

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-0126-793	Date	16-01-2026
Customer Name	MANOJ KUMAR	Contact No.	6392954793
VIN	MBLHAC044P9H51194	Model	HF DELUXE
Insurance Company		Reg No.	UP31CC5978
HMCGL Card No	1073023820003108	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount %	Discount	Net Amount
1	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	92.00
2	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	1,106.00
3	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	811.00
4	K44426AAEAH00S -KIT WHEEL COMP FRONT	87141090	Paid	3,769.49	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	4,448.00
5	45010AAHF00S -PANEL SUB COMP FRONT BRAKE	87141090	Paid	515.25	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	608.00
6	61311KST950S -STAY HEAD LIGHT BRACKET	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	276.00
7	64311KST950S -BRACKET COMPLETE FRONT NO PLATE	87141090	Paid	69.49	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	82.00
8	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	542.42
9	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	2,350.00
10	51500KSTA11S -FORK ASSY L FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	2,350.00
11	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	433.00
12	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	802.00
13	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	622.00
14	18331ACK000S -COVER CAT PROTECTOR	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	138.00
15	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	225.00
16	83500ACK000SS -R. SIDE COVER (BLACK-2) (W/O i3S)	87141090	Paid	476.27	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	562.00
17	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	0.00	7,375.00
18	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY- 141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	240.00
19	83402KST950HS -PANEL INNER	87141090	Paid	49.15	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	58.00
20	LSPKITTYFOTHR - TYRETUBELESS10730	401120	Paid	1,640.00	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	1,935.20
Parts Total											0.00	25,055.60	

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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
Jobs Total										0.00	2,000.10
Parts Total											25,055.62
Labour Total											2,000.10
SGST (Parts) 9%											1,911.02
CGST (Parts) 9%											1,911.02
SGST (Labour) 9%											152.55
CGST (Labour) 9%											152.55
Total											27,055.72

Rupees in Words: Twenty Seven Thousand Fifty Five and paise Seventy Two Only

Authorised Signatory

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 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
MERRUT

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.	Manoj Kumar, 6392954793
2	Vehicle No. / वाहन संख्या	UP31CC5978
3	Policy No. / पालिसी संख्या	MS/2025/7001/046575/501493
4	Period of Insurance / बीमा अवधि	06/12/2025 से 05/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/01/2026, 4:00PM
6	Place of Accident / दुर्घटना का स्थान	अम्बेडकर पार्क के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ankit Kumar 8052593711 UP3120180613436
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	ओपन बस में चमकीला वाहन था। तभी अचानक अम्बेडकर पार्क के पास सामने से कार से जोरदार टक्कर हो गई। जिससे डेरी गाड़ी घायल और गिरकर तहियत 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 / फोन नं.	MOSARAM AUTO SALES LRPRMO LAKHIMBOR KHERI, 9151154036

Date / दिनांक : 15/01/2026
हस्ताक्षर

Manoj Kumar
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. MS/2025/700/0/46575/501493

Tel. No.

Period of Insurance 06/12/25 to 05/12/26
 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 : Manoj Kumar
 (b) Address for correspondence No: VARD No. 1 MO CHAMRAUDHA, DEAL, KHERI
 (c) Telephone : 6392954793

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>NAJJE B P 9 H 0 0 5 5 7</u> Chassis No. <u>MBLHAC044P9H51194</u>	Registration No. <u>UP31CC</u> <u>5978</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 : Ankit Kumar
 (b) Age : 04/04/1998
 (c) Address : VILL: SADINAMA DEAL PO-DEAL THANA KHERI, LAKHIMPUR
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAI
 (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 : UP3120180013436
 (h) Issuing Authority : 30/11/2024
 (i) Date of Expiry : 16/11/2032
 (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 4:00 PM
 (b) Place : अंबेडकर पार्क के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : अंबेडकर पार्क के पास बायले से कार से जोरदार टक्कर हो गई
 (e) If any third party was responsible for this accident give the name and address : जिससे लेरी जाड़ी दायी ओर होकर हरिमल 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 : MR. SARAM AUTO SALES APPROX. 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? : _____
(b) If yes, give full details : _____

N/A

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? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

N/A

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 15/01/2008

Signature of the insured Manoj Kumar

Discharge Voucher

ACCIDENT DEPARTMENT

CHARGE SLIP

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. UP31CC5978 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 ... Manoj Kumar ...
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP31CC5978	Registration Date	: 08-Dec-2023
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	Son/wife/daughter of	: SRI RAMBHAROSE
Owner Name	: MANOJ KUMAR		
Full Address: (Permanent)	: R/O VARD NO. 1 MO CHAMRAUDHA, OEAL KHERI OEL, PS- KHERI, KHERI, UTTAR PRADESH-262725		
Full Address: (Temporary)	: R/O VARD NO. 1 MO CHAMRAUDHA, OEAL KHERI OEL, PS- KHERI, KHERI-UTTAR PRADESH-262725		
Fitness UpTo	: 07-Dec-2038	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2088547462
Front HSRP No	: AA2085866076	Month/Year of Manuf.	: 08/2023
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAC044P9H51194
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11EBP9H00557	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: HF DELUXE (DRK)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 110
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 240
Colour	: BLACK GREY STRIPE	AC Fitted	: NO
Other Criteria	:		
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	: 06-Dec-2023	Sale Amt	: 59698/-
OTT Date	: 06-Dec-2023	Amount/Rcpt No	: 5970 / UP31D23120001292
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 06-Jan-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 08-Dec-2023 to 07-Dec-2038

Date : 12-Jan-2024 12:56:24

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखिमुप-खेरी
 Signature of Registering Authority
 Date : 12-Jan-2024

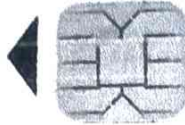
P 5465362



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

UP

UP31 20180013436



Issue Date Validity (NT) Validity (TR)*
30-11-2024 16-11-2038



Holder's Signature

Name: **ANKIT KUMAR**

Date of Birth: **04-04-1998** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **MADAN LAL**

Address:

**VILL SADINAAMA OEAL POST OEAL THANA
KHERRI LAKHIMPUR KHERRI LAKHIMPUR, KHERRI, UP
262725**

Date of First Issue **17-11-2018**

DL No: UP31 20180013436

UPDL000014743744



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*
	MCWG	UP31	17-11-2018	NT			
	LMV	UP31	17-11-2018	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERRI



भारत सरकार
Government of India



मनोज कुमार
Manoj Kumar
जन्म तिथि / DOB : 01/07/1999
पुरुष / Male



8100 1030 4220

आधार - आम आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पता:
आमज: रामभरोसे, वार्ड नं 1, मो
चमराधु, ओयल, खीरी, ओएल, उत्तर
प्रदेश, 262725

Address:
S/O: Rambharose, vard no 1, mo
chamraudha, Oeal, Kheri, Oel,
Uttar Pradesh, 262725

8100 1030 4220

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

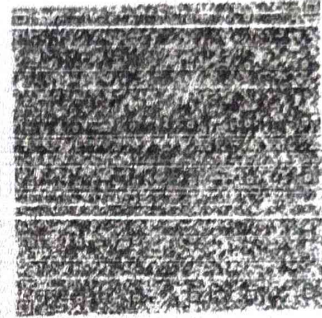
आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JWNPK5455H



नाम / Name
MANOJ KUMAR

पिता का नाम / Father's Name
RAMBHAROSE

10092020

जन्म की तारीख /
Date of Birth
01/07/1999

Manoj Kumar

हस्ताक्षर / Signature