

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.

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ESTIMATE

Estimate No.	10730-03-REST-0226-847	Date	04-02-2026
Customer Name	SALEEM **	Contact No.	9415484841
VIN	MBLHAW408SHC11645	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP31CK8240
HMCGL Card No	1073025540001150	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
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	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
5	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
6	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
Parts Total											0.00	12,027.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	1,595.00	9.00	9.00	0.00	0.00	0.00	0.00	1,882.10	
Jobs Total											0.00	1,882.10

Parts Total	12,027.00
Labour Total	1,882.10
SGST (Parts) 9%	917.31
CGST (Parts) 9%	917.31
SGST (Labour) 9%	143.55
CGST (Labour) 9%	143.55
Total	13,909.10

Rupees in Words: Thirteen Thousand Nine Hundred Nine and paise Ten 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
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.	SAKEEM 9415484841
2	Vehicle No. / वाहन संख्या	UP31CK8240
3	Policy No. / पालिसी संख्या	252400/31/2025/96200
4	Period of Insurance / बीमा अवधि	20/03/2025 से 19/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/02/2026, 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	बिसवा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	LALIT SHARMA, 8604432616 UP31 20240003083
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	लखीमपुर खीरी के बिसवा के ओर जा रहे थे तभी अचानक बिसवा के पास लाम्बे से बाबू के हक्कर हो गई, जिससे बेरी गाड़ी शमी ओर गिरकर त्विगस्त 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

Date / दिनांक : 04/02/2026
हस्ताक्षर

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. 252400/31/2025/96200

Tel. No.

Period of Insurance 20/03/25 to 19/03/26
 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 : SALEEM
 (b) Address for correspondence R/O: GRAM GADARUWA, KALAM, KHERI, UP-262701
 (c) Telephone : 9415484841

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJJFJSHCJJ614</u> Chassis No. <u>MBLHAW408SHCJJ645</u>	Registration No. <u>UP3ICK</u> <u>8240</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 : LALIT SHARMA
- (b) Age : 05/01/2004
- (c) Address : GRAM GADARUA KALAAM KALAAM LAKHIMPUR KHERI
- (d) Is the Driver
1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : FRIEND
- (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 20240003083
- (h) Issuing Authority : 16103/2024
- (i) Date of Expiry : 04/01/2044
- (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 other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 02/02/2026 4:00 PM
- (b) Place : बिसवा के पास
- (c) Speed of vehicle at the time of accident : 30-40 Km
- (d) Give a short description of the accident : बिसवा के पास वाहन से वाहन से टक्कर हो गई जिससे
- (e) If any third party was responsible for this accident give the name and address : मेरी माड़ी दोषी और गिरफ्तार हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT / RIGHT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO-SALES LRP 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? : 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 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 04/02/2026

Signature of the insured सलीम

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. UP31CK 2240 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 arising directly/indirectly in

Rs. _____



One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Arjun
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 of 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 SALEEM, S/O: MEDAT
GRAM GADAROWA, KALAAAM, KHERI, UP - 262701

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, SALEEM do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 04/02/2026

Place KHERI

Saleem
Signature of the declarant

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

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

Note: Amendment with effect from 1st 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 : UP31CK8240 Registration Date : 21-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 : SALEEM Son/wife/daughter of : S/O SRI MEDAI
 Full Address: (Permanent) : R/O GRAM GADARUWA, KALA AAM, KHERI, KALAAM, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O GRAM GADARUWA, KALA AAM, KHERI, KALAAM, PS- KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 20-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 : AA2121966993 Rear HSRP No : AA1040090631
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025
 No of Cylinders : 1 Chassis No : MBLHAW408SHC11645
 Engine No : HA11F1SHC11614 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 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 : 20-Mar-2025 Sale Amt : 84351/-
 OTT Date : 20-Mar-2025 Amount/Rcpt No : 8436 / UP31D25030003347
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-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 21-Mar-2025 to 20-Mar-2040

Date : 08-Apr-2025 16:31:38

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 08-Apr-2025

Q 2464491

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20240003083

Issue Date: 16-03-2024 Validity (NT): 04-01-2044 Validity (TR): _____

Name: LALIT SHARMA
Date of Birth: 05-01-2004 **Blood Group:** _____ **Organ Donor:** N
Son/Daughter/Wife of: RAJNISH SHARMA
Address:
 gram gadarua Kalaam Kala Aam Lakhimpur
 Kheri Uttar Pradesh 262701

Date of First Issue: (16-03-2024)

Lalit Sharma
8604432616

DL No: UP31 20240003083 UPBL000012999907

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	16-03-2024	NT				
LNV	UP31	16-03-2024	NT				
MVSD							

Emergency Contact Number: _____

Licensing Authority
 UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



सलीम
Saleem
जन्म तिथि / DOB : 01/01/1983
पुरुष / Male



5494 1020 1735

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: मेडई, ग्राम गडरुआ, काला
आम, खीरी, कलाम, उत्तर प्रदेश,
262701

Address:
S/O: Medai, gram gadaruwa, Kala
Aam, Kheri, Kalaam, Uttar
Pradesh, 262701

5494 1020 1735

1947
1800 300 1947

help@uidai.gov.in

WWW
www.uidai.gov.in

सलीम