

OSARAM BUSINESS & SERVICES PVT LTD

HANA 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-0326-87	Date	07-03-2026
Customer Name	NEELESH GUPTA	Contact No.	9936651667
Aadhaar Card			
VIN	MBLLDL120RGM00616	Model	XPULSE 200 4V
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QJ6699
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	53182ABWL00S -HAND GUARD LEFT	87141090	Paid	90.68	1	9.00	9.00	0.00	0.00	0.00	0.00	107.00
2	53181ABWL00S -HAND GUARD RIGHT	87141090	Paid	90.68	1	9.00	9.00	0.00	0.00	0.00	0.00	107.00
3	53175KFN850LS -LEVER R STRG. HANDLE	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
4	53100ABWL00S -PIPE STEARING HANDLE	87141090	Paid	350.85	1	9.00	9.00	0.00	0.00	0.00	0.00	414.00
5	1831AABW300S -MUFFLER PROTECTOR ASSY	87141090	Paid	323.73	1	9.00	9.00	0.00	0.00	0.00	0.00	382.00
6	50803ABWB00S -GUARD ENGINE R	87141090	Paid	202.54	1	9.00	9.00	0.00	0.00	0.00	0.00	239.00
7	5072AABW800S -ARM R PILLION STEP SUB ASSY	87141090	Paid	150.00	1	9.00	9.00	0.00	0.00	0.00	0.00	177.00
8	88110ABW901SS -MIRROR ASSY R BACK P BLUE BL BR 004S G	70091090	Paid	237.29	1	9.00	9.00	0.00	0.00	0.00	0.00	280.00
9	53282ABWL00XS -HAND GUARD UPPER Y-153	87141090	Paid	112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	133.00
Parts Total											0.00	1,931.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XPULSE 200 4V	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
Jobs Total											0.00	2,950.00

Parts Total	1,931.00
Labour Total	2,950.00
SGST (Parts) 9%	147.28
CGST (Parts) 9%	147.28
SGST (Labour) 9%	225.00
CGST (Labour) 9%	225.00
Total	4,881.00

Rupees in Words: Four Thousand Eight Hundred Eighty One 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

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.	Neelish Gupta 9936651667
2	Vehicle No. / वाहन संख्या	UP32 QJ 6699
3	Policy No. / पालिसी संख्या	R/252400/31/2025/69889
4	Period of Insurance / बीमा अवधि	9/3/2025 to 8/3/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/03/26 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	Matiyari, Lucknow
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Neelish Gupta UP32 20160023497 Phone : 9936651667
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	Car driver applied the Brakes all of sudden due to which collision occurred
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 Prernia 7081166066

Date / दिनांक : 06/03/26
हस्ताक्षर
Neelish Gupta

Neelish Gupta
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. R/252400/31/2025/63224

Tel. No. _____

Period of Insurance _____

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 : Neelesh Gupta, Navika Nandana, BRT,
(b) Address for correspondence : LKO
(c) Telephone : 9936651667

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>LD20ACAGM00221</u> Chassis No. <u>MBLLDL120R9M00616</u>	Registration No. <u>UP32QJ</u> <u>6699</u>
----------------------------	--	--

- (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 : N/A
(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 : Neelish Gupta
(b) Age : 28
(c) Address : Jawahar Nandana, BKT, LKO
(d) Is the Driver
1. Owner : Owner
2. paid driver? : _____
3. Owner's relative or friend? : _____
(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 : UP3220160023497
(h) Issuing Authority : _____
(i) Date of Expiry : _____
(j) Was the licence temporary/permanent : _____
(k) Details of endorsement/suspension, if any : _____
(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 : 06/03/26 8:00 AM
(b) Place : Matiyari, Lucknow
(c) Speed of vehicle at the time of accident : 40 km/hour
(d) Give a short description of the accident : Collision with car
(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 : _____
(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? : 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? : N/A
(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 06/03/26 200

Signature of the insured Neelesh Gupta

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. UP32QJ 6699 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 .. Neelesh Gupta
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 : UP32QJ6699 Registration Date : 22-Mar-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 : NEELESH GUPTA Son/wife/daughter of : LAXMI SHANKAR GUPTA
 Full Address: (Permanent) : 33/26 NAVI KOT NANDANA, BAKSHI KA TALAB, LUCKNOW, LUCKNOW, UTTAR
 PRADESH-226201
 Full Address: (Temporary) : 33/26 NAVI KOT NANDANA, BAKSHI KA TALAB, LUCKNOW, LUCKNOW-UTTAR
 PRADESH-226201
 Fitness Up To : 21-Mar-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 : AA1039707069 Rear HSRP No : AA1039707069
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLLDL120RGM00616
 Engine No : LD20ACRGM00221 Fuel : PETROL
 Horse Power(BHP) : 18.89 Cubic Capacity : 199.70
 Make's Classification : XPULSE 200 4V Wheel base : 2222
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 158
 Colour : BLACK INDUSTRIAL GRAY Laden/GV Wt (kgs) : 288
 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 w.e.f.

Purchase dt : 09-Mar-2025 Sale Amt : 151500/-
 OTT Date : 09-Mar-2025 Amount/Rcpt No : 15150 / UP32D25030011563
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : EXEMPTED
 Date of Approval : 03-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-Mar-2025 to 21-Mar-2040

Date: 18-Apr-2025 15:10:56

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 18-Apr-2025

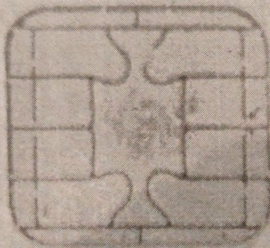
Q 2802960



UNION OF INDIA Driving Licence

UP NT

UP32 20160023497



जारी करने की तिथि
Date of Issue

22/07/2018

वैधता / Validity

21/07/2036

जन्म तिथि
Date of Birth

03/09/1997

Blood Group

B+



नाम / Name

NEELES H GUPTA

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

LAXMI SHANKAR GUPTA

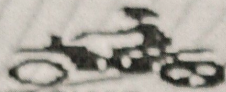
UP32 20160023497

UP04231318MT



LMV

22/07/2016



MCWG

22/07/2016



Form 7 Rule 16(2)

पता / Address

33/26 BAKSHI KA
TALAB NAVI KOT NANDANA
LUCKNOW UP - 226201

Holder's Signature

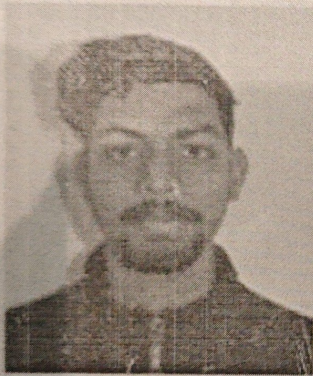
जायीकता / Issuing Authority Sign



भारत सरकार
Government of India



Download Date: 10/04/2021



नीलेश गुप्ता
Neelesh Gupta
जन्म तिथि/DOB: 03/09/1997
पुरुष/ MALE

Issue Date: 29/01/2021

9177 9161 3649

VID : 9101 4136 0792 7235

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

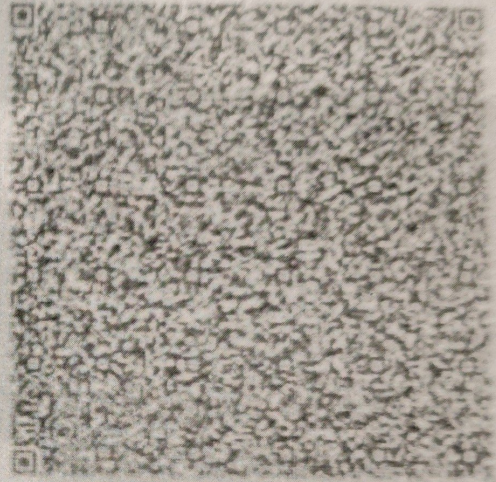


पता:

द्वारा: लक्ष्मी शंकर गुप्ता, नवी कोट नंदना, लखनऊ,
उत्तर प्रदेश - 226201

Address:

C/O: Laxmi Shankar Gupta, Navi Kot
Nandana, Lucknow,
Uttar Pradesh - 226201



9177 9161 3649

VID : 9101 4136 0792 7235



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

NEELESH GUPTA

LAXMI SHANKAR GUPTA

03/09/1997

Permanent Account Number

BTKPG8377A

Neelsh Gupta

Signature



भारत सरकार

GOVT. OF INDIA

