

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-0326-92	Date	31-03-2026
Customer Name	SUNEEL KUMAR SRIVASTAVA	Contact No.	9450332006
Aadhaar Card	6372		
VIN	MBLCEW062S6J06780	Model	VIDA VX2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP78JF6798
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	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00
2	VD51400ACP000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	1,277.12	1	9.00	9.00	0.00	0.00	0.00	0.00	1,507.00
3	VD51500ACP000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	1,327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
4	VD61100ACP310ES - FRONT FENDER	87141090	Paid	1,069.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,262.00
Parts Total											0.00	6,165.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-VIDA VX2 PLUS	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	6,165.00
Labour Total	2,950.00
SGST (Parts) 9%	470.21
CGST (Parts) 9%	470.21
SGST (Labour) 9%	225.00
CGST (Labour) 9%	225.00
Total	9,115.00

Rupees in Words: Nine Thousand One Hundred Fifteen 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.	Suneel Kumar Srivastava 9450332006
2	Vehicle No. / वाहन संख्या	UP 78 JF 6798
3	Policy No. / पालिसी संख्या	252400/31/2026/37945
4	Period of Insurance / बीमा अवधि	25/09/2025 to 24/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/3/2026 Time: 7:00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kalyanpur Metro Station मेट्रो स्टेशन Kanpur
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Suneel Kumar Srivastava UP 78 19990094017 Mobile → (9450332006)
8	Estimated Loss / अनुमानित हानि	3115 Rs
09.	Cause of Accident / दुर्घटना का कारण:	ब्राइक सवार ने Red light में रवाडी गाडी में टक्कर मार कर left side गिरा दिया।
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 : 31/3/2026.
हस्ताक्षर Srivastava

Srivastava
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. 252400/31/2026/37945

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 : Suneel Kumar Srivastava
 (b) Address for correspondence : H.N. 203, Navsheel Dham, Phase-1, Bithoor Road, Kalyanpur
 (c) Telephone : 9450332006 Kanpur-2080

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>ECD00156J09447</u> Chassis No. <u>MBLCEW062S6J06780</u>	Registration No. <u>UP78 JF</u> <u>6798</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 : N/A
 (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 : Suneel Kumar Srivastava
(b) Age : 51
(c) Address : H.No 203, Navsheel Dham, Phase-1, Bithoor Road, Kalyanp
(d) Is the Driver : Kanpur-2080
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 : UP78 19990094017
(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?: NA
(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 : 30/3/2026 Time 7.00 PM
(b) Place : Kalyanpur Metro Station #1542 Kanpur
(c) Speed of vehicle at the time of accident : 0 km
(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 : Front Said
(b) Estimated cost of repairs : 3115/-
(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? : N/A
(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 31/3/2006.

Signature of the insured Boivastava

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. UP78-JF 6798 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 B. rivastava
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department KANPUR NAGAR

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP78JF6798 **Registration Date** : 29-Sep-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 : SUNEEL KUMAR **Son/wife/daughter of** : BRIJ KISHOR SRIVASTAVA
 SRIVASTAVA
Full Address: (Permanent) : R/O H NO 203, NAVSHEEL DHAM, PHASE I BITHOOR ROAD, KALYANPUR, KANPUR,
 KANPUR NAGAR, UTTAR PRADESH-208017
Full Address: (Temporary) : R/O H NO 203, NAVSHEEL DHAM, PHASE I BITHOOR ROAD, KALYANPUR, KANPUR,
 KANPUR NAGAR-UTTAR PRADESH-208017
Fitness Up To : 28-Sep-2040 **Owner Serial No** : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER **Link Vehicle No** :
Ownership : INDIVIDUAL **Norms** : Not Available
Maker's Name : HERO MOTOCORP LTD **Rear HSRP No** : AA2133200271
Front HSRP No : AA2125882084 **Month/Year of Manuf.** : 09/2025
Type of Body : SOLO WITH PILLION **Chassis No** : MBLCEW062S6J06780
No of Cylinders : 0 **Fuel** : PURE EV
Engine No : ECD001S6J09447 **Cubic Capacity** : 0.00
Horse Power(BHP) : 8.04 **Wheel base** : 1301
Maker's Classification : VIDA VX2 PLUS **Standing Cap** : 0
Seating Cap(in all) : 2 **Unladen Wt (kgs)** : 116
Sleeper Cap : 0 **Laden/GV Wt (kgs)** : 266
Colour : MAT GUN MET GREY **AC Fitted** : NO
Other Criteria :
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 : 25-Sep-2025 **Sale Amt** : 109990/-
OTT Date : **Amount/Rcpt No** : /
Vehicle is Govt./ Pvt. : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED
Date of Approval : 29-Oct-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner : **Previous RegNo** :
Old State : **Entry Date** :
Transfer Date : **Conversion Date** :

This certificate is valid from 29-Sep-2025 to 28-Sep-2040

Date : 29-Oct-2025 14:01:12

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 M.V. Deptt. Kanpur
 Date: 29-Oct-2025

Q 5650447

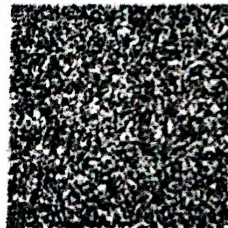


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

संस्थापक कार्यालय, इन्द्रप्रस्थ, नया दिल्ली 110002-0001

श्री.
सुनील कुमार शिवस्तवा
Suneel Kumar Srivastava
C/O Brij Kishor Srivastava,
H no 203 Navsheel Dham,
PHASE I BITHOOR ROAD,
KALYANPUR,
VTC: Kanpur,
PO: Kalyanpur,
Sub District Kanpur,
District Kanpur Nagar,
State: Uttar Pradesh,
PIN Code: 208017,
Mobile: 9450332006



आपका आधार क्रमांक / Your Aadhaar No. :

5602 0319 6372

VID : 9164 7626 0905 6411

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. is linked to PAN card



श्री.
सुनील कुमार शिवस्तवा
Suneel Kumar Srivastava
C/O Brij Kishor Srivastava,
H no 203 Navsheel Dham,
PHASE I BITHOOR ROAD,
KALYANPUR,
VTC: Kanpur,
PO: Kalyanpur,
Sub District Kanpur,
District Kanpur Nagar,
State: Uttar Pradesh,
PIN Code: 208017,
Mobile: 9450332006

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सरासरी (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एकरकम की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML)

5602 0319 6372

मेरा आधार, मेरी पहचान

Srivastava



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एकरकम का उपयोग क्यूआर कोड स्कैनिंग ऐप में क्यूआर कोड की स्कैनिंग के साथ या क्यूआर कोड स्कैनिंग ऐप में क्यूआर कोड स्कैनिंग के साथ किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



श्री.
सुनील कुमार शिवस्तवा, नया दिल्ली 110002-0001
C/O Brij Kishor Srivastava, H no 203 Navsheel Dham,
PHASE I BITHOOR ROAD,
KALYANPUR, Kanpur, PO: Kalyanpur, DIST
Kanpur Nagar,
Uttar Pradesh - 208017

Address:
C/O Brij Kishor Srivastava, H no 203
Navsheel Dham, PHASE I BITHOOR ROAD,
KALYANPUR, Kanpur, PO: Kalyanpur, DIST
Kanpur Nagar,
Uttar Pradesh - 208017



5602 0319 6372

VID : 9164 7626 0905 6411

1047

help@uidai.gov.in

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SUNEEL KUMAR SRIVASTAVA

BRAJAKISHOR SRIVASTAVA

29/01/1975

Permanent Account Number
BQTPS9095R



Suneel Kumar
Srivastava
Signature

29/01/2008

Issued by Uttar Pradesh

UP78 19990094017

Issue Date 17-01-2025 Validity (NT) 08-01-2035

Validity (TR)*



Holder's Signature

Date of First Issue 01-04-1999

Name: **SUNEEL KUMAR SRIVASTAVA**
Date of Birth: **09-01-1975** Blood Group:
Son/Daughter/Wife of: **B K SRIVASTAVA**

Organ Donor: **N**

Address:
**NO-203 NAVSHEEL DHAM PHASE-1 BITHOOR
ROAD KALYANPUR KANPUR, KANPUR NAGAR, UP
200017**

DL No: UP78 19990094017

UPDL781000001406



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*
MCWG	UP78	08-04-1999	NT				
MV	UP78	08-04-1999	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

J. S. S.
Issuing Authority
UP78 KANPUR NAGAR