Engine No : JA07AMR9M07973 Cubic Capacity : 124.70  
Horse Power(BHP) : 10.72 Wheel base : 1267  
Maker's Classification : SUPER SPLENDOR XTEC D R  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 122  
Colour : BLACK Laden/GV Wt (kgs) : 252  
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 : 82461/-  
OTT Date : 12-Jan-2025 Amount/Rcpt No : 8247 / UP31D25010002198  
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

Signature of Authorizing Authority  
**पंजीयन अधिकारी**  
**मोटर वाहन विभाग**  
**लखीमपुर-खेरी**  
Feb-2025

Q 1478688

यचपाल

**Indian Union Driving Licence**  
**Issued By Uttar Pradesh**

UP31 20070033003

Issue Date: 09-01-2005    Validity (NT): 09-12-2009    Validity (TP):

Name: **SURESH**    Blood Group:    Organ Donor:

Date of Birth: 19-12-1974    Sex/Daughter/Wife of: **ANUSHA L.A.**

Address:  
 VILL. BANGSI PURWA POST. BANGSI GURU THANA  
 DIST. LAHOREPUR U.P. PIN CODE 201101

Date of First Issue: 12-09-2002

DL No: UP31 20070033003    UPL 0007000000

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*
car	MCWG	UP31	12-09-2002	NT			
jeep	JNV	UP31	12-09-2002	NT			
truck							
bus							
motorcycle							



Emergency Contact Number

**Pankaj**  
 Licensing Authority  
 UP31 LAHOREPUR U.P.

Form 7 Rule 16(2)

**अनुशुक्ति**  
 7309690919

भारत सरकार  
Government of India


वच पाल  
Yach Pal  
जन तिथि/DOB: 12/03/2003  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता का प्रमाण नहीं है।  
इसका उपयोग सरकार (ऑनलाइन प्रमाणीकरण, या वयुआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

**8980 1154 8115**

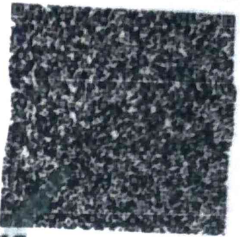
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आवृज: सुरेश कुमार, महोली पुरवा, मेरा घासी, भीर घासी,  
उत्तर प्रदेश - 262721

Address:  
S/O: Suresh Kumar, maholi purwa, Meera Ghasi, PO:  
Bhira Ghanshi, DIST: Kheri,  
Uttar Pradesh - 262721



**8980 1154 6115**  
VID : 9114 3684 5703 1018

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यच पाल  
9026092864