

MOSARAM BUSINESS & SERVICES PVT LTDTHANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,
226024, UP, India

State Code: 9 Contact: 7408404728, , ,

GSTIN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17011-03-REST-0226-80	Date	08-02-2026
Customer Name	MADHURI KUMARI CHAUHAN .	Contact No.	9170780881
VIN	MBLCEW047S6A01282	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QJ3528
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	VD64300ACP000VS - COVER FRONT R	87141090	Paid	956.78	1	9.00	9.00	0.00	0.00	0.00	0.00	1,129.00
2	VD64309ACP000S -FRONT COVER LOWER	87141090	Paid	335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	396.00
3	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
4	VD64304ACP000YS - COVER FRONT LOWER RIGHT (S(D)-015M(F))	87141090	Paid	1,452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,714.00
5	VDACPCS6A0030APGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	3,152.00
Parts Total											0.00	6,962.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00	
Jobs Total											0.00	4,130.00

Parts Total	6,962.00
Labour Total	4,130.00
SGST (Parts) 9%	531.00
CGST (Parts) 9%	531.00
SGST (Labour) 9%	315.00
CGST (Labour) 9%	315.00
Total	11,092.00

Rupees in Words: Eleven Thousand Ninety 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 LUCKNOW Jurisdiction Only

17011 - Main W/S

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

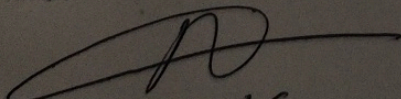
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Madhavi Kumbhari Chaudhary UP326J3528 9170780881
2	Vehicle No. / वाहन संख्या	UP326J3528
3	Policy No. / पालिसी संख्या	2522400/31/2025/88667
4	Period of Insurance / बीमा अवधि	1+4 Year
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7/2/2026 4:10 Pm
6	Place of Accident / दुर्घटना का स्थान	Bacchi Nagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Satendra Kumar 2119679504 BR29 20100002868
8	Estimated Loss / अनुमानित हानि	11092 Rs.
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपने घर से चलते हुए जा रहा था, सामने से साइकिल वाले ने ठक्कर मार दी, जिससे गंभीर जख्म हुआ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Moharam Premia 7081166066

Date / दिनांक : 8/2/2026
हस्ताक्षर


8/2/2026

Satendra 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 _____ Certificate/Policy No. 252400/31/2025/88667
Tel. No. _____ Period of Insurance 1+4 years
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 : Madhuri Kumari Chauhan
(b) Address for correspondence : For Keshav Nagar 2nd, Lucknow
(c) Telephone : 9170786881

2. THE INSURED VEHICLE

Make & Year <u>28 Feb 2025</u> <u>01/2025</u>	Engine No. <u>ECDD001S6A03309</u> Chassis No. <u>MBLCEW047S6A01282</u>	Registration No. <u>UP32QJ3528</u>
-----------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------

- (a) Was the vehicle in proper working condition?
(b) For what purpose was the vehicle being used at the time of accident? Personal
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
1. Was a side-car attached
2. Was a pillion rider carried

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 : NA
(g) If Lorry/Jeep/Tractor, was trailer attached? : _____
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Satendra Kumar
(b) Age : 36
(c) Address : Fazullaganj, Keshav Nagar 2nd
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : relative
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : BR29 20100002868
(h) Issuing Authority :
(i) Date of Expiry : 20/4/2030
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 7/2/2026, 4:10 PM.
(b) Place : Preeti Nagar
(c) Speed of vehicle at the time of accident : 30 KM
(d) Give a short description of the accident : Hospital WTI 2EI 2TI
(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 : Right Side
(b) Estimated cost of repairs : 110,92 Rs.
(c) When and where can the damaged vehicle be inspected :

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 : NA
(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? : NA
(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? : NA
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : NA
(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 : _____

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 8/21 20026

Signature of the insured Satendra Kumar

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. UP32053528 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 ... Sentender Kumar
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SATENDRA KUMAR

MAINA CHAUHAN

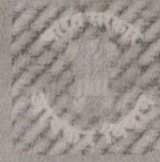
10/04/1989

Permanent Account Number

DOUPK9688P

Satendra Kumar

Signature



27062014

Satendra Kumar



भारत सरकार
Government of India



आधार

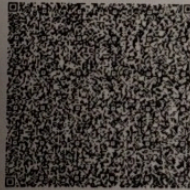
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00840/73682

To

सतेन्द्रा कुमार
Satendra Kumar
69,
Fazullaganj,
Ekmath mandir,
Keshav nagar 2nd,
VTC: Nirala Nagar,
PO: Nirala Nagar,
District: Lucknow,
State: Uttar Pradesh,
PIN Code: 226020,
Mobile: 9119679501



आपका आधार क्रमांक / Your Aadhaar No. :

9321 4411 7254

VID : 9127 4054 2351 0757

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 0301/2015



सतेन्द्रा कुमार
Satendra Kumar
जन्म तिथि/DOB: 10/04/1989
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफलाइन एक्सप्रेस/एल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9321 4411 7254

मेरा आधार, मेरी पहचान



Government of India



AADHAAR

सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



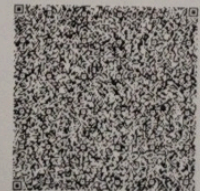
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 02/08/2025

पता:
69, फजुल्लागंज, एकनाथ मंदिर, केशव नगर 2nd, निराला नगर, निराला नगर, लखनौ, उत्तर प्रदेश - 226020

Address:
69, Fazullaganj, Ekmath mandir, Keshav nagar 2nd, Nirala Nagar, PO: Nirala Nagar, DIST: Lucknow, Uttar Pradesh - 226020



9321 4411 7254

VID : 9127 4054 2351 0757

1947

help@uidai.gov.in

www.uidai.gov.in

Satendra Kumar



UNION OF INDIA DRIVING LICENSE
Issuing Authority : DTO, SIWAN

Authorization to Drive : LMV,MCWG

Date of Issue : 21-04-2010

License No. : BR29 20100002868

Date of Expiry : 20-04-2030

Name : SATENDRA KUMAR

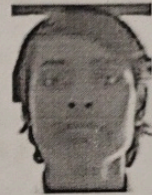
DOB : 10-04-1989

Blood Group : O+

S/W/D : MAINA CHAUHAN

Present Address : AT-PIPARAHIYA,, PO-MURERA,PS-DARAULI,, SIWAN, 841235

Permanent Address : AT-PIPARAHIYA,, PO-MURERA,PS-DARAULI,, SIWAN, 841235



Digitally signed on
Date: 06-02-2026 09:11:36 IST

Note:

1. This Driving License Certificate data is accessed using DigiLocker.
2. This certificate is generated by DigiLocker (<https://digilocker.gov.in>) directly from concerned department database.
3. This digitally signed document is valid as per IT Act.
4. To verify the print out of this certificate, download DigiLocker Android application from Google Play store and scan the QR code on the printed certificate.

Satendra Kumar



GOVERNMENT OF UTTAR PRADESH
Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)
FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP32QJ3528	Registration Date	: 28-Feb-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, . . 157-226021		
Owner Name	: MADHURI KUMARI	Son/wife/daughter of	: C/O MAINA CHAUHAN
Full Address: (Permanent)	: 217/69, SITAPUR ROAD, NEAR EK NATH MANDIR, KESHAV NAGAR 2ND, NIRALA NAGAR, LUCKNOW, UTTAR PRADESH-226020		
Full Address: (Temporary)	: 217/69, SITAPUR ROAD, NEAR EK NATH MANDIR, KESHAV NAGAR 2ND, NIRALA NAGAR, LUCKNOW-UTTAR PRADESH-226020		
Fitness Up To	: 27-Feb-2040	Owner Serial No	: 1
Detailed Description	: M-CYCLE/SCOOTER		
Class of Vehicle	: INDIVIDUAL	Link Vehicle No	: Not Available
Ownership	: HERO MOTOCORP LTD	Norms	: Not Available
Maker's Name	: AA2118543606	Rear HSRP No	: AA2119146088
Front HSRP No	: SOLO WITH PILLION	Month/Year of Manuf.	: 01/2025
Type of Body	: 0	Chassis No	: MBLCEW047S6A01282
No of Cylinders	: 0	Fuel	: PURE EV
Engine No	: ECD001S6A03309	Cubic Capacity	: 0.00
Horse Power(BHP)	: 8.04	Wheel base	: 1301
Maker's Classification	: VIDA V2 PLUS	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 124
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 274
Colour	: MATT ABRAX ORANGE	AC Fitted	: NO
Other Criteria	: 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	: 22-Feb-2025	Sale Amt	: 125000/-
OTT Date		Amount/Rcpt No	: /
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 28-Feb-2025 to 27-Feb-2040

Date : 12-Mar-2025 16:21:03

Taxation Particulars / Advance Registration Mark Fee Details

कार/पंजीकरण अधिकारी
 Signature of Registering Authority (T.P.M)
 मोटर वाहन विभाग
 Date : 12-Mar-2025

Q 2315084

