

MOSARAM AUTO WORLD PRIVATE LIMITED

100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India

State Code: 9 Contact: 9415148200, , ,

GSTIN No: 09AASCM0223E1ZL

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17032-03-REST-0426-1	Date	01-04-2026
Customer Name	MUJIBUR REHMAN .	Contact No.	9719535945
VIN	MBLCEW04XS6D06274	Model	V2 PLUS
Insurance Company		Reg No.	UP22BG7866
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	VD50710ACP000S -PILLION R STEP	87141090	Paid	124.58	1	9.00	9.00	0.00	0.00	0.00	0.00	147.00
3	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
4	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
5	VD45508ACP000S -LEVER SET	87141090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
6	VD53100ACP200S - HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
7	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
8	VD53204ACP000S -WIND SCREEN	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
9	VD64300ACP000VS - COVER FRONT R	87141090	Paid	956.78	1	9.00	9.00	0.00	0.00	0.00	0.00	1,129.00
10	VD64320ACP000YS - COVER FRONT UPPER (S(D)-015M(F))	87141090	Paid	699.15	1	9.00	9.00	0.00	0.00	0.00	0.00	825.00
11	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
12	VDACPCS6A0030APGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	3,152.00
Parts Total											0.00	13,924.00

Labour Details

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	1,800.00	9.00	9.00	0.00	0.00	0.00	0.00	2,124.00	
Jobs Total											0.00	2,124.00

Parts Total	13,924.00
Labour Total	2,124.00
SGST (Parts) 9%	1,062.00
CGST (Parts) 9%	1,062.00
SGST (Labour) 9%	162.00
CGST (Labour) 9%	162.00
Total	18,048.00

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.	Mujibwar Rehman 9719535945
2	Vehicle No. / वाहन संख्या	UP22BG7866
3	Policy No. / पालिसी संख्या	252400/31/2006/13893
4	Period of Insurance / बीमा अवधि	14/05/25 To 13/05/030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/03/26, 05:00 Pm
6	Place of Accident / दुर्घटना का स्थान	मिल्क बिबिसपुर रोड पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mujibwar Rehman, UP22200 50000426, 9719535945
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर मिल्क बिबिसपुर रोड पर जा रहा था कि रास्ते में गलत साईड से आ रहे एक वाहन ने मिल्क बिबिसपुर रोड पर मेरी गाड़ी से सामने से टक्कर मार दी जिससे गाड़ी गिर गई व क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Autoworld, 100 Futa T-Point Pilibhit Bypass Bareilly 7302090222

Date / दिनांक :
हस्ताक्षर

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. 252400/31/2026/13893

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 : Mujibur Rehman
(b) Address for correspondence : Khata Kalan, Midak Rampur
(c) Telephone : 9719535945

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp</u> <u>2025</u>	Engine No. <u>ECD001S6D06349</u> Chassis No. <u>MBLCEW04XS6D06274</u>	Registration No. <u>UP22BG</u> <u>7866</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 : Mujibur Rehman
(b) Age :
(c) Address : Khata Kalan, Milak Rampur
(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? : No
(g) Driving Licence Number : UP2220050000426
(h) Issuing Authority : Indian Union Driving Licence
(i) Date of Expiry : 14-04-2035
(j) Was the licence temporary/permanent : 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 : 31/03/2026, 05:00 Pm
(b) Place : Bisalpur Road
(c) Speed of vehicle at the time of accident : 55
(d) Give a short description of the accident : अज्ञात वाइक वॉल ने गाडी में सामने से टक्कर
(e) If any third party was responsible for this accident give the name and address : मारुत फ्लिक्स गाडी फिर गई वहाकीपुस्त
: 21 गड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :
N/A

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? : _____
- (c) Was accident reported to Police? If not, Why? : N/A
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

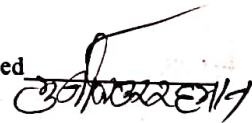
10. THEFT

- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (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 01/04/ 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. _____ 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 *[Handwritten Signature]*
Occupation *[Handwritten Occupation]*
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : POLR0928

Page No: 1

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: 09AAACT0672RAZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	14-MAY-25	
Policy No	252400/31/2026/13893		Proposal No. & Date	R/252400/31/2026/99613745/1 & 14-MAY-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 18:26 ON 14/05/2025 TO MIDNIGHT OF 13/05/2026	
Agent/Broker Name	ABHINAV BHATTI		Policy Period (LIABILITY)	FROM 18:26 ON 14/05/2025 TO MIDNIGHT OF 13/05/2030	
Insured Name	MUJIBUR REHMAN (GSTIN:)		Compulsory PA	FROM 18:26 ON 14/05/2025 TO MIDNIGHT OF 13/05/2026	
Insured Address	C/O SHANNU AHMAD, R/O KHATA KALAN, MILAK, RAMPUR, , NA, 0		Lead / Breakin 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	ECD00156D06349 - MBLCEW04XS6D06274		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 9 Person Of Rs (B) each (IMT-16)	0	
Basic Premium	166.03		Legal Liability (WC)to driver (IMT-20)	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%)	0	
Deductibles			PA Paid Driver, Conductor, Cleaner-CR36B3	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:		
Returns to Invoice	0		1. Policy Insurance is the subject to the realisation of cheque		
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No		
Consumables	273		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)		
Sub Total Add-on Coverages	439		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	Cash	Financer Branch		
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA
In the event of a claim under the policy exceeding Rs.1 lac or a claim for refund of premium exceeding Rs.1 lac, 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).					
Claims 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 14-MAY-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 trials (7) Any Purpose in connection with motor trade.					
Driver's Classes: 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 Classes: Under section II-1 (i) of the policy - Death of 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 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			For and on behalf of		
Approved On : 14-MAY-25			The Oriental Insurance Company Limited		
Place : MRT					
Printed On : 14-DEC-25			General Manager		
			Authorized Signature		

Z X C V B N

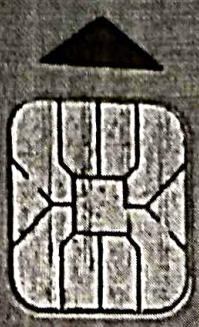


Indian Union Driving Licence
Issued by Uttar Pradesh



UP22 20050000426

Issue Date: 15-04-2025 Validity (NT): 14-04-2035 Validity (TR):



Holder's Signature

Name: **MUJEER BEHMAN**

Date of Birth: 20-12-1970 Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **SAYED AHMAD**

Address:

KOLATA ROAD, ...
MILAN ...

Date of First Issue

DL No: UP22 20050000426

UPDL221000011367



Invalidd 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	UP22	UP22	12-01-2005	NT			
LMV	UP22	UP22	12-01-2005	NT			

Emergency Contact Number


 Issuing Authority
 UP22-UR



भारत सरकार
Government of India



मुजीबुर रहमान
Mujibur Rehman
जन्म तिथि/DOB: 20/12/1978
पुरुष/ MALE



2580 1484 0227

मेरा आधार, मेरी पहचान

GOVERNMENT OF UTTAR PRADESH
Transport Department ARTO OFFICE RAMPUR
FORM 23



CERTIFICATE OF REGISTRATION

Registration No : UP22BG7866
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 652, 1ST FLOOR, 100 FITA T-POINT, TULAPUR, PILIBHIT BYPASS, BAREILLY, . 150-243122
 Owner Name : MUJIBUR REHMAN
 Full Address: (Permanent) : KHATA KALAN, MILAK, MILAK, RAMPUR, UTTAR PRADESH-243701
 Full Address: (Temporary) : KHATA KALAN, MILAK, MILAK, RAMPUR-UTTAR PRADESH-243701
 Fitness Up To : 14-May-2040
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Spouse
 Link Vehicle No :
 Nominee Name : TARRANUM AFROZ
 Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2125184476
 Rear HSRP No : AA2127869102
 Type of Body : SOLO WITH PILLION
 Month/Year of Manuf. : 04/2025
 No of Cylinders : 0
 Chassis No : MBLCEW04XS6D00274
 Engine No : ECD001SGD06349
 Fuel : PURE EV
 Horse Power(BHP) : 8.04
 Cubic Capacity : 0.00
 Maker's Classification : VIDAV2 PLUS
 Wheel base : 1301
 Seating Cap(in all) : 2
 Standing Cap : 0
 Sleepar Cap : 0
 Unladen Wt (kgs) : 124
 Colour : MATT ABRAX ORANGE
 Laden/GV Wt (kgs) : 274
 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.o.f.

Purchase dt : 14-May-2025
 Sale Amt : 125000/-
 OTT Date :
 Amount/Rcpt No :
 Vehicle Is Govt/ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 26-May-2025

Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Previous RegNo :
 Old State :
 Entry Date :
 Transfer Date :
 Conversion Date :
 This certificate is valid from 15-May-2025 to 14-May-2040

Date : 27-May-2025 13:14:47

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Registering Authority
 Date : 27-May-2025

Q 3457331

Government of Uttar Pradesh
Government of Uttar Pradesh
Government of Uttar Pradesh
Government of Uttar Pradesh

आयकर विभाग

INCOME TAX DEPARTMENT

MUJIBUR REHMAN

SHANNU AHMAD

20/12/1978

Permanent Account Number

AMFPR5725G

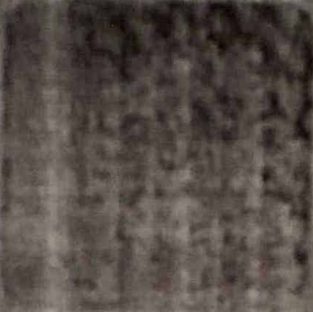
Mujibur Rehman

Signature



भारत सरकार

GOVT. OF INDIA



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