

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-0426-1	Date	06-04-2026
Customer Name	PAWAN KUMAR .	Contact No.	7388400110
VIN	MBLKCU152SHC00841	Model	XTREME 160R
Insurance Company		Reg No.	UP41BP7236
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	17550ABZ600TS -SET TANK COVER R SIDE MAGM NH 303M	87141090	Paid	1,466.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,731.00
2	61301ABZ000S -FRONT COWL	87141090	Paid	229.66	1	9.00	9.00	0.00	0.00	0.00	0.00	271.00
3	33100ABZ001S -LIGHT ASSY HEAD	85122010	Paid	2,029.66	1	9.00	9.00	0.00	0.00	0.00	0.00	2,395.00
4	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
5	53100ABZ000S -PIPE STRG HANDLE	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
Parts Total											0.00	4,834.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 160R	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	4,834.00
Labour Total	1,770.00
SGST (Parts) 9%	368.69
CGST (Parts) 9%	368.69
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	6,604.00

Rupees in Words: Six Thousand Six Hundred Four 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.	पवन कुमार 7388400110
2	Vehicle No. / वाहन संख्या	UP41 BP 7236
3	Policy No. / पालिसी संख्या	252400/31/2026/4172
4	Period of Insurance / बीमा अवधि	16-04-2025 to 15-04-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/04/2026 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	भदरस
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुरज कुमार UP342020008768 8175964077
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	भदरस से दीनपवाह जाते समय बाई साइड (सीडी) से बस की टक्कर से गाड़ी क्षतिग्रस्त हो 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.	Mesaram Bazaar 7081166066

Date / दिनांक : 6/4/2026
हस्ताक्षर


6/4/2026


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. 252460/31/2024/4172

Tel. No. _____

Period of Insurance 16/04/2025 To Midnight of 15/04/2025
 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

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

2. THE INSURED VEHICLE

Make & Year <u>18/04/2025</u>	Engine No. <u>KE01AESH000782</u> Chassis No. <u>MBLKEUIS2SHE00041</u>	Registration No. <u>UP41BP7230</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 : _____

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? : NA
(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 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 6/4/2002

Signature of the insured [Signature]

ACCIDENT DEPARTMENT

Claim No. _____

Voucher

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. UP41 BP 7236 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
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Revision: PG00024
Page No: 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 316 KHAIR NAGAR, OPP. HUNISTAN CINEMA, MEERUT, U.P. (PIN) 221003 (GSTIN: 09AAAC1062784ZU)

Registered Policy (MOTORIZED TWO WHEELERS) No. 2224003/2024/172
Policy Issued On: 16-APR-25
Proposal No. & Date: R-2224003/2024/172 & 16-APR-2024
Policy Period (OWN DAMAGE): FROM 15/04/2025 TO MIDNIGHT OF 15/04/2026
Policy Period (LIABILITY): FROM 15/04/2025 TO MIDNIGHT OF 15/04/2026

Policy Type:
Policy No:
Agent/ Broker Code:
Agent/ Broker Name:
Insured Name:
Insured Address:

ABHINAV BHATI
PAWAN KUMAR GUSTIN
SUSRI BHABARAN, R.O. 06, DELINAPUR BAWAHAM, 25, GAJNHARA BANGLA, P.A. L.P. BARABANKI, INDIA

Lead/Breakin No:
Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS
Make: HERO MOTORCYCLE
Model & Variant: NTRM 100 R
Registration No: NEW
Year Of Manufacture: 2024
Engine/Chassis No: KCEACSHC00782-MBLKCU-52SH000001
Cubic Capacity: 100
Seating Capacity: 1+1
Type Of Body: OTHERS
RTO Location:
Type Of Fuel: METROL

ISSUED/DECLARED VALUE (IN RS)
Vehicle: 106070
Electrical Accessories: 0
Non Electrical Accessories: 0
Total BV: 106070
TMT (CONTRACT NO):
Policy Type: Zone B - Rest of India
Geographical Area: IND

OWN DAMAGE SECTION(A)

Vehicle	1866.5
Elec Accessories	0
Non-Elec Accessories	0
Basic Premium	280.13
Geographical Area Extn (IMT-1)	0
Driving Tuition Loading On OD Premium (60%)	0
Sub-Total Additions	0
Deductibles	
Voluntary Deductibles (IMT-22A)	0
Anti-Theft Device (IMT-10)	0
AA Membership (MT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
SIP Discount	0
Sub-Total Deductibles	0
Add-On Coverages	
NIL Depreciation	0
Return to Invoice	0
Key Replacement	0
Consumables	0
Sub-Total Add-on Coverages	0
Net own Damage Premium (A)	280

Schedule Of Premium (Amount in Rs.)

LIABILITY SECTION (B)	7365
Basic Third Party Liability	0
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-10)	0
Legal Liability (WC) driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	NA
Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On TP Premium (60%)	0
PA Paid Driver, Conductor, Cleaner-GR36B3	7365
Net Liability Premium (B)	7365
Total Premium (A+B)	13778
GST	0
SERVICE TAX	136
STAMP DUTY	0
Swachh Bharat Cess @ 0.50%	0
Kristi Kalyan Cess @ 0.50%	0
Gross Premium Paid	9921

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

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, insured will comply with the provisions of the AMI, policy of the Company. The AMI policy is available in all our operating Offices as well as on our website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions (D1) and GIC endorsement mentioned herein above which are available on company's website.

www.orientalinsurance.co.in or get details from the policy issuing office.

We warrant that in case of default of premium (discount) the Company shall not be liable under the policy and the policy shall be void (without prejudice to the effect).

Claim is not admissible if driving License is found false or 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 Section 17 and Chapter XI of Motor Vehicles Act 1988 in respect of which the subject goods being transported by and on behalf of the company has been deposited in trust funds. (125246) on 16-APR-25

IMPORTANT NOTICE
The insured or not insured if the vehicle is used or driven either as per a condition of the Schedule for Private use, by the company by reason of wider terms appearing in the schedule in order to comply with the Motor Vehicle Act 1988 or otherwise from the insured or the vehicle holder. (125246) on 16-APR-25

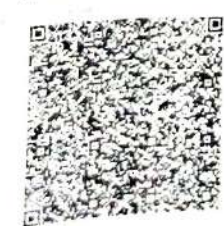
Limitations as to use: (i) For social, domestic and pleasure purposes only. (ii) For use in the Park, fair, show, race, etc. (iii) For use in road, (iv) Carriage of goods, (v) Carriage of personal luggage. (vi) Organized racing. (vii) Pace Making. (viii) Speed testing on Road. (ix) Liability will be nil.

Driver's Clause: Any person including the insured, provided that a person driving the vehicle shall be deemed to be driving the vehicle if he is in the driver's seat and is in a position to drive the vehicle. Provided also that the person holding an effective driving license may also drive, subject to the condition that the total value of the goods carried shall not exceed the total value of Rs.1,00,000.

Limits of Liability: Clause (i) and (ii) of the policy shall be subject to the limit of Rs. 2,00,000 per annum for the motor vehicle act 1988 (under Section 17) and for liability damage to third party property is Rs. 75 lakh. Clause (iii) of the policy shall be subject to the limit of Rs. 2,00,000 per annum for the motor vehicle act 1988 (under Section 17) and for liability damage to third party property is Rs. 75 lakh. Clause (iv) of the policy shall be subject to the limit of Rs. 2,00,000 per annum for the motor vehicle act 1988 (under Section 17) and for liability damage to third party property is Rs. 75 lakh. Clause (v) of the policy shall be subject to the limit of Rs. 2,00,000 per annum for the motor vehicle act 1988 (under Section 17) and for liability damage to third party property is Rs. 75 lakh.

No Claim Bonus: The insured or not insured if the vehicle is used or driven either as per a condition of the Schedule for Private use, by the company by reason of wider terms appearing in the schedule in order to comply with the Motor Vehicle Act 1988 or otherwise from the insured or the vehicle holder. (125246) on 16-APR-25

Important Notice: The insured or not insured if the vehicle is used or driven either as per a condition of the Schedule for Private use, by the company by reason of wider terms appearing in the schedule in order to comply with the Motor Vehicle Act 1988 or otherwise from the insured or the vehicle holder. (125246) on 16-APR-25



Approved By:
Approved On:
Place:
Printed On:

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

FORWARD
PAMAR PUNJAB
POLICY NO. 2224003/2024/172
INSURED NAME: ABHINAV BHATI
VEHICLE NO: NEW
RTO: BARABANKI
INSURANCE TYPE: OWN DAMAGE & LIABILITY
ISSUED DATE: 16-APR-25

GOVERNMENT OF UTTAR PRADESH

Transport Department Barabanki ARTO

FORM 23

CERTIFICATE OF REGISTRATION



UP41BP7236
 M-CYCLE/SCOOTER
 MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101, SITAPUR RD, MANDION
 POLICE STN, MOHIBULLAPUR, WARD FAIZULLAGANJ, . . . 157-226021
 PAWAN KUMAR
 Son/wife/daughter of SRI SHIVBARAN
 R/O 00 DEENPANAH, BAJGAHAMI, BAJGAHNI, BARA BANKI, UTTAR PRADESH-225306
 R/O 00 DEENPANAH, BAJGAHAMI, BAJGAHNI, BARA BANKI-UTTAR PRADESH-225306
 17-Apr-2040
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2123279740
 Month/Year of Manuf. : 03/2025
 Chassis No : MBLKCU152SHC00841
 Fuel : PETROL
 Cubic Capacity : 163.14
 Wheel base : 1327
 Standing Cap : 0
 Unladen Wt (kgs) : 144
 Laden/GV Wt (kgs) : 274
 AC Fitted : NO

Registration No
 Description of Vehicle
 Owner's Name & Address
 Owner Name
 Full Address: (Permanent)
 Full Address: (Temporary)
 Fitness Up To
 Detailed Description
 Class of Vehicle
 Ownership
 Maker's Name
 Front HSRP No
 Type of Body
 No of Cylinders
 Engine No
 Horse Power(BHP)
 Maker's Classification
 Seating Cap(in all)
 Sleeper Cap
 Colour
 Other Criteria
 Vehicle Purchase As

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 : 16-Apr-2025 Sale Amt : 111611/-
 OTT Date : 16-Apr-2025 Amount/Rcpt No : 11162 / UP41D25040003075
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 26-Aug-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-Apr-2025 to 17-Apr-2040

Date : 30-Aug-2025 14:57:11
Taxation Particulars / Advance Registration Mark Fee Details

Q 4808769

आयकर विभाग
INCOME TAX DEPARTMENT

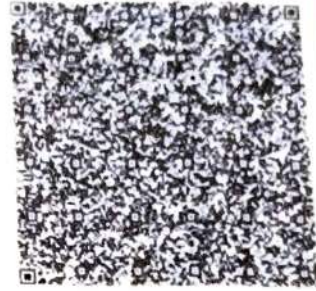


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MWRPK9460R



नाम / Name

PAWAN KUMAR

पिता का नाम / Father's Name

SHIVBARAN

जन्म की तारीख / Date of Birth

01/01/1999

हस्ताक्षर / Signature

हस्ताक्षर

08393

BUSINESS AND SE



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP

UP34 20200008768



Issue Date: 13-07-2020 Validity (NT): 24-07-2036 Validity (TR):



Holder's Signature

(13-07-2020)

Date of First Issue

Name: **SURAJ KUMAR**
 Date of Birth: **25-07-1996** Blood Group:
 Son/Daughter/Wife of: **RAM PRATAP**
 Address:
SITAPUR, MAHMI DABAD
ahmudabad, Sitapur, UP 261203

Organ Donor: **N**

DL No: UP34 20200008768

UPDL000003191108



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	UP34	13-07-2020	NT			
	LWV	UP34	13-07-2020	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP34 SITAPUR

Form 7 Rule 16(2)

Government of India




Aadhaar No. Issued: 28082015



पवन कुमार
Pawan Kumar
जन्म तिथि/DOB: 01/01/1999
पुरुष/ MALE



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सात्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफलाइन एक्सएमएल 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).

2485 1679 3261

मेरा आधार, मेरी पहचान

पवन कुमार

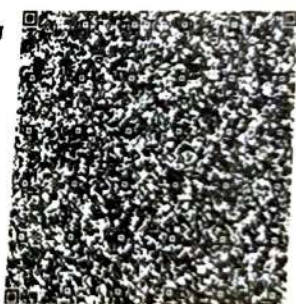
Unique Identification Authority of India

Details: 130127004

पता:
आत्मज: शिवबरन, 00, दीनपनाह, बजगहमी, बारा
बंकी,
उत्तर प्रदेश - 225306

Address:
S/O: Shivbaran, 00, DEENPANA, H,
Bajgahmi, PO: Bajgahni, DIST: Bara Banki,
Uttar Pradesh - 225306



2485 1679 3261

VID : 9117 0011 7767 9546

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

