

MOSARAM BUSINESS & SERVICES PVT LTDTHANA MADIAON, 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-0226-84	Date	21-02-2026
Customer Name	PRIYANSHU TRIPATHI	Contact No.	8052818224
Aadhaar Card	2434		
VIN	MBLYGU113S4G00345	Model	HARLEY X440
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QU9494
HMCGL Card No		HMCGL Card Category	

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	HDH33100RAA011S -LIGHT ASSY HEAD	85122010	Paid	6,106.78	1	9.00	9.00	0.00	0.00	0.00	0.00	7,206.00
Parts Total											0.00	7,206.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	1,100.00	9.00	9.00	0.00	0.00	0.00	0.00	1,298.00	
Jobs Total											0.00	1,298.00

Parts Total	7,206.00
Labour Total	1,298.00
SGST (Parts) 9%	549.61
CGST (Parts) 9%	549.61
SGST (Labour) 9%	99.00
CGST (Labour) 9%	99.00
Total	8,504.00

Rupees in Words: Eight Thousand Five Hundred Four Only

Authorised Signatory

1. Terms Cash

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- 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

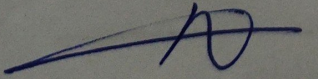
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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 :-

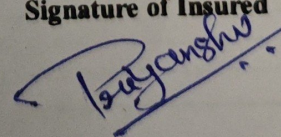
1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Priganshu Tripathi 8052818224
2	Vehicle No. / वाहन संख्या	UP32QU 9494
3	Policy No. / पालिसी संख्या	252400/31/2026/31086
4	Period of Insurance / बीमा अवधि	144 years
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/11/2026 11:00 PM.
6	Place of Accident / दुर्घटना का स्थान	Lucknow
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Priganshu Tripathi 8052818224 UP4020210007580
8	Estimated Loss / अनुमानित हानि	8504/-
09.	Cause of Accident / दुर्घटना का कारण : I was coming back to room in regular traffic of Lucknow when my bike experienced an impact from right side. There were no injuries only high beam of head light went off. Later on, I found that the hoodmount of head light was broken.	
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.	Mosaram Premia 7081166066

Date / दिनांक : 21/11/2026.
हस्ताक्षर



21/11/2026

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. 25K00/31/2026/31086
 Tel. No. _____ Period of Insurance 1+9 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 : Priyanshu Tripathi
 (b) Address for correspondence : Kailash Nagar, New Basti, Bakshipura, Bahraich
 (c) Telephone : 8052818224

2. THE INSURED VEHICLE

Make & Year <u>HD X440</u>	Engine No. <u>VG01ABS4G00145</u> Chassis No. <u>MBLYG113S4G00345</u>	Registration No. <u>UP32QU 9494</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? 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
 (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 : Priyanshu Teupathi
(b) Age : 28
(c) Address : Kailash Nagar, Nai Basti, Bakshiposa
(d) Is the Driver Bahsaich
1. Owner : 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? : No
(g) Driving Licence Number : UP46 20210007580
(h) Issuing Authority :
(i) Date of Expiry : 02-03-2037
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any : N/A
(l) Has he been involved in any accident before?: N/A
(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 : 20/02/2026
(b) Place : Lucknow
(c) Speed of vehicle at the time of accident : 40-50 km/h
(d) Give a short description of the accident : I was coming to room
(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 : hook of headlight mount
(b) Estimated cost of repairs : 8504 INR.
(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 : 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 : N/A
(b) Did a Police Constable take particulars of
The accident? : _____
(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 : N/A
(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 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 21/02/2026

Signature of the insured

Priyanshu

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. UP3209494 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 Priyanshu
Occupation
Address

Bank Account Number
Name of the Bank

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

CERTIFICATE OF REGISTRATION

Registration No : UF32QU9494 Registration Date : 08-Aug-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATE LIMITED, 101, SITAPUR RD, MANDUWA
POLICE STN, MOHIBULLAPUR, WARD FAIZULLAGANJ, ... 157-226021
Owner Name : PRIYANSHU TRIPATHI Son/wife/daughter of : RAMESH CHANDRA
TRIPATHI
Full Address: (Permanent) : BAKSHI PURA, KAILASH NAGAR, NAI BASTI, BAIHRAICH, BAIHRAICH, UTTAR
PRADESH 271801
Full Address: (Temporary) : KH. NO. 327, P. NO. 07, SILVER LINE, GANESH PUR RAHMANPUR CHINHAT, LUCKNOW,
LUCKNOW-UTTAR PRADESH-226001
Fitness Up To : 07 Aug-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 : AA1042762515 Rear HSRP No : AA2130176870
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
No of Cylinders : 1 Chassis No : MBLYGU113S4G00345
Engine No : YG01ABS4G00145 Fuel : PETROL
Horse Power(BHP) : 26.97 Cubic Capacity : 439.91
Maker's Classification : HARLEY-DAVIDSON X440 S Wheel base : 1418
Seating Cap(in all) : 2 Standing Cap : 0
Sleepor Cap : 0 Unladen Wt (kgs) : 191
Colour : MATT DENIM BLACK Laden/GV Wt (kgs) : 341
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. : As Regd. Weight(in kgs)

Description	Weight(in kgs)
a) Front:	
b) Rear:	
c) Other:	
d) Tandem:	

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD.

LUCKNOW, Lucknow, Uttar Pradesh-226001 w.e.f. 04-Aug-2025.

Purchase dt : 04-Aug-2025 Sale Amt : 273100/-
OTT Date : 04-Aug-2025 Amount/Rcpt No : 27310 / UP32D25080003780
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 10-Sep-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 08-Aug-2025 to 07-Aug-2040

Date : 10 Sep 2025 18:30:17

Location Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 10 Sep 2025

Q 4950181



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 (MOTORISED TWO WHEELERS-(5 Years))		
Policy No	252400/31/2026/31086	Policy Issued On	04-AUG-25
Agent/Broker Code	BA0000155144	Proposal No. & Date	R/252400/31/2026/23557 & 04-AUG-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 15:17 ON 04/08/2025 TO MIDNIGHT OF 03/08/2026
Insured Name	PRIYANSHU TRIPATHI (GSTIN:)	Policy Period (LIABILITY)	FROM 15:17 ON 04/08/2025 TO MIDNIGHT OF 03/08/2030
Insured Address	C/O SRI RAMESH CHANDRA TRIPATHI, R/O KH. NO. 327, P. NO. 07, SILVER LINE NEAR GOAL APARTMENT, GANESHPUR RAHMANPUR, CHINHAT, LUCKNOW, LUCKNOW,, NA,	Lead / Brenkin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HARLEY DAVIDSON			Vehicle	273491
Model & Variant	HARLEY X440 S			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	273491
Engine -Chassis No	YG01ABS4G00145 - MBLYGU113S4G00345			TMF CONTRACT NO	
Cubic Capacity	440			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	5043.17	Basic Third Party Liability	15117
Elec Accessories	0	Compulsary PA Cover Premium	0
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	4605.17	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%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	15117
		Net Liability Premium (B)	16529
Deductibles		Total Premium (A+B)	2976
Voluntary Deductibles (IMT 22A)	0	GST	0
Anti- Theft Device (IMT-10)	0	SERVICE TAX	0.00
AAI Membership (IMT-8)	0	STAMPDUTY	0
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishh Kalyan Cess@0.50%	19505
SIP Discount	4287	Gross Premium Paid	
Sub -Total Deductibles	4287		
Add-On Coverages		Note:	
NIL Depreciation	1094	1. Policy Issuance is the subject to the realisation of cheque	
		2. Consolidated Stamp Duty paid via Challan No	
Return to Invoice	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Key Replacement	0	4. Voluntary excess Rs(0)	
Consumables	1094	5. Subject to Endorsements IMT,7,10,28,	
Sub Total Add-on Coverages	1412		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	19505
Financer Type	Financer Name	IDFC FIRST BANK LTD	Financer Branch	
POS Name	NA	POS ID	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 cheque(s) 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 04-AUG-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 MV 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) Race Making (5) Speed testing (6) Reliability trials

g) 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 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

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, 1988.

* This insurance excludes all pre existing damages



Approved By : 659525SMD

Approved On : 04-AUG-25

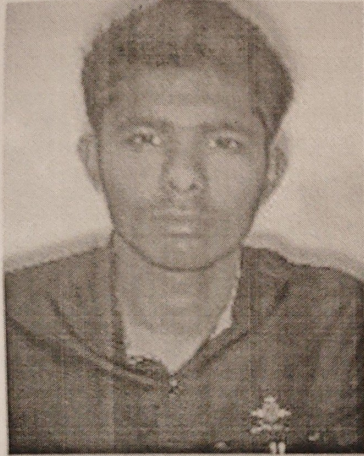
Place : MRT

Printed On : 04-AUG-25

For and on behalf of
The Oriental Insurance Company LimitedGeneral Manager
Authorized Signature



भारत सरकार
GOVERNMENT OF INDIA



PRIYANSHU TRIPATHI

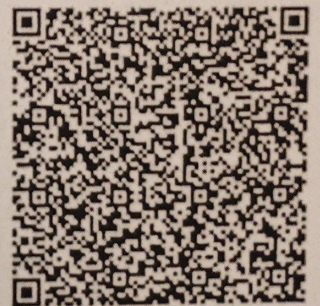
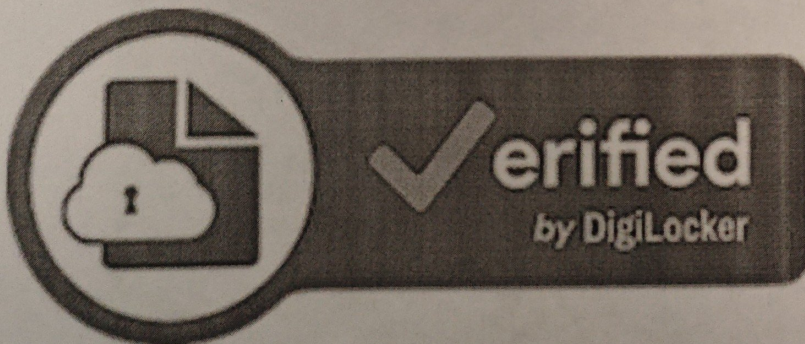
1997-03-03

MALE

XXXXXXXXX2434

Address

S/O Ramesh Chandra Tripathi, bakshi pura, kailash
nagar, Bahraich, nai basti, Bahraich, Bahraich, Uttar
Pradesh, 271801



Tap to Zoom

आधार-आम आदमी का अधिकार

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

PRIYANSHU TRIPATHI

RAMESH CHANDRA TRIPATHI

03/03/1997

Permanent Account Number

AZBPT2927M

Priyanshu Tripathi

Signature



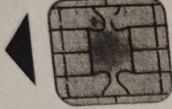
CG022018



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



UP40 20210007580



Issue Date **25-09-2021** Validity (NT) **02-03-2037** Validity (TR) _____



(25-09-2021)

Holder's Signature

Name: **PRIYANSHU TRIPATHI**
 Date of Birth: **03-03-1997** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **RAMESH CHANDRTRIPATHI**
 Address:
**939 B-2 MOH BAKSHIPURA KAILASH NAGAR NAI
 BASTI Bahraich, UP 271801**

Date of First Issue

DL No: UP40 20210007580

UPDL000006442057



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*
	MCVNG	UP40	25-09-2021	NT			
	LMPV	UP40	25-09-2021	NT			

Form 7 Rule 16(2)

Emergency Contact Number
9565463451

Licensing Authority
UP40 BAHRAICH