

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

ESTIMATE

Estimate No. 10730-03-REST-0126-809 Date 22-01-2026
 Customer Name VAIBHAV SHUKLA ... Contact No. 9335637449
 VIN MBLHAW23XSHAB9524 Model SPLENDOR +
 Insurance Company Reg No. UP31CK6748
 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	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	37100ADHB1099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	53178AAFH00S -LEVER COMP.L STRG.HNDL	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
5	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
6	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
7	61000AAE200US -FRONT FENDER (R-195C)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
10	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
11	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
12	35010AADH00S -KIT, LOCKS & KEYS	83012000	Paid	766.95	1	9.00	9.00	0.00	0.00	0.00	0.00	905.00
Parts Total											0.00	10,285.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,272.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96
Jobs Total											0.00	1,500.96

Parts Total	10,285.00
Labour Total	1,500.96
SGST (Parts) 9%	784.45
CGST (Parts) 9%	784.45
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	11,785.96

Rupees in Words: Eleven Thousand Seven Hundred Eighty Five and paise Ninety Six Only Authorised Signatory

1.Terms Cash

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.	VAIBHAV SHUKLA, 9335637449
2	Vehicle No. / वाहन संख्या	UP31CK6748
3	Policy No. / पालिसी संख्या	252400/31/2025/93128
4	Period of Insurance / बीमा अवधि	09/03/2025 से 08/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/01/2026, 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	रुकनीपुर ईट भड्डा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VAIBHAV SHUKLA, 9335637449 UP31-20250008941
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	करधान से लखीमपुर जा रहे थे तभी अचानक रुकनीपुर ईट भड्डा के पास अचानक लाम्बे से फुले से टक्कर हो गई। जिससे बड़ी गाड़ी बामी और गिरकर हाकिमपुर 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 ICP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 20/01/2026
हस्ताक्षर

Vaibhav 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 MEERUT

Certificate/Policy No. 252400/31/2025/93128

Tel. No.

Period of Insurance 09/03/25 to 08/03/26
 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 : VAIBHAV SHUKLA
 (b) Address for correspondence : R/O: PACHPERWA, KHERI, P.S- PHARDHAN, KHERI
 (c) Telephone : 9335637449

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>NAJJE8SHAC4768</u> Chassis No. <u>MBLHAW23XSHAB952A</u>	Registration No. <u>UP3ICK</u> <u>67A8</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? / N/A
 (c) Was trailer attached? / N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached / N/A
 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 : VAIBHAV SHUKLA
- (b) Age : 18/11/2006
- (c) Address : FARDHAN PACHPERWA LAKHIMPUR KHERT
- (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 : UP3120250008941
- (h) Issuing Authority : 23/06/2025
- (i) Date of Expiry : 17/11/2046
- (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 : 17/01/2026
- (b) Place : खजुरीपुर डीर मंडला के पास
- (c) Speed of vehicle at the time of accident : 30-40 Km
- (d) Give a short description of the accident : खजुरीपुर डीर मंडला के पास अचानक साइकिल से टकरा कर वाहन
- (e) If any third party was responsible for this accident give the name and address : हो गई। जिससे मेरी गाड़ी बाई और गिरफ्तार 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 LRP ROAD LAKHIMPUR KHERT, 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? : _____ / N/A
- (b) If yes, give full details : _____

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 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 20/01/2006

Signature of the insured Vaibhav Shukla

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. UP 31CK6748 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 .. Vibhav Shukla
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

Signer: RAJIV KUMAR
Date: 09-MAR-2025
Version: 09-MAR-2025

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	09-MAR-25
Policy No.	75240031703593129	Proposal No. & Date	R/252400/31/2025/9-4101891 & 09-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 22:54 ON 09/03/2025 TO MIDNIGHT OF 08/03/2026
Agent/Broker Name	ABHINAV BIATI	Policy Period (LIABILITY)	FROM 22:54 ON 09/03/2025 TO MIDNIGHT OF 08/03/2030
Insured Name	VAIBHAV SHUKLA (GSTIN :)	Lead/Breakin No	
Insured Address	CO SRI AVDHESH KUMAR, R/O PACHPERWA, KHERLPS- PHARDHAN, LAKHIMPUR KHERI, NA, 0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NJ-W	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	73175
Engine & Axles No	14X11881X48268 - MIBI HAWTASHAB9524	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1226.41	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	184.41	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4035
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4761
NIL Depreciation	0		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Net own Damage Premium(A)	184	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT,7,10,28.	

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Amount	
POS Name	NA	4761	
		Financer Name	TATA CAPITAL LIMITED
		Financer Branch	LAKHIMPUR
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy, exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac 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.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and QIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 09-MAR-25

IMPORTANT NOTICE
The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

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 trails (7) Any Purpose in connection with motor trade.

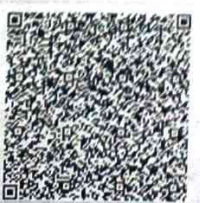
Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. PA Cover under section III for owner-driver is RS 0.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the. The preceding year 20% preceding two consecutive years 35% preceding three consecutive years 45% preceding four consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1988.

* This insurance excludes all pre-existing damages.



Approved By : UNIV@252400
Approved On : 09-MAR-25
Place : MRT
Printed On : 09-MAR-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signatory



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK6748 Registration Date : 11-Mar-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 : VAIBHAV SHUKLA Son/wife/daughter of : S/O SRI AVDHESH KUMAR
Full Address: (Permanent) : R/O PACHPERWA,, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O PACHPERWA,, KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-262701
Fitness UpTo : 10-Mar-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
Front HSRP No : AA2121946480 Rear HSRP No : AA1040067218
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLHAW23XSHAB9524
Engine No : HA11E8SHAC4768 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 109
Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
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 TATA CAPITAL LIMITED, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 09-Mar-2025.

Purchase dt : 09-Mar-2025 Sale Amt : 77027/-
OTT Date : 09-Mar-2025 Amount/Rcpt No : 7703 / UP31D25030001807
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 22-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Mar-2025 to 10-Mar-2040

Date : 03-Apr-2025 09:22:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 03-Apr-2025

Q 2546940

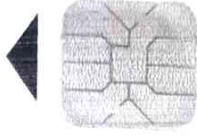
Vaibhav Shukla



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20250008941



Issue Date Validity (NT) Validity(TR)*
23-06-2025 17-11-2046



Holder's Signature

Date of First Issue 23-06-2025

Name: VAIBHAV SHUKLA
Date of Birth: 18-11-2006 Blood Group: A-VE Organ Donor: N
Son/Daughter/Wife of: AVDHESH KUMAR
Address: FARDHAN PACHPERWA LAKHIMPUR KHERI UTTAR PRADESH 262701

DL No: UP31 20250008941

UPDL311000015360



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	23-06-2025	NT			
	LMV	UP31	23-06-2025	NT			
	MVSD						

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Download Date: 23/10/2021



वैभव शुक्ला
Vaibhav Shukla
जन्म तिथि/DOB: 18/11/2006
पुरुष/ MALE

Issue Date: 01/10/2021

8616 2513 7843

VID : 9146 9600 5915 0386

मेरा आधार, मेरी पहचान

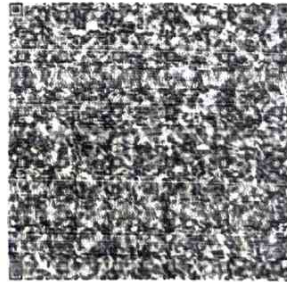


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आमज, अवधेश कुमार, पचपेडवा, खीरी,
उत्तर प्रदेश - 262701

Address:
S/O: Avdhesh Kumar, Pachperwa, Kheri,
Uttar Pradesh - 262701



8616 2513 7843

VID : 9146 9600 5915 0386



1947



help@uidai.gov.in



www.uidai.gov.in

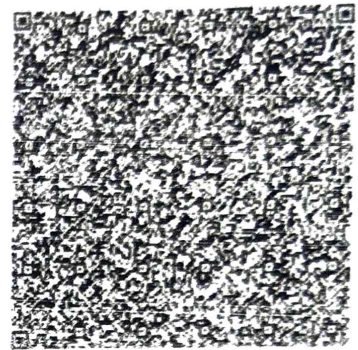
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
THDPS7591M



नाम / Name

VAIBHAV SHUKLA

पिता का नाम / Father's Name

AVADHESH KUMAR SHUKLA

जन्म की तिथि / Date of Birth

18/11/2006

Vaibhav Shukla

हस्ताक्षर / Signature

06402