

**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

Estimate No. 10730-03-REST-0126-799  
 Customer Name ADITYA KUMAR SHUKLA  
 Aadhaar Card 1901  
 VIN MBLCEW062S6G00950  
 Insurance Company  
 HMCGL Card No

Date 18-01-2026  
 Contact No. 7071050399

Model VIDA VX2 PLUS  
 Reg No. UP34CD1160  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	VD53205ACP310S - HANDLE COVER FRONT	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
2	VDACPDS6A0040AYGS - SET ILLUSTR COVER FRONT UPPER	87141090	Paid	6,581.36	1	9.00	9.00	0.00	0.00	0.00	0.00	7,766.00
3	VDACPDS6A0000BWGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	3,359.32	1	9.00	9.00	0.00	0.00	0.00	0.00	3,964.00
4	VDACPDB0M004000GS - MIRROR RH ASSY	70091090	Paid	211.86	1	9.00	9.00	0.00	0.00	0.00	0.00	250.00
5	VD53100ACP310S - HANDLE COMP STRG	87141090	Paid	683.05	1	9.00	9.00	0.00	0.00	0.00	0.00	806.00
<b>Parts Total</b>											0.00	13,675.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-VIDA VX2 PLUS	998729	Paid	2,200.00	9.00	9.00	0.00	0.00	0.00	0.00	2,596.00	
<b>Jobs Total</b>											0.00	2,596.00

Parts Total	13,675.00
Labour Total	2,596.00
SGST (Parts) 9%	1,043.01
CGST (Parts) 9%	1,043.01
SGST (Labour) 9%	198.00
CGST (Labour) 9%	198.00
<b>Total</b>	<b>16,271.00</b>

Rupees in Words: Sixteen Thousand Two Hundred Seventy One Only

Authorised Signatory

- Terms Cash
  - Prices & statutory levies prevailing at the time of delivery shall be charged
  - Vehicles in this workshop are handled/driven and kept at owner's risk.
  - Customers are requested to satisfy themselves with the quality of work done before taking the delivery
  - Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
  - Actual amount may vary from estimate
  - Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
  - All disputes subject to jurisdiction of CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10730 - Main W/S

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

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.	आदित्य कुमार शुक्ला / 7071050399
2	Vehicle No. / वाहन संख्या	UP34 CD 1160
3	Policy No. / पालिसी संख्या	252400/31/2026/28789
4	Period of Insurance / बीमा अवधि	20/07/2025 से 19/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/01/2026 1:00PM
6	Place of Accident / दुर्घटना का स्थान	चित्रा टॉकीज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आदित्य कुमार शुक्ला / 7071050399 UP34 20110008591
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	चित्रा टॉकीज के पास सामने से बस से टक्कर हो गई जिससे मेरी गाड़ी लटकी और रगड़ते हुए बर्तमान हो गयी।
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 / फोन नं.	MOSARAM AUTO SALES, LPPROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 16/01/2026  
हस्ताक्षर

Aditya Kumar Shukla  
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 MEEERUT

Certificate/Policy No. 252400/31/2026/28789

Tel. No.

Period of Insurance 20/07/2025 से 19/07/2026  
 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 : ADITYA KUMAR SHUKLA  
 (b) Address for correspondence : 235/1, LONIYAPURVA MELAMAI DAN, SHASTRI NAGAR,  
 (c) Telephone : 7071056399 STTAPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC0001S6G00808</u> Chassis No. <u>MB1CFW062S6G00950</u>	Registration No. <u>UP31CD</u> <u>1160</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 : AADITYA KUMAR SH  
(b) Age : 17/03/1993  
(c) Address : ARTHAPUR PITSAWAN SITAPUR  
(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 : UP34 20110008591  
(h) Issuing Authority : 19/07/2011  
(i) Date of Expiry : 18/07/2031  
(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 : 14/01/2026 1:00 PM  
(b) Place : जिला लोकोज के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : जिला लोकोज के पास सामने से बस से टक्कर हो गई  
(e) If any third party was responsible for this accident give the name and address : जैसे मरी जाती बसों और निकर साइड डूर नमिस्त हो गयी।

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 : MOSRAM AUTO SALES, LRPR ROAD  
LAKHIMPUR - KHERI

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? : \_\_\_\_\_  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : N/A

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? : \_\_\_\_\_  
(g) When? : N/A  
(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 16/11 2006

Signature of the insured

Aditya Kumar Gupta

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. UP34CD1160 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 Aditya Kumar Gulka  
Occupation .....  
Address .....  
.....  
.....

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





The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGI0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214963570, (GSTIN: 09AAACT0617R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Compulsory PA, Lead/Breakin No, Insured State.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.) table with two main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals and net own damage premium.

Table for Nominee Details and Payment Details. Includes fields for Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, POS Name, POS ID, POS PAN NO/Aadhar No.

Legal disclaimer text: In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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.

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 (7) Any Purpose in connection with motor trade.



Approved By : 9221375b4D
Approved On : 20-JUL-25
Place : MRT
Printed On : 20-JUL-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

# CENTRAL MOTOR VEHICLES RULES- 1989 FORM - 6

See rules 16 (1)

## Form of Driving Licence

Name of Licence Holder Manish Kumar Singh

Son/wife/Daughter Manish Kumar Singh



Specimen Signature  
Thumb impression of  
the holder of the licence  
Signature and Designation  
of the Licensing authority

to be written  
across the Photograph  
part of the Seal and Signature of the  
Licensing authorities on the Photograph  
and part of the driving Licence  
Driving Licence Number  
Date of issue  
Name  
Son/wife/Daughter  
Temporary address/Official address if any

UP 34/2011/0008591 - 1ST P/11  
17-03-93  
Manish Kumar Singh  
Manish Kumar Singh

Date of Birth 17-03-93  
Educational qualification  
Blood group with R H factor

the holder this licence of drive through out India Vehicles of the following description -

- Motorcycle with/without gear.
- invalid carriage
- Light-Motor Vehicles
- Medium goods motor Vehicles
- Heavy goods Vehicles
- Heavy passenger motor Vehicles

motor cycle

A motor Vehicle of following description -  
the licence to drive a motor vehicle other than the licence to drive transport vehicle is valid  
from transport vehicle is valid from to.....  
to 17-03-2031

Name and designation of the authority  
who conduct driving test  
Manish Kumar Singh

Manish Kumar Singh  
Sig. and designation of the  
licensing authority  
19/12/11

UP34/2011/0008591 ✓  
Date of birth - 17-03-93 ✓  
Manish Kumar Singh

भारत सरकार  
Government of India

आदित्य कुमार शुक्ला  
Aditya Kumar Shukla

जन्म तिथि / DOB : 17/03/1993

पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर 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).

**4865 5421 1901**

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता: द्वारा: अरुण कुमार शुक्ला, 23511,  
लोनियनपुरवा मेला मैदान शास्त्रीनगर, सीतापुर,  
सीतापुर, उत्तर प्रदेश, 261001  
Address: C/O: Arun Kumar Shukla, 23511,  
Lonianpurva Mela Maidan Shastrinagar,  
Sitapur, PO: Sitapur, DIST: Sitapur, Uttar  
Pradesh, 261001

4865 5421 1901

1947 help@uidai.gov.in www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

ADITYA KUMAR SHUKLA

ARUN KUMAR SHUKLA

17/03/1993  
Partnership Account Number

GPQPS79280

Aditya Kumar Shukla  
Signature

01020010

01/16/2025

*Aditya Kumar Shukla*