

MOSARAM BUSINESS & SERVICES PVT LTD
 THANA MADIAON, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,
 226024, UP, India
 State Code: 9 Contact: 7408404728, , ,
 GSTIN No: 09AAQCM8045C1Z7
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17011-03-REST-0126-78	Date	18-01-2026
Customer Name	MITALI KAPOOR	Contact No.	9792072333
Aadhaar Card	0624		
VIN	MBLCEW047S6H01884	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QY3454
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD61100ACP000SS - FRONT FENDER (METALLIC GUN METAL)	87141090	Paid	889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00
2	VD64307ACP000SS - COVER FRONT LOWER CENTRE (S(D)-015M(F))	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
3	VD64305ACP000SS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,440.68	1	9.00	9.00	0.00	0.00	0.00	0.00	1,700.00
4	VD64301ACP000RS - COVER FRONT LEFT(MATT PEARL WHITE)	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
Parts Total											0.00	4,354.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	3,000.00	9.00	9.00	0.00	0.00	0.00	0.00	3,540.00	
Jobs Total											0.00	3,540.00

Parts Total	4,354.00
Labour Total	3,540.00
SGST (Parts) 9%	332.08
CGST (Parts) 9%	332.08
SGST (Labour) 9%	270.00
CGST (Labour) 9%	270.00
Total	7,894.00

Rupees in Words: Seven Thousand Eight Hundred Ninety Four Only

Authorised Signatory
 17011 - Main W/S

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
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of LUCKNOW Jurisdiction Only

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


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.	MITALI KAPOOR 9792072333
2	Vehicle No. / वाहन संख्या	UP 32 QY 3454
3	Policy No. / पालिसी संख्या	252400/31/2026/37558
4	Period of Insurance / बीमा अवधि	24/09/2025 TO 23/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/11/2026, 3:50 PM
6	Place of Accident / दुर्घटना का स्थान	DALIGANJ LUCKNOW
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MITALI KAPOOR MOB:- 9792072333 DLNO. UP 32A 20230012291
8	Estimated Loss / अनुमानित हानि	7894 Rs.
09.	Cause of Accident / दुर्घटना का कारण: I am coming from Daliganj on my scooter a battery rickshaw moving in front of me, suddenly turned to his right side. I have applied sudden break and lost control on my scooter. My scooter skid and fall on left side & got damaged.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM PREMIA 7081166066

Date / दिनांक : 18/11/2026
हस्ताक्षर


18/11/2026

Mitali Kapoor
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 _____ Certificate/Policy No. 252400/31/2026/37558
 Tel. No. _____ Period of Insurance 24/09/2025 TO 23/09/2026
 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 : MITALI KAPOOR
 (b) Address for correspondence : 324/61, KATARI TOLA, CHOWK, LUCKNOW V.P 226003
 (c) Telephone : 9792072333

2. THE INSURED VEHICLE

Make & Year <u>VIDA V2 PLUS</u>	Engine No. <u>ECD00156H07747</u> Chassis No. <u>MBLCEW047S6H01884</u>	Registration No. <u>UP32QY3454</u>
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- (a) Was the vehicle in proper working condition?
 (b) For what purpose was the vehicle being used at the time of accident? PERSONAL
 (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 : MITALI KAPOOR
(b) Age : 42 years
(c) Address : 324/61, KATARI TOLA, CHOWK, LUCKNOW, 226003
(d) Is the Driver
1. Owner : MITALI KAPOOR
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment : N/A
(f) Was he under the influence of intoxication Liquor or drugs? : N/A
(g) Driving Licence Number : UP32A20230012291
(h) Issuing Authority :
(i) Date of Expiry : 29-10-2033
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 17/11/2026, 3150Pm
(b) Place : DALIGANI, LUCKNOW
(c) Speed of vehicle at the time of accident : 20-30 km/h
(d) Give a short description of the accident : Accident with e-rickshaw front and left side damaged of vehicle.
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and left side
(b) Estimated cost of repairs : 7894 Rs
(c) When and where can the damaged vehicle be inspected :

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

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. UP32QY3454 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 ... Mitali Kapoor
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP32QY3454 Registration Date : 27-Sep-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101.SITAPUR RD,MANDION
 POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, , 157-226021
 Owner Name : MITALI KAPOOR Son/wife/daughter of : SHEEL KAPOOR
 Full Address: (Permanent) : R/O 324/61, KATARI TOLA, CHOWK, LUCKNOW, LUCKNOW, UTTAR PRADESH-226003
 Full Address: (Temporary) : R/O 324/61, KATARI TOLA, CHOWK, LUCKNOW, LUCKNOW-UTTAR PRADESH-226003
 Fitness UpTo : 26-Sep-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: Not Available
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2125882069	Rear HSRP No	: AA2133200246
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 08/2025
No of Cylinders	: 0	Chassis No	: MBLCEW047S6H01884
Engine No	: ECD001S6H07747	Fuel	: PURE EV
Horse Power(BHP)	: 8.04	Cubic Capacity	: 0.00
Maker's Classification	: VIDA V2 PLUS	Wheel base	: 1301
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 124
Colour	: MAT PEARL WHITE	Laden/GV Wt (kgs)	: 274
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:			

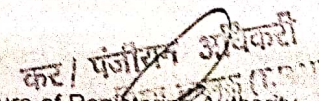
The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt	: 23-Sep-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-Oct-2025		

Other State/Transfer/Conversion/Reassign Details

Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 27-Sep-2025 to 26-Sep-2040


 Signature of Registering Authority
 Date : 14-Oct-2025

Date : 14-Oct-2025 20:39:50
 Taxation Particulars / Advance Registration Mark Fee Details


Q 5868022

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh

Indian Union Driving Licence
Issued by Uttar Pradesh

UP32A20230012291

Issue Date: 30-10-2023 Validity (NT): 29-10-2033 Validity (TR): _____

Name: **MITALI KAPOOR** Holder's Signature: 

Date of Birth: 01-10-1983 Blood Group: _____ Organ Donor: **N**


Son/Daughter/Wife of: **SHEEL KAPOOR**




Address: **324/61 KATARI TOLA CHOWK LUCKNOW Lucknow
 Uttar Pradesh 226003**

Date of First Issue: (30-10-2023)


Mitali Kapoor

DL No: UP32A20230012291 UPDL000012089174

 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*
	MCWOG	UP32A	30-10-2023	NT			
	LMV	UP32A	30-10-2023	NT			
	MVSD						

Emergency Contact Number: _____



Form 7 Rule 16(2)

भारत सरकार
Government of India

मिताली कपूर
Mitali Kapoor
जन्म तिथि/DOB: 01/10/1983
महिला/ FEMALE

5509 3570 0624

मेरा आधार, मेरी पहचान

Mitali Kapoor

आधार
आधार
Unique Identification Authority of India

पता:
W/O शील कपूर, ३२४/६१, कटारी टोला, चौक, लखनऊ,
लखनऊ,
उत्तर प्रदेश - 226003

Address:
W/O Sheel Kapoor, 324/61, KATARI TOLA,
CHOWK, LUCKNOW, Lucknow,
Uttar Pradesh - 226003

5509 3570 0624

QR Code with Photograph

India @ mitali.gov.in www.mitali.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ARJPM1899B



नाम / Name
MITALI KAPOOR

पिता का नाम / Father's Name
PREM NARAYAN MEHROTRA

जन्म की तारीख / Date of Birth
01/10/1983

Mitali Kapoor
हस्ताक्षर / Signature



14062017

Mitali Kapoor