

**MOSARAM BUSINESS & SERVICES PVT LTD**  
 THANA 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-0226-82	Date	19-02-2026
Customer Name	GURPREET SINGH .	Contact No.	9451155802
VIN	MBLCEW041S6A02279	Model	V2 PLUS
Insurance Company		Reg No.	UP32QK1133
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	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
2	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
3	VDACPCS6A0030ANGS - SET ILLUST BODY SIDE RH	87141090	Paid	2,155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	2,544.00
<b>Parts Total</b>											0.00	<b>4,829.00</b>

**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	3,000.00	9.00	9.00	0.00	0.00	0.00	0.00	3,540.00	
<b>Jobs Total</b>											0.00	<b>3,540.00</b>

<b>Parts Total</b>	4,829.00
<b>Labour Total</b>	3,540.00
<b>SGST (Parts) 9%</b>	368.31
<b>CGST (Parts) 9%</b>	368.31
<b>SGST (Labour) 9%</b>	270.00
<b>CGST (Labour) 9%</b>	270.00
<b>Total</b>	<b>8,369.00</b>

Rupees in Words: Eight Thousand Three Hundred Sixty Nine 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.	Gurpreet Singh, UP32 QK 1183 94511 55802.
2	Vehicle No. / वाहन संख्या	UP 32 QK 1183
3	Policy No. / पालिसी संख्या	252400 / 31 / 2025 / 94193
4	Period of Insurance / बीमा अवधि	1 + 4 Years.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/02/25 5:30 pm.
6	Place of Accident / दुर्घटना का स्थान	ITM Road.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gurpreet Singh, 20110042119 94511 55802.
8	Estimated Loss / अनुमानित हानि	8369 B.
09. Cause of Accident / दुर्घटना का कारण :		
The biker trying to overtake from my left side but I got affected from it and it cause several damage on the right side of scooter.		
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.	Masaram Poremia 7081166066

Date / दिनांक : 19/02/26.  
हस्ताक्षर

  
19/02/26

  
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. 252400/31/2025/94193  
 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 : Gurpreet Singh  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 9451155802.

2. THE INSURED VEHICLE

Make & Year <u>March /2025</u>	Engine No. <u>ECD001S6A05050</u> Chassis No. <u>M02LCEW041S6A02279.</u>	Registration No. <u>UP 32 GK</u> <u>1183</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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Gurpreet Singh  
(b) Age : 45  
(c) Address : Nayak nagar, sitapur road.  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend? : \_\_\_\_\_  
(e) If paid driver, how long has he been in your employment : \_\_\_\_\_  
(f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_  
(g) Driving Licence Number : UP 32. 20110042119  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 12/12/2030.  
(j) Was the licence temporary/permanent : \_\_\_\_\_  
(k) Details of endorsement/suspension, if any : \_\_\_\_\_  
(l) Has he been involved in any accident before? : \_\_\_\_\_  
(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 : 18/02/26 5:30 pm.  
(b) Place : JIM road.  
(c) Speed of vehicle at the time of accident : 20 km.  
(d) Give a short description of the accident : \_\_\_\_\_  
(e) If any third party was responsible for this accident give the name and address : Returning to home.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Right side.  
(b) Estimated cost of repairs : 8369 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 : \_\_\_\_\_  
(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? \_\_\_\_\_
- (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 19/02/26 200

Signature of the insured G. S. Prasad

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 .. *Gurpreet Singh* ..  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

आयकर विभाग

INCOME TAX DEPARTMENT

GURPREET SINGH

INDERJEET SINGH

13/12/1980

Permanent Account Number

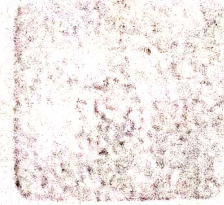
GYXPS5280K

*Gurpreet Singh*  
Signature



भारत सरकार

GOVT. OF INDIA



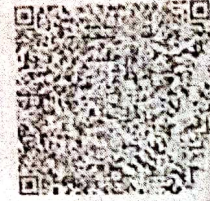
19082016



भारत सरकार  
Government of India



गुरप्रीत सिंह  
Gurpreet Singh  
जन्म तिथि/DOB: 13/12/1980  
पुरुष/ MALE



4575 7003 3035

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

**Address:**  
S/O: Inderjeet Singh, 643 N / 64,  
Nayak Nagar , Sitapur Road,  
Lucknow, Lucknow,  
Uttar Pradesh - 226021

पता:  
S/O: इन्दरजीत सिंह, 643 एन / 64, नायक  
नगर , सीतापुर रोड, लखनऊ, लखनऊ,  
उत्तर प्रदेश - 226021

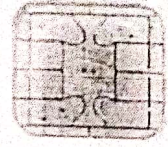
4575 7003 3035



UNION OF INDIA Driving Licence

UP NT

UP32 20110042119



जारी करने की तिथि  
Date of Issue  
23/06/2011

वैधता / Validity  
12/12/2030

जन्म तिथि  
Date of Birth  
13/12/1980

Blood Group  
A+



नाम / Name

GURUPREET SINGH

पिता/पति का नाम / Son/Daughter/Wife of

INDRAJEET SINGH

UP32 20110042119

NP08131148MT

LMV  
11/01/2018

MCWG  
23/06/2011

पता / Address

643N/64 NAYAK NAGAR  
SITAPUR ROAD  
Lucknow, Lucknow, UP - 226021

Holder's Signature

जारीकर्ता / Issuing Authority Sign  
LUCKNOW

UP

Form 7 Rule 16(2)





The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR0928

Page No : 1

Signer: DS THE ORIENTAL INSURANCE COMPANY LIMITED  
Date: Mon, Dec 23, 2025 06:13:16 IST  
Reason: Signing Policy for OCL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORIZED TWO WHEELERS-(5 Years))	Policy Issued On	12-MAR-25
Policy No	252400/31/2025/94193	Proposal No.& Date	R/252400/31/2025/97517030/3 & 12-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 22:14 ON 12/03/2025 TO MIDNIGHT OF 11/03/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 22:14 ON 12/03/2025 TO MIDNIGHT OF 11/03/2030
Insured Name	GURPREET SINGH (GSTIN: )	Compulsory PA	FROM 22:14 ON 12/03/2025 TO MIDNIGHT OF 11/03/2026
Insured Address	C/O INDERJEET SINGH, R/O 643 N.64, NAYAK NAGAR, SITAPUR ROAD, LUCKNOW, 643 N.64, NAYAK NAGAR, SITAPUR ROAD, LUCKNOW, LUCKNOW., NA,0	Lead /Breakin No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make	HERO
Model & Variant	VIDA V2 PLUS
Registration No	NEW
Year Of Manufacture	2025
Engine -Chassis No	ECD001S6A05050 - MBLCEW041S6A02279
Cubic Capacity	6
Seating Capacity	1 + 1
Type Of Body	SOLO
Type Of Fuel	BATTERY POWERED-ELECTRICAL
RTO Location	

INSURED DECLARED VALUE (IDV) (In Rs.)

Vehicle	109250
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	109250
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	

Schedule Of Premium (Amount In Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory PA Cover Premium	360
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC)to driver (IMT-28)	0
Basic Premium	166.03	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles	0	Net Liability Premium (B)	3633
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4072
Anti- Theft Device (IMT-10)	0	GST	732
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMPDUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	0	Krishn Kalyan Cess@0.50%	0
Sub -Total Deductibles	0	Gross Premium Paid	4804
Add-On Coverages	273		
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	273		
Sub Total Add-on Coverages	439		
Net own Damage Premium(A)			

- Note:
1. Policy Issuance is the subject to the realisation of cheque
  2. Consolidated Stamp Duty paid via Challan No
  3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
  4. Voluntary excess Rs(0)
  5. Subject to Endorsements IMT,7,10,28,

Nominee Name	Age	1	Relation	
Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4804
Financer Name	IDFC FIRST BANK LTD	Financer Branch	LUCKNOW	
POS ID	NA	POS PAN NO/Aadhar No	NA	

In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs1 lac, 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. 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.

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the Insured. 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 here in to set his/their hands at 252400 on 12-MAR-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".

Restrictions 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

Driver's Classes: 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 license under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet their requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property in the event of a claim. Cover under section III for owner-Driver is RS 1,00,000

NCB: 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 years 35%, preceding three consecutive years 45%, preceding four consecutive years 55%, preceding five consecutive years 70% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed