

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-0326-90	Date	23-03-2026
Customer Name	MOHAMMAD RIZWAN	Contact No.	9839181844
Aadhaar Card	9346		
VIN	MBLYGU11XS4G00777	Model	HARLEY X440
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP46U7748
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	HDH17520RAA030FS -SET FUEL TANK (MATT DENIM BLACK BK(DU)-0	87141090	Paid	14,843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	17,515.00
2	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,100.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,478.00
3	HDH53178ACD000S - LEVER COMPLETE LEFT STEERING HANDLE	87141090	Paid	188.14	1	9.00	9.00	0.00	0.00	0.00	0.00	222.00
4	HDH5064ARAA000GS - ARM LEFT STEP SUB ASSEMBLY (NH-105)	87141090	Paid	341.53	1	9.00	9.00	0.00	0.00	0.00	0.00	403.00
5	HDH50702ACJ000GS - HOLDER PILLION STEP LEFT (NH-105)	87141090	Paid	737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	870.00
6	KHDH5080BRAA000S -KIT ENGINE GUARD	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
7	HDH51400RAA000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
8	HDH51500RAA000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
Parts Total											0.00	62,141.00

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	5,000.00	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00	
Jobs Total											0.00	5,900.00

Parts Total	62,141.00
Labour Total	5,900.00
SGST (Parts) 9%	4,739.57
CGST (Parts) 9%	4,739.57
SGST (Labour) 9%	450.00
CGST (Labour) 9%	450.00
Total	68,041.00

Rupees in Words: Sixty Eight Thousand Fourty One 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.

17011 - Main WS

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

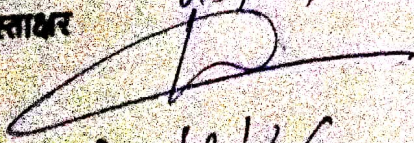
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	मोहम्मद रिजवान 9839181844
2	Vehicle No. / वाहन संख्या	UP 46 U 7748
3	Policy No. / पालिसी संख्या	252400/31/2026/33180
4	Period of Insurance / बीमा अवधि	1+4 years
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/03/2026 07:35 PM
6	Place of Accident / दुर्घटना का स्थान	बीरपुर जावस्ती
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मोह रिजवान DL No 4010001015 मो नं 9839181844
8	Estimated Loss / अनुमानित हानि	68051 Rs
09.	Cause of Accident / दुर्घटना का कारण :	बीरपुर से इकोना जा रहे थे अचानक 4 wheelor से ने Left side से टक्कर मार ली और वाइवु दुर्घटना गएत ली गयी
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 Premia 7081166066.

Date / दिनांक : 23/03/26
हस्ताक्षर


23/3/26

MOHD. RIJWAN

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. 252400/31/2026/33100

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

I. INSURED मोहम्मद रिजवान

- (a) Name _____
 (b) Address for correspondence _____
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>07/25</u>	Engine No. <u>YG101ABS4G100512</u>	Registration No. <u>UP 311</u>
	Chassis No. <u>MBLYGU11XS4G1007#</u>	<u>H6U7748</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 _____
 (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 : मोहम्मद रिजवान
(b) Age :
(c) Address : गरपतपुर पोलीस स्टेशन आवस्ती
पिन २३१०४५
(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 : 40/000015
(h) Issuing Authority : 17/08/2040
(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? :
(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 : 22/07/26 07:35 PM
(b) Place : पीरुत से रफ़ीना
(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 : Left side
(b) Estimated cost of repairs : 68041 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 : N/A
(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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

N/A

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any
- (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.

N/A

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?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

N/A

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 23/03/26 200

Signature of the insured MOHID. AGWAS

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. UP46U7748 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 MOHP. AGWOS
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH
Transport Department Shravasti
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP46U7748 Registration Date : 18-Aug-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 : MOHAMMAD RIZWAN Son/wife/daughter of : SRI MOHASNIN
Full Address: (Permanent) : R/O GRAM NARPATPUR, POST VEERPUR, KHAIRHANIYA, KHAIRAHNIYA BEERPUR,
SHRAWASTI, UTTAR PRADESH-271845
Full Address: (Temporary) : R/O GRAM NARPATPUR, POST VEERPUR, KHAIRHANIYA, KHAIRAHNIYA BEERPUR,
SHRAWASTI-UTTAR PRADESH-271845
Fitness Up fo : 17-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 : AA1042762568 Rear HSRP No : AA2134823557
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
No of Cylinders : 1 Chassis No : MBLYGU11XS4G00777
Engine No : YG01ABS4G00512 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
Sleepar 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.	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 IDFC FIRST BANK LTD,
LUCKNOW, . . . Lucknow, Uttar Pradesh-226001 w.e.f. 16-Aug-2025.

Purchase dt : 16-Aug-2025 Sale Amt : 273100/-
OTT Date : 16-Aug-2025 Amount/Rcpt No : 27310 / UP46D25080000354
Vehicle Is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 20-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Aug-2025 to 17-Aug-2040

Date : 20-Dec-2025 18:42:21
Taxation Particulars / Advance Registration Mark Fee Details

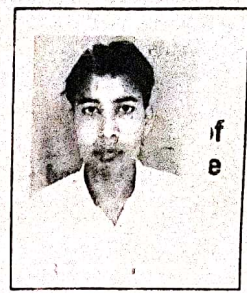
कर / पंजीयन अधिकारी
Signature of Registering Authority
वाहन विभाग, श्रावस्ती
Date : 20-Dec-2025

Q 6212672

कृपया लाइसेन्स नं०
नोट कर लें

FORM - 6
[See Rule 16 (1)]

**INDIA DRIVING
LICENCE (U.P.)**



58:26

Name of the Licence Holder... Mr. Mohd Rizwan

Son/Wife/daughter of... Mr. Hoshain Khan

Name to be written across the photograph.....

(Part of the seal and signature of the Licence Specimen signature/Thumb Impression Authority)

to be on the photograph and part of the Holder of the licence

of the Driving Licence)

**Signature & Designation of the Licence
Authority**

Driving Licence No. 41010001615 Date of Issue 10/3/10

Temp. address/official address.....

Permanent address Vid. Mandatory, Ekono Bahuch

Date of Birth 8/8/90 Blood Group.....

With RH Factor..... Educational Qualification.....

The Holder of this licence is licenced to drive throughout India vehicles of the following description:-

- Motor cycle without gear
 - Motor cycle with gear
 - Invalid carriage
 - Light motor vehicle
 - Medium goods vehicle
 - Medium passenger motor vehicle
 - Heavy goods vehicle
 - Heavy passenger motor vehicle
- For mofar only*

A motor vehicle of the following description :-


The Licence to drive a motor vehicle other than transport vehicle is valid from 10/3/10 to 10/3/2030 The Licence to drive transport vehicle is valid.

Name and designation of the Authority
Who conducted the driving test
Authorization to drive transport Vehicle

**Signature and designation of the
Licensing Authority**

J-2740
DETAILS / MO
MS / REVISE
COLOUR / MY
GINE NO / T
d # / Categr
rance Expir
Expiry/JR
Supervisor

Issue Date: 14/01/2014





श्रीद अख्तर
Government of India

श्रीद अख्तर
Mohammad Rizwan
श्रीद रिशि / DOB : 12/08/1995
पुरुष / MALE

4682 4768 9346

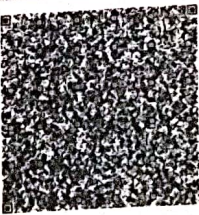
भारत
अख्तर, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: द्वारा: मोहसनीन, ग्राम नरपतपुर, पोस्ट
वीरपुर खैरहनिया, खैरहनिया वीरपुर, श्रावस्ती,
उत्तर प्रदेश, 271845
Address: C/O: Mohasnin, Gram Narpatpur,
Post Veerpur Khairhaniya, Khairahniya
Beerpur, Shrawasti, Uttar Pradesh, 271845



4682 4768 9346

1947 help@uidai.gov.in www.uidai.gov.in

Barcode
Business Receipt
To be retained
17011-03-RJ-C
Mobile# 708
handled/driven and kept by
day if bike not taken by
LUCKNOW Jurisdiction
agents/partners consent to
assistance. I understand HM
Page 1 of 1

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AZCPR0592B



नाम / Name
MOHAMMAD RIZWAN

पिता का नाम / Father's Name
MOHAMMAD

जन्म की तारीख /
Date of Birth
12/05/1995

MOHAM RIZWAN

Permanent Account Number Card
Issued by Income Tax Department