

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-0226-85	Date	23-02-2026
Customer Name	SUNIL KUMAR CHAUHAN .	Contact No.	9930138047
VIN	MBLCEW04XS6C03128	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	
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	VD64300ACP000US - COVER FRONT R	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	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
3	VDACPCS6A0030ANGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	2,544.00
Parts Total											0.00	5,087.00

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	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	5,087.00
Labour Total	1,770.00
SGST (Parts) 9%	387.99
CGST (Parts) 9%	387.99
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	6,857.00

Rupees in Words: Six Thousand Eight Hundred Fifty Seven 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

Code: Contact: 7408404728, ,
 No: 09AAQCM8045C1Z7
 Authorised Dealer: Hero MotoCorp Ltd.

JOB CARD /

17011-03-RJC-0226-2507



Date & Time : 22/02/2026 11:24:22

CUSTOMER DETAILS / MOBILE #/
J.C TYPE / KMS / REVISIT
REG NO / COLOUR / MODEL
VIN / ENGINE NO / D.O.S
GL Card # / Category / Points / Expiry Dt
Insurance Expiry Date
JR Expiry/JR Balance
Supervisor Remarks

:SUNIL KUMAR CHAUHAN . (9930138047)/
 :Accidental / 6598 / Y
 : / BLK / V2 PLUS
 :MBLCEW04XS6C03128 / ECD001S6C03856/ 31/03/2025
 : / / /
 :--
 :/
 :Accidental

Accessories Check:

Helmet, Seat Cover, Grip Cover,
 Protector Grill, Floor Mat, Tyre Pressure Valve(TPMS)

Approved Preventive Parts:

Customer refused for which is due as per the recommended Preventive Maintenance Schedule^^^

Job Repair Order

Customer Request	Job Description	Billing Type	Supervisor Remarks
Accidental Job			

Vehicle Inspection Details

Lights HL/TL/Win/ Pilot		Customer Permission for Additional Jobs YES/NO
Fuel Level	Fuel Level(cm)	Calling time:
Mirrors L / R	Choke Cap	Tool Kit
Battery	Battery No	Accessories
		Sup Sign

Vehicle Cleanliness (Ok / Not Ok)	Demanded Repairs (Nos)	Completed Repair (Nos)	Repair Inspection (Status)	Technician Signature/ Date

I authorize to execute all the above listed jobs using the necessary material at my cost. I understand that the vehicle is being stored, repaired and tested at my risk.
 Promised Delivery Time: 22/02/2026 13:23:45

Estimated Repair Value : 9000

Customer Signature _____ Technician: _____ Supervisor's Name: MOHD FAIZ W.M

^^Preventive Maintenance helps in Optimum performance of the vehicle. Any non-adherence may lead to warranty rejection.

DELIVERY FEEDBACK

I have received the vehicle duly serviced/repared to my entire satisfaction & replaced parts, if any are returned to me.

Customer Signature _____ Supervisor's Name & Signature _____

Last Time Advice Jobs



* MBLCEW04XS6C03128*
 MOSARAM BUSINESS & SERVICES PVT LTD Contact: 7408404728, ,

DELIVERY RECIEPT (To be retained by the customer & submitted at the time of the vehicle delivery)

Job Card No 17011-03-RJC-0226-2507 Reg No Agreed Delivery Date 22/02/2026-13:23:45

GoodLife Card # / Category / Points / Expiry Dt: / / /

Kindly Contact MOHD FAIZ W.M(Mobile# 7081166066) for any further clarification.

Estimated Repair Value 9000

- vehicles in this workshop are handled/driven and kept at owner's risk
- Garage charges are Rs 50/- per day if bike not taken by the customer on delivery date
- All disputes subject to jurisdiction of LUCKNOW Jurisdiction.

I give Hero MotoCorp Ltd. (HMCL) and its agents/partners consent to contact me for any marketing or promotional communications through any medium and enable WhatsApp assistance. I understand HMCL privacy policy as mentioned on www.heromotocorp.com.

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

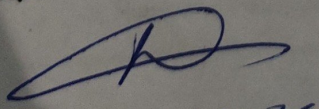
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	सुनील कुमार चौहान 9554445651
2	Vehicle No. / वाहन संख्या	UP32 QK6504
3	Policy No. / पालिसी संख्या	252400/31/2025/99405
4	Period of Insurance / बीमा अवधि	1+4 years
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/26 07:30 PM
6	Place of Accident / दुर्घटना का स्थान	दजरत गंज
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	JITENDRA KUMAR CHAUHAN DL-No. MH01-20050021887 / MO. 6394216759
8	Estimated Loss / अनुमानित हानि	6857Rs
09.	Cause of Accident / दुर्घटना का कारण :	दजरत गंज में बाइकें सावर रौंगराइड से आकर बाइक के राइटराइड में टकर मारी और बाइक दुर्घटनाग्रस्त होगाई
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.	7081166066 Mosaxam Premia

Date / दिनांक : 23/2/2026
हस्ताक्षर


23/2/2026

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. 252400/31/205/99405

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 : सुनील कुमार चौहान
(b) Address for correspondence : _____
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>APZ/25</u>	Engine No. <u>ECD00156C03856</u> Chassis No. <u>MBLCEW04XS1C0312B.</u>	Registration No. <u>UP-32AK</u> <u>6504</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 : 23-11/11 FHIR - 21211
- (b) Age : _____
- (c) Address : HOUSE No. 25A Surajji Vihar Colony
- (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 : MH01, 200500 21981
- (h) Issuing Authority : _____
- (i) Date of Expiry : 07/04/2035
- (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 : 20/02/26 07:30 PM
- (b) Place : BIRAJI
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : _____
- (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 : 6857R
- (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? _____
- (b) If yes, give full details _____

9. WITNESS

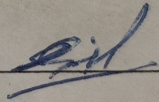
- (a) Give names and addresses of passengers/other
Witness, if any _____
- (b) Did a Police Constable take particulars of
The accident? _____ N/A
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

10. THEFT

- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? _____
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____ N/A
- (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 23/02/26 200

Signature of the insured 

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. UP32AK6504 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 [Signature]
Occupation
Address
.....

Bank Account Number
Name of the Bank



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 Issued On	31-MAR-25
Policy No	252400/31/2025/99405	Proposal No. & Date	R/252400/31/2025/98137341/3 & 31-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 19:03 ON 31/03/2025 TO MIDNIGHT OF 30/03/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 19:03 ON 31/03/2025 TO MIDNIGHT OF 30/03/2030
Insured Name	SUNIL KUMAR CHAUHAN (GSTIN:)	Compulsory PA	FROM 19:03 ON 31/03/2025 TO MIDNIGHT OF 30/03/2026
Insured Address	C/O RAM RATAN CHAUHAN, R/O 25A SARYU VIHAR COLONY, POST RAITHA, LUCKNOW, , NA, 0	Lead / Break In No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO	Vehicle	109250
Model & Variant	VIDA V2 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	109250
Engine -Chassis No	ECD001S6C03856 - MBLCEW04XS6C03128	TMF CONTRACT NO	
Cubic Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL
RTO Location			

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
Basic Premium	166.03	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)	3633
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4072
AAI Membership (IMT-8)	0	GST	732
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4804
NIL Depreciation	273	Note:	
Return 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	273	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	439	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	4804
Financer Type	Financer Name	HERO FINCORP LTD .	Financer Branch	LUCKNOW	
POS Name	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.org.in or on demand from the policy issuing office.

Warranted that in case of disonour 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 this 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 31-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".

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 trails

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 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 is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS 1500000

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 : UNIV@252400

Approved On : 31-MAR-25

Place : MRT

Printed On : 30-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



भारत सरकार

GOVERNMENT OF INDIA



सुनील कुमार चौहान

Sunil Kumar Chauhan

जन्म तिथि / DOB : 01/03/1986

पुरुष / MALE



4547 4753 0851

मेरा आधार, मेरी पहचान



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O राम रतन चौहान, ग्राम
औरंगाबाद पोस्ट थरुवापुर,
औरंगाबाद, बस्ती,
उत्तर प्रदेश - 272129

Address

S/O Ram Ratan Chauhan,
Gram Aurangabad Post
Tharuapur, Aurangabad,
Basti, Uttar Pradesh -
272129



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SUNILKUMAR R CHAUHAN

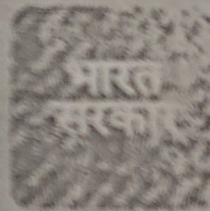
RAMRATAN CHAUHAN

01/08/1986

Permanent Account Number

AQJPC3155F

Signature



25012011