

RAM AUTO WORLD PRIVATE LIMITED
 TA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India
 Code: 9 Contact: 9415148200, ...
 TIN No: 09AASCM0223E1ZL
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17032-03-REST-0226-24	Date	12-02-2026
Customer Name	ANSHU VERMA	Contact No.	9058010139
VIN	MBLCEW047S6D06829	Model	V2 PLUS
Insurance Company	THE ORIENTAL INSURANCE CLAIM	Reg No.	UP25EK7684
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	VD83417ACP000S -UTILITY BOX RIGHT	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
2	VD64305ACP000SS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,440.68	1	9.00	9.00	0.00	0.00	0.00	0.00	1,700.00
3	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
4	VD64310ACP000S -PANEL FLOOR	87141090	Paid	378.81	1	9.00	9.00	0.00	0.00	0.00	0.00	447.00
5	VD50621ACP000S -COVER UNDER	87141090	Paid	507.63	1	9.00	9.00	0.00	0.00	0.00	0.00	599.00
6	VD83530ACP000S -PLATE BODY SIDE RIGHT	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
7	VD64300ACP000RS - COVER FRONT RIGHT(MATT PEARL WHITE)	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
8	VD64353ACP000S -LID COVER FRONT RIGHT	87141090	Paid	229.66	1	9.00	9.00	0.00	0.00	0.00	0.00	271.00
9	VD88110ACP200S - MIRROR ASSY R BACK	70091090	Paid	207.63	1	9.00	9.00	0.00	0.00	0.00	0.00	245.00
10	VD53100ACP200S - HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
11	VD45508ACP000S -LEVER SET	87141090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
Parts Total											0.00	6,472.00

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	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
Jobs Total											0.00	2,360.00

Parts Total	6,472.00
Labour Total	2,360.00
SGST (Parts) 9%	493.83
CGST (Parts) 9%	493.83
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
Total	8,832.00

Rupees in Words: Eight Thousand Eight Hundred Thirty 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.

17032 - Main W/S



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGIR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 81 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Table with 2 columns: Policy Details and Policy Issued On. Includes fields for Policy No., Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), and Compulsory PA.

Table with 2 columns: Vehicle Details and Insured Declared Value (IDV) (In Rs.). Includes fields for Make, Model, Registration No., Year of Manufacture, Engine No., Curb Weight, Seating Capacity, Type of Fuel, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMV CONTRACT NO, Policy Type, and Geographical Area.

Table with 2 columns: Schedule Of Premium (Amount in Rs.) and Liability Section (li). Includes sub-sections for Own Damage Section (A) and Liability Section (li) with various premium and liability items.

Table for Payment Details including fields for Cheque No./Transaction No., Bank Name, Amount, Financer Name, ECOFY FINANCE PRIVATE LIMITED, Financer Branch, BAREILLY, POS ID, NA, POS PAN NO/Aadhar No, NA.

Notes and conditions section containing 5 numbered points regarding policy issuance, stamp duty, and endorsements. Also includes a list of exclusions and conditions for coverage.

Signature and approval section. Includes 'Approved By: UNIV@252400', 'Approved On: 12-MAY-25', 'For: MRT', 'Issued On: 12-MAY-25', and 'General Manager Authorized Signature'.

GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25EK7684
Registration Date : 14-May-2025
Description of Vehicle : M-CYCLE/SCOOTER
Purpose For Printing RC : NEW
Owner's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA T-POINT,, TULAPUR, PILIBHIT BYPASS, BAREILLY, , , 150-243122
Owner Name : ANSHU VERMA
Son/wife/daughter of : RAM CHANDRA VERMA
Full Address: (Permanent) : BAREILLY JOGI NAVADA, , , BAREILLY, UTTAR PRADESH-243006
Full Address: (Temporary) : BAREILLY JOGI NAVADA, , , BAREILLY-UTTAR PRADESH-243006
Fitness Up To : 13-May-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Ownership : INDIVIDUAL
Nominee Name : ANJALI VERMA
Relationship with the Nominee : Spouse
Norms : Not Available
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2125184464
Rear HSRP No : AA2127868983
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 05/2025
No of Cylinders : 0
Chassis No : MBLCEW047S6D06829
Engine No : ECD001S6D06501
Fuel : PURE EV
Horse Power(BHP) : 8.04
Cubic Capacity : 0.00
Maker's Classification : VIDA V2 PLUS
Wheel base : 1301
Seating Cap(In all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 124
Colour : MAT PEARL WHITE
Laden/GV Wt (kgs) : 274
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 ECOFY FINANCE PRIVATE LIMITED, , , Bareilly, Uttar Pradesh-243001 w.e.f. 13-May-2025.

Purchase dt : 12-May-2025
Sale Amt : 125000/-
OTT Date :
Amount/Rcpt No : /
Vehicle Is Govt./ Pvt. : PRIVATE
Tax: Exempted or Not : NOT EXEMPTED
Date of Approval : 19-May-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Previous RegNo :
Old State :
Entry Date :
Transfer Date :
Conversion Date :

This certificate is valid from 14-May-2025 to 13-May-2040

Date : 20-May-2025 11:16:10

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority Transport Dept. Bareilly
Signature of Registering Authority
Date: 20-May-2025
Phone/Fax: 2466306

Q 2731847

Indian Union Driving Licence
Issued by Uttar Pradesh

UP26 20120000769

Issue Date	Validity (NT)	Validity (TN)
16-02-2021	22-01-2022	

PETRA VESLA

01-01-1987

Blood Group: VE

City: Dehra Dun

Address: ...

...

...

10.01.2017

DL No: UP26 20120900769

POL 62001030112



Invalid Carriage (Regn Numbers)¹

Hazardous Validity²

Hill Validity³

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ⁴	Badge Issued Date ⁵	Badge Issued By ⁶
Car	MOVG	UP26	23-01-2012	NT			
Car	LIV	UP26	23-01-2012	NT			

Emergency Contact Number

Licensing Authority
UP26 PILIBIT

Form 7 Rule 16(2)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ANSHU VERMA

RAM CHANDRA VERMA

15/04/1987

Permanent Account Number

AFZPV5162L

Anshu Verma

Signature



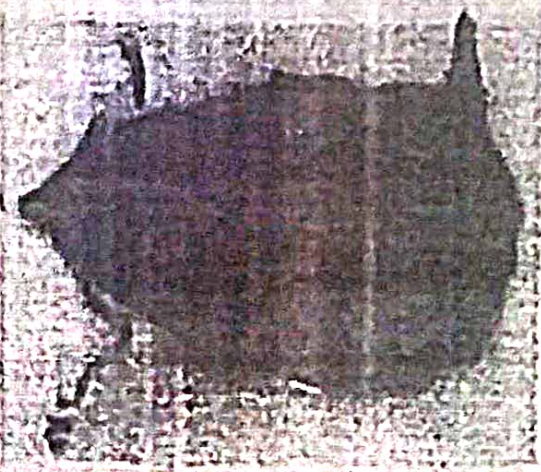
18/02/07

Aadhaar no. Issued: 11/01/2012



भारत सरकार

Government of India



अंशु वर्मा

Anshu Verma

जन्म तिथि/DOB: 15/04/1987

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या सम्बन्धि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण, या क्यूआर कोड/ ऑनलाइन एक्सप्लोर 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 (with authentication, or scanning of QR code / offline X) only.

XXXX XXXX 3215

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O राम चंद्र, फेस २ युनिवर्सिटी का, Address: S/O Ram Chandra,
पीछे, १२ ए, गनराईस इन्क्लेव, बरेली, आर phase 2 university ke piche, 12 a
के युनिवर्सिटी, उत्तर प्रदेश, 243006 sunrise enclave, Bareilly,
R.K. University, Uttar Pradesh,
243006



1800 180 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 19
Bengaluru

To / सेवा में,
The Oriental Ins
दि ओरिएण्टल

Sir /

Box No. 1947
Bangalore 560

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.	Anshu Verma. 9058010139
2	Vehicle No. / वाहन संख्या	UP25 EK 7684
3	Policy No. / पालिसी संख्या	252400/31/2026/13158
4	Period of Insurance / बीमा अवधि	7/2/05/025 40 7/1/05/026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/025, 03:30 pm
6	Place of Accident / दुर्घटना का स्थान	बजरग हाबा के सामने
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP26 201 20000 769 Preetam Verma - 9058010139
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी लेकर मेरा भाई मेरे घर से सी०फ्यू रोड पर रहा था कि रास्ते में बजरग हाबा के सामने पर गाड़ी के सामने अप्पानकु से गाड़ी आ गयी जिसे अप्पानके धक्कर में गाड़ी असतुन्धित हो गयी और गिरकर हाति मस्त हो गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	8832 / =
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO.
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mazaram Auto World 100 Pte - T Pout Pilibhit Bypass Road Bareilly - 7302818020

Date / दिनांक : 12/02/025.
हस्ताक्षर

Anshu Verma.
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. 259400/31/2026/13158

Tel. No. _____

Period of Insurance 12/05/025, To 11/05/026.
 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 : Anshu Upadhyay
 (b) Address for correspondence : Phase-2, University ke Piche, 1290 Sunnigra Englawe
 (c) Telephone : 9052010139 Basailly.

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp</u> <u>2025</u>	Engine No. <u>ECD00136D06501</u> Chassis No. <u>MELCEW047S6D06829</u>	Registration No. <u>UP25EK</u> <u>7684</u>
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- (a) Was the vehicle in proper working condition?
 (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

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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pratam Verma,
 (b) Age : 39
 (c) Address : 3-4 Bilsanda Lilibhit
 (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 : N/A
 (f) Was he under the influence of intoxication Liquor or drugs? : NO
 (g) Driving Licence Number : UP2620120000769
 (h) Issuing Authority : Udham Singh Driving Licence.
 (i) Date of Expiry : 21/01/2032
 (j) Was the licence temporary/permanent : Permanent.
 (k) Details of endorsement/suspension, if any : _____
 (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 : 10/02/2025, 03:30pm.
 (b) Place : Bareilly
 (c) Speed of vehicle at the time of accident : 46 km/h
 (d) Give a short description of the accident : गाड़ी को खाने चक्कर में गाड़ी हानि मस्त हो गयी
 (e) If any third party was responsible for this accident give the name and address : NO

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____
 (b) Estimated cost of repairs : 8832
 (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 : _____
 (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? : NO.
(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? : N/A
(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 : _____
(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 12/02 2006

Signature of the insured Anshu Verma.

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. _____ 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 *Anshu Verma.*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank