

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-0226-848	Date	06-02-2026
Customer Name	SHIVA .	Contact No.	8081732040
VIN	MBLHAW225RHL69405	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CK1808
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	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	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
4	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
7	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
8	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
Parts Total											0.00	5,608.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	5,608.00
Labour Total	2,000.10
SGST (Parts) 9%	427.73
CGST (Parts) 9%	427.73
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	7,608.10

Rupees in Words: Seven Thousand Six Hundred Eight and paise Ten Only

Authorised Signatory

10730 - Main W/S

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.

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....M.EERUJ.....

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.	SHIVA, 8081732040
2	Vehicle No. / वाहन संख्या	UP31CK1808
3	Policy No. / पालिसी संख्या	252400/31/2025/84686
4	Period of Insurance / बीमा अवधि	10/02/2025 से 09/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/02/2026, 7:00PM
6	Place of Accident / दुर्घटना का स्थान	2 लव लेशन के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIVA, 8081732040 UP3120220011437
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	शौचगृह चौक से मोला रोड पर जा रहे थे तभी अचानक 2 लव लेशन के पास सामने से ट्रक का हो गई जिससे मोरी गाड़ी बायीं ओर गिरकर हातगूल 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 LRPRAD LAKHIMPUR KHARI, 9151154036

Date / दिनांक : 06/02/2026
हस्ताक्षर

शिका
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. 252400/31/2025/84686

Tel. No.

Period of Insurance 10/02/2025 to 09/02/2026
 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 : SHIVA
 (b) Address for correspondence : R/O: UDAIPUR MANEWA, KHERT, PS-KOTWALI, UP-262701
 (c) Telephone : 8081732040

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJE7RHL73007</u> Chassis No. <u>MBLHAW225RHL69405</u>	Registration No. <u>UP3ICK</u> <u>1808</u>
---	--	--

- (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 to 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 : SHIVA
(b) Age : 01/01/2004
(c) Address : UDAIPUR MAHEWA KHERI UP-202701
(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 : UP31 20220011437
(h) Issuing Authority : 26/11/2022
(i) Date of Expiry : 31/12/2023
(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 : 03/02/2026, 7.00PM
(b) Place : रोडवे स्टेशन के पास
(c) Speed of vehicle at the time of accident : 30-40 Km
(d) Give a short description of the accident : रोडवे स्टेशन के पास सामने मोर्चा से टक्कर हो कर घिसने
(e) If any third party was responsible for this accident give the name and address : मेरा गाड़ी बायीं ओर गिरकर हासिलकत 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 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

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. UP3ICK1858 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 शिव
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Policy Schedule

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-20114963579, (GSTIN: 09AAACT9617B4Z3)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)		Policy Issued On	10-FEB-25	
Policy No	252400/31/2025/94686		Proposal No. & Date	R/252400/31/2025/96542288/7 & 10-FEB-2025	
Agent/Broker Code	BA0000153144		Policy Period (OWN DAMAGE)	FROM 19:05 ON 10/02/2025 TO MIDNIGHT OF 09/02/2026	
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 19:05 ON 10/02/2025 TO MIDNIGHT OF 09/02/2026	
Insured Name	SHIVA (GSTIN)		Lead /Breakin No		
Insured Address	C/O SRI JASKARAN, R/O UDAIPUR MAHEWA KHERI,PS- KOTWALLAKHIMPUR KHERI, , NA,0		Insured State	UTTAR PRADESH	
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	74448	
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	74448	
Engine- Chassis No	HA11E7RHL73007 - MBLHAW225RHL69405		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	1247.75		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	186.75		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)	4038	
AAI Membership (IMT-6)	0		GST	726	
No Claim Bonus	0		SERVICE TAX	0.00	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0	
SIP Discount	0		Swachh Bharat Cess@0.50%	0	
Sub-Total Deductibles	0		Krishni Kalyan Cess@0.50%	0	
Add-On Coverages			Gross Premium Paid	4764	
NIL Depreciation	0		Note:		
Returns to Invoice	0		1. Policy Issuance is the subject to the realisation 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)	187		5. Subject to Endorsements IMT.7,10,28,		
Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	
Financer Type	Financer Name	INDUSIND BANK LIMITED	Financer Branch	LAKHIMPUR KHERI	
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.co.in or on demand from the policy issuing office.

It is warranted that in case of destruction 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, as witness whereof the undersigned being authorised by and on behalf of the company has/ have herein to set his/their hands at 252400 on 10-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, 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

Expiry 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 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 P.A. Cover under section III for owner-Driver is RS 0

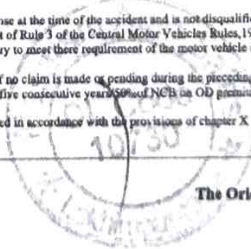
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year: 20% preceding two consecutive years: 25% preceding three consecutive years: 35% preceding five consecutive 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, 1998.

* This insurance excludes all pre existing damages



Approved By : UNIV@252400
 Approved On : 10-FEB-25
 Place : MBT
 Printed On : 10-FEB-25



For and on behalf of
 The Oriental Insurance Company Limited

General Manager
 Authorized Signature

श्रीवा



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK1808 Registration Date : 11-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, , , 153-282701
 Owner Name : SHIVA Son/wife/daughter of : SRI JASKARAN
 Full Address: (Permanent) : R/O UDAIPUR MAHEWA, KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-282701
 Full Address: (Temporary) : R/O UDAIPUR MAHEWA, KHERI, PS- KOTWALI, KHERI-UTTAR PRADESH-282701
 Fitness UpTo : 10-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 : AA2120938620 Rear HSRP No : AA2120644908
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW225RHL69405
 Engine No : HA11E7RHL73007 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
 S (DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
 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 INDUSIND BANK LTD, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 10-Feb-2025.

Purchase dt : 10-Feb-2025 Sale Amt : 78366/-
 OTT Date : 10-Feb-2025 Amount/Rcpt No : 7837 / UP31D25020001649
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Feb-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-Feb-2025 to 10-Feb-2040

Date : 08-Mar-2025 09:47:24

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 08-Mar-2025

12/11

Q 1643375

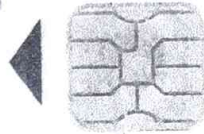
W O D



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20220011437



Issue Date 26-11-2022 Validity (NT) 31-12-2043 Validity(TR) _____



(26-11-2022)

Holder's Signature

Name: SHIVA
Date of Birth: 01-01-2004 Blood Group:
Son/Daughter/Wife of: JASKARAN

Organ Donor: N

Address:
Udaipur Mahewa Kheri Uttar
Pradesh 262701

Date of First Issue

UP31 LAKHIMPUR KHERRI
LICENSING AUTHORITY

Emergency Contact Number

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MVSD		UP31	26-11-2022	NT			
LW		UP31	26-11-2022	NT			
MW		UP31	26-11-2022	NT			
MW		UP31	26-11-2022	NT			

Form 7 Rule 16(2)

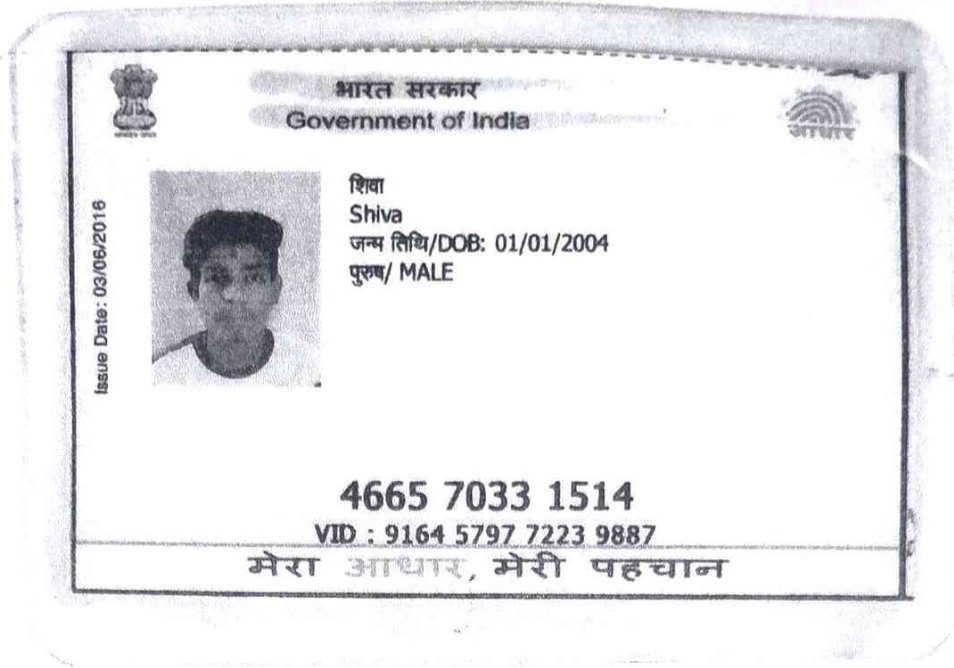
Hazardous Validity# _____
Invalid Carriage (Regn Numbers)# _____
Hill Validity# _____



DL No: UP31 20220011437

UPDL000010058557

SHIVA



शिवा

आयकर विभाग
INCOME TAX DEPARTMENT

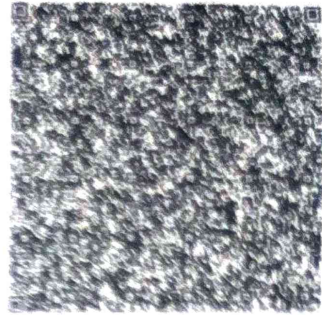


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

SGTPS6656D



नाम / Name
SHIVA

पिता का नाम / Father's Name
JASKARAN

जन्म की तारीख /
Date of Birth
01/01/2004

शिवा
हस्ताक्षर / Signature

11022024