

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

LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD

ESTIMATE

ESTIMATE

Estimate No.	10730-03-REST-0226-839	Date	04-02-2026
Customer Name	ARVIND KUMAR VERMA	Contact No.	7705066235
VIN	MBLHAW147RHJ02222	Model	HF DELUXE
Insurance Company		Reg No.	UP31CK2199
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	83400KSTH20ZAS -FR VISOR(BLACK TYPE-1)	87141090	Paid	823.73	1	9.00	9.00	0.00	0.00	0.00	0.00	972.00
2	61000ACK000US -FENDER FRONT (BL-002M.)	87141090	Paid	733.90	1	9.00	9.00	0.00	0.00	0.00	0.00	866.00
3	83500AAHF00RS -R SIDE COVER BLACK NH-1(T1)	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
4	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
5	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	3,400.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	64311KST950S -BRACKET COMPLETE FRONT NO PLATE	87141090	Paid	69.49	1	9.00	9.00	0.00	0.00	0.00	0.00	82.00
8	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
9	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
10	53200AAD000S -STEM COMP STRG	87141090	Paid	612.71	1	9.00	9.00	0.00	0.00	0.00	0.00	723.00
11	35010AAHA01S -"KIT, LOCKS & KEYS"	83012000	Paid	783.90	1	9.00	9.00	0.00	0.00	0.00	0.00	925.00
12	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
Parts Total											0.00	11,885.00

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	11,885.00
Labour Total	2,000.10
SGST (Parts) 9%	906.48
CGST (Parts) 9%	906.48
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	13,885.10

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....M.E.R.U.T.....

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.	अरविन्द कुमार वर्मा, 7705066235
2	Vehicle No. / वाहन संख्या	UP31CK 2199
3	Policy No. / पालिसी संख्या	252400/31/2025/85033
4	Period of Insurance / बीमा अवधि	11/02/2025 से 10/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/02/2026 6:00 PM.
6	Place of Accident / दुर्घटना का स्थान	जलनिगम के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रोहन कुमार, UP3120230011818 9648219480
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	जलनिगम के पास सामने से बाँधी ओर से मोटर साइकिल से टक्कर हो गई //जैसे-मेरी गाड़ी बाँधी ओर गिरकर क्षतिग्रस्त 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.	MOSARRAM AUTO SALES, LRPPAD LAKHIMPUR-KHERI, 9351154036

Date / दिनांक : 03/02/2026
हस्ताक्षर

अरविंद

Signature of Insured / बीमाधारक के
हस्ताक्षर



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. 252400/31/2025/85033

Tel. No.

Period of Insurance 11/02/2025 से 10/02/2026

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 : ARVIND KUMAR VERMA
 (b) Address for correspondence : R/O ANNAHIYA BAJPAI KHERI PS KOTWALI, KHERI
 (c) Telephone : 7705066235 U.P. 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAI1ECRH702174</u> Chassis No. <u>MBL4AWJ47RH702222</u>	Registration No. <u>UP3JCK</u> <u>2199</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



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 (c) Telephone : 7705066235 U.P. 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJECRH702374</u> Chassis No. <u>MBLHANJ47RH702222</u>	Registration No. <u>UP3JCK</u> <u>2999</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:

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 (c) Weight of goods carried/Load Challan No.
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 (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 : KOSHAN KUMAR
 (b) Age : 01/01/2000
 (c) Address : Gngm- ATNAH2YA P3- MUDIYAKHERA, BAIJPA
 (d) Is the Driver :
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAT
 (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 : UP3120230011818
 (h) Issuing Authority : 08/12/2023
 (i) Date of Expiry : 31/12/2039
 (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 : 01/02/2026 6:00PM.
 (b) Place : जलमैगम के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : जलमैगम के पास सामने वाली ओर से मोटर साइकिल से टक्कर हो गई। जिससे मेरी गाड़ी बाँची और गिस्कर क्षतिग्रस्त हो गई।
 (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 RIGHT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRPRAD
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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

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? : 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 03/02/ 2006

Signature of the insured 312 विठ

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. UP31 CK 2199 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 312 वि६
Occupation
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

Policy No: PGIR0928
Date of Issue: 11-FEB-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, PIN-01114063570, (GSTIN: 09AAACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(3 Years))			Policy Issued On	11-FEB-25
Policy No	252400/31/2025/85033			Proposal No. & Date	R/252400/31/2025/96589803/5 & 11-FEB-2025
Agent/Broker Code	BA0000155144			Policy Period (OWN DAMAGE)	FROM 18:49 ON 11/02/2025 TO MIDNIGHT OF 10/02/2026
Agent/Broker Name	ABHINAV BIHATI			Policy Period (LIABILITY)	FROM 18:49 ON 11/02/2025 TO MIDNIGHT OF 10/02/2026
Insured Name	ARVIND KUMAR VERMA (GSTIN:)			Lead / Breakin No	/
Insured Address	C/O SRI JAY CHANDRA VERMA, R/O ATNAIHYA BAJPAI KHERI, PS- KOTWALLAKHIMPUR KHERI, NA,0			Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP			Vehicle	60705
Model & Variant	HERO HF DELUXE SBLF E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	60705
Engine -Chassis No	HA11ECRIH02174 - MBLHAW147RHJ02222			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	1017.42		Basic Third Party Liability	3851	
Elec Accessories	0		Compulsary PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	153.42		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-46)	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)	4004	
AAI Membership (IMT-8)	0		GST	720	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0.00	
SIP Discount	0		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	0		Krishn Kalyan Cess@0.50%	0	
Add-On Coverages			Gross Premium Paid	4724	
NIL Depreciation	0		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to the realization of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub Total Add-on Coverages	0		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	153		5. Subject to Endorsements IMT.7,10,28,		
Nominee Details : Nominee Name _____ Age _____ Relation _____					
Payment Details : Payment Method _____ Cheque No./Transaction No. _____ Bank Name _____ Amount _____					
Financer Type _____ Financer Name WHEELS EMI PVT LTD Financer Branch LAKHIMPUR					
POS Name NA POS ID NA 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 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.					
The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC 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.					
I/We hereby certify that the policy to which the 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 11-FEB-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 MVA 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 trials (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 the 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. P.A. 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: 25%, preceding three consecutive years: 35%, preceding four consecutive years: 45%, preceding five 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					
I/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 :	11-FEB-25			
	Place :	MBT			
	Printed On :	11-FEB-25			
			For and on behalf of The Oriental Insurance Company Limited		
			General Manager Authorized Signature		





GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK2199 Registration Date : 13-Feb-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 : ARVIND KUMAR VERMA Son/wife/daughter of : SRI JAY CHANDRA VERMA
 Full Address: (Permanent) : R/O ATNAHIYA BAJPAI KHERI, R/O ATNAHIYA BAJPAI KHERI, PS- KOTWALI, KHERI,
 UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O ATNAHIYA BAJPAI KHERI, R/O ATNAHIYA BAJPAI KHERI, PS- KOTWALI, KHERI-
 UTTAR PRADESH-262701

Fitness UpTo : 12-Feb-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 : AA2120938683 Rear HSRP No : AA2120644971
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2024
 No of Cylinders : 1 Chassis No : MBLHAW147RHJ02222
 Engine No : HA11ECRHJ02174 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : CANDY BLAZING RED 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 WHEELS EMI PRIVATE LIMITED, PUNE, PUNE, , Pune, Maharashtra-411016 w.e.f. 11-Feb-2025.

Purchase dt : 11-Feb-2025 Sale Amt : 63900/-
 OTT Date : 11-Feb-2025 Amount/Rcpt No : 6390 / UP31D25020002053
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 10-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 13-Feb-2025 to 12-Feb-2040

Date : 11-Mar-2025 17:03:19

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग
 लखीमपुर-खीरी
 Date : 11-Mar-2025

Q 1642630

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

UP31 20230011818

Issue Date: 08-12-2023 Validity (NT): 31-12-2039 Validity (TR):

Name: **ROSHAN KUMAR** Organ Donor: **N**

Date of Birth: 01-01-2000 Blood Group:

Son/Daughter/Wife of: **BHAVAN BAHADUR SINGH**

Address:
Gram - Anadiya post - Anadiya kheda
Bajpai Khori Uttar Pradesh 262701

UPDL000012212808

DL No: UP31 20230011818

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	08-12-2023	NT				
LIV	UP31	08-12-2023	NT				
MVSD							

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)

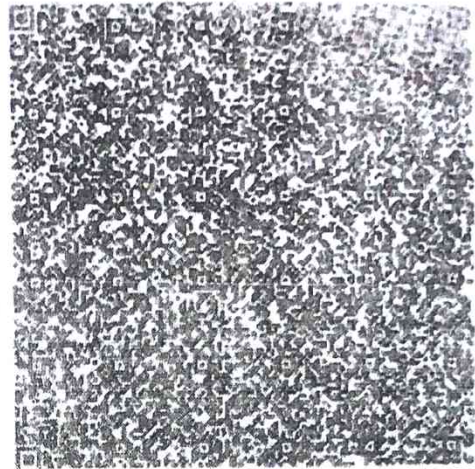
रौशन कुमार



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लिंग/ GENDER: MALE



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