

**SARAM AUTO WORLD PRIVATE LIMITED**  
 D 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-0426-2  
 Customer Name PAPPU .  
 Aadhaar Card 0949  
 VIN MBLNCU010SGD00356  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 03-04-2026  
 Contact No. 7500438601

Model XTREME 250R  
 Reg No. UP25EM5817  
 HMCGL Card Category

No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	ACWAS6A0000ARGS - FENDER FRONT {RD(BR)-021 P(G)}	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	44601ACW001S -WHEEL COMPLETE FRONT	87141090	Paid	5,311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	6,268.00
3	53200ACW000S -STEM COMPLETE STEERING	87141090	Paid	1,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
4	51400ACW000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	12,616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	14,888.00
5	53100ACW000S -PIPE STRG HANDLE	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
<b>Parts Total</b>											0.00	24,188.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 250R	998729	Paid	1,800.00	9.00	9.00	0.00	0.00	0.00	0.00	2,124.00	
<b>Jobs Total</b>											0.00	2,124.00

Parts Total	24,188.00
Labour Total	2,124.00
SGST (Parts) 9%	1,844.85
CGST (Parts) 9%	1,844.85
SGST (Labour) 9%	162.00
CGST (Labour) 9%	162.00
<b>Total</b>	<b>26,312.00</b>

Rupees in Words: Twenty Six Thousand Three Hundred Twelve 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 BAREILLY Jurisdiction Only

17032 - 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.	Pappu 7500438601
2	Vehicle No. / वाहन संख्या	UP25EM5817
3	Policy No. / पालिसी संख्या	252400/31/2026/34743
4	Period of Insurance / बीमा अवधि	28/08/2025 To 27/08/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/03/2026 12:30 Pm
6	Place of Accident / दुर्घटना का स्थान	सी. बी. गंज आमपाली मॉल के सामने
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pappu, UP2520210029615 7500438601
8	Estimated Loss / अनुमानित हानि	26312
09.	Cause of Accident / दुर्घटना का कारण :	मैं अपनी गाड़ी लेकर अपने घर मुरातयैला सेरौली से दिनेश नर्सिंग होम सिकलपुर आ रहा था कि रास्ते में सी. बी. गंज आमपाली मॉल के सामने अज्ञात व्यक्ति वाले ने गाड़ी में सामने से टक्कर मार दी जिससे गाड़ी घिस गई और 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 / फोन नं.	Mosaram Autoword 100fta T-Point Pilibhit Bypass Bareilly 7302090222

Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Pappu



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. 252400/31/2026/34743

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 : Pappu  
 (b) Address for correspondence : Muhammad Jola, Sector Bareilly  
 (c) Telephone : 7500438601

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Cosp</u> <u>2025</u>	Engine No. <u>NC25ABSGD00239</u> Chassis No. <u>MBLNCU010SGD00356</u>	Registration No. <u>UP25EM</u> <u>5817</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 : Pappu  
(b) Age :  
(c) Address : Muxav. Jala, Sonoli Barrilly  
(d) Is the Driver :  
1. Owner  : Ogheri.  
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 : UP2520210029615  
(h) Issuing Authority : Indian Union Driving Licence  
(i) Date of Expiry : 07/08/2042  
(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, 12:30 Pm  
(b) Place : Barrilly  
(c) Speed of vehicle at the time of accident : 50  
(d) Give a short description of the accident : अनाना बालक बाल ने गाड़ी में सामने से टक्कर मारा  
(e) If any third party was responsible for this accident give the name and address : जिससे गाड़ी गिर गई व क्षतिग्रस्त हो गयी

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) Details of property damaged :  
(f) 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? : \_\_\_\_\_
- (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 \_\_\_\_\_ 200

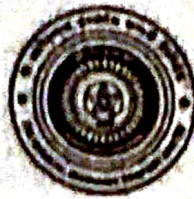
Signature of the insured     409

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-25/27, Anaf All 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 .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....



भारत सरकार  
Government of India



आधार

Issue Date: 24/11/2013



पप्पू  
PAPPU  
जन्म तिथि / DOB : 01/01/2002  
पुरुष / MALE



6364 0887 0949

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

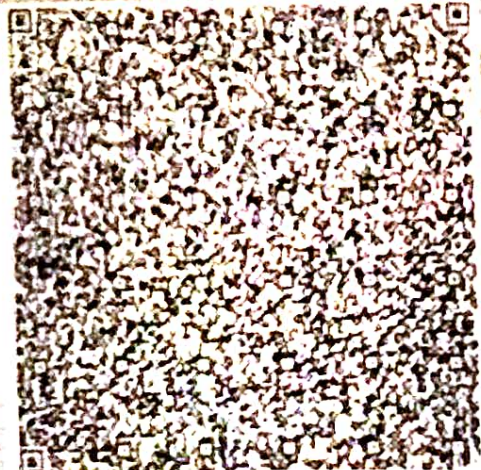


AADHAAR

Print Date: 06/04/2021

पता: मुरावटोला, सेरोली, बरेली, उत्तर प्रदेश,  
243303

Address: MURAVTOLA, Seroli, Bareilly,  
Uttar Pradesh, 243303



6364 0887 0949



1947



help@uidai.gov.in



www.uidai.gov.in

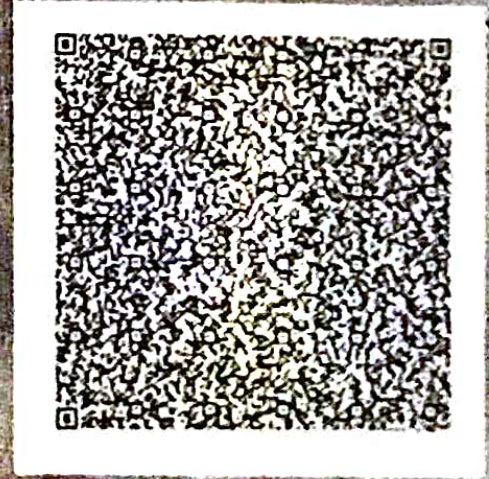
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
GGFPP1562M



नाम / Name  
PAPPU

पिता का नाम / Father's Name  
CHHOTE LAL

जन्म की तारीख / Date of Birth  
01/01/2002

  
हस्ताक्षर / Signature

05300



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP25 20210029615



Issue Date 20-12-2021    Validity (NT) 07-08-2042    Validity (TR)\*



(20-12-2021)

Holder's Signature

Name: PAPPU  
Date of Birth: 08-08-2002    Blood Group:    Organ Donor: N  
Son/Daughter/Wife of: CHHOTELAL  
Address:  
MURAVTOLA SEROLI BAREILLY  
Bareilly, UP 243303

Date of first issue

DL No: UP25 20210029615

UPDL 000007092786



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	MCWG	UP25	20-12-2021	NT			
LMV	LMV	UP25	20-12-2021	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP25 BAREILLY



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: P/20/0928

Page No: 1



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OFF. FILMISTAN CINEMA MEERUT, PIN 221406/370, (28 AUG 2025) 07AAACT0627420			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	28-AUG-25
Policy No	252400/31/2026/34743	Proposal No. & Date	P/252400/31/2026/34743 & 28-AUG-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 14-08-2025 TO 14-08-2030
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 14-08-2025 TO 14-08-2030
Insured Name	PAPPU (GSTIN: )	Lead/Broker No	/
Insured Address	CO CHIOTE LAL, MURAVTOLA, SEROLLBAREILLY, . NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (DDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	170905
Model & Variant	XTREME 250R	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	170905
Engine-Chassis No	NC25ABSGD00239 - MBLNCU010SGD00356	TMP CONTRACT NO	
Cubic Capacity	250	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	3007.93	Basic Third Party Liability	7365
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (MT-16)	0
Basic Premium	2733.93	Legal Liability (WC) to driver (MT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
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	0	PA Paid Driver, Conductor, Cleaner-CR36B3	7365
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	8226
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	1485
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	2557	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	2557	Krishi Kalyan Cess@0.50%	9766
Add-On Coverages	684	Gross Premium Paid	
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Insurance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Chalisa No	
Consumables	684	3. The Policy is subject to a compulsory Deductible of Rs 0 (MT-22)	
Sub Total Add-on Coverages	861	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		5. Subject to Endorsements DMT,7,10,28.	

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA
		Amount	9766

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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](http://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 ab initio (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 the 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 28-AUG-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 is made to comply with the MV 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

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 (f) 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 (g) of the policy - Damage to third party

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 preceding years/35%, preceding three consecutive years/45%, preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed continuously for the preceding year(s).

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.

All pre-existing damages

For and on behalf of  
The Oriental Insurance Company Limited

Approved By: 6595258MD  
Approved On: 28-AUG-25  
Place: MRT  
Printed On: 28-AUG-25

General Manager  
Authorized Signature





**GOVERNMENT OF UTTAR PRADESH**

**Transport Department BAREILLY**

**FORM 23**

**CERTIFICATE OF REGISTRATION**

Registration No : UP25EM5817      Registration Date : 03-Sep-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA T-POINT, TULAPUR, PILIBHIT BYPASS, BAREILLY, . . 150-243122

Owner Name : PAPPU      Son/wife/daughter of : CHHOTE LAL  
 Full Address: (Permanent) : MURAVTOLA, SEROLI, , BAREILLY, UTTAR PRADESH-243303  
 Full Address: (Temporary) : MURAVTOLA, SEROLI, , BAREILLY-UTTAR PRADESH-243303  
 Fitness UpTo : 02-Sep-2040      Owner Serial No : 1

**Detailed Description**

Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Nominee Name : MUKESH KUMAR  
 Relationship with the Nominee : Brother      Norms : BHARAT STAGE VI

Maker's Name : HERO MOTOCORP LTD      Rear HSRP No : AA1045033032  
 Front HSRP No : AA2135484947      Month/Year of Manuf. : 04/2025  
 Type of Body : SOLO WITH PILLION      Chassis No : MBLNCU010SGD00356  
 No of Cylinders : 1      Fuel : PETROL  
 Engine No : NC25ABSGD00239      Cubic Capacity : 249.03  
 Horse Power(BHP) : 29.57      Wheel base : 1357  
 Maker's Classification : XTREME 250R      Standing Cap : 0  
 Seating Cap(in all) : 2      Unladen Wt (kgs) : 169  
 Sleeper Cap : 0      Laden/GV Wt (kgs) : 319  
 Colour : FIRE-STORM RED      AC Fitted : NO  
 Other Criteria :  
 Vehicle Purchase As : Fully Bullt

**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 : 28-Aug-2025      Sale Amt : 179900/-  
 OTT Date : 28-Aug-2025      Amount/Rcpt No : 17990 / UP25D25090000425  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 08-Sep-2025

**Other State/Transfer/Conversion/Reassign Details**

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

valid from 03-Sep-2025 to 02-Sep-2040

0:31:40

Advance Registration Mark Fee Details

Signature of Registering Authority

10-Sep-2025  
 [Signature and Stamp]