

**MOSARAM AUTO SALES**

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA  
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10730-03-REST-0426-33  
 Customer Name CHANDRESH KUMAR  
 VIN MBLHAW124MHJ91674  
 Insurance Company  
 HMCGL Card No 1073025860001826  
 Part Details

Date 04-04-2026  
 Contact No. 9792299951  
 Model SPLENDOR +  
 Reg.No. UP31BU4533  
 HMCGL Card Category Platinum

| S No               | Part Number   | HSN No.  | Billing Type | Rate     | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount      |
|--------------------|---|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|-----------------|
| 1                  | 61000AAE200WS -FRONT FENDER (NH-194M-U)                 | 87141090 | Paid         | 1,132.20 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 1,136.00        |
| 2                  | 88110AAFH31ZAS - MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1 | 70091090 | Paid         | 190.68   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 225.00          |
| 3                  | 53175KCC840S -LEVER R STRG. HANDLE                      | 87141090 | Paid         | 75.42    | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 89.00           |
| 4                  | 50803KST940S -GUARD LEG                                 | 87141090 | Paid         | 527.12   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 622.00          |
| <b>Parts Total</b> |   |          |              |          |     |        |        |         |        |            | 0.00     | <b>2,272.00</b> |

| S No              | Job Code                              | SAC No. | Billing Type | Rate   | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |                 |
|-------------------|---------------------------------------|---------|--------------|--------|--------|--------|---------|--------|------------|----------|------------|-----------------|
| 1                 | 102032 - ACCIDENTAL LABOUR-SPLENDOR + | 998729  | Paid         | 848.00 | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 1,000.64   |                 |
| <b>Jobs Total</b> |                                       |         |              |        |        |        |         |        |            |          | 0.00       | <b>1,000.64</b> |

|                  |                 |
|------------------|-----------------|
| Parts Total      | 2,272.00        |
| Labour Total     | 1,000.64        |
| SGST (Parts) 9%  | 173.29          |
| CGST (Parts) 9%  | 173.29          |
| SGST (Labour) 9% | 76.32           |
| CGST (Labour) 9% | 76.32           |
| <b>Total</b>     | <b>3,272.64</b> |

Rupees in Words: Three Thousand Two Hundred Seventy Two and paise Sixty 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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10730 - Main W/S

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.                       | CHANDRESH kumar<br>9792 299951   |
| 2   | Vehicle No. / वाहन संख्या  | UP31 BU 4533   |
| 3   | Policy No. / पालिसी संख्या   | M5/2026/7001/0/46575/S69389.   |
| 4   | Period of Insurance / बीमा अवधि  | 05-1-2026 से 04.01.2027  |
| 5   | Date of loss & Time / दुर्घटना का दिनांक & समय                                       | 01/09/2026 शाम 3:00 PM   |
| 6   | Place of Accident / दुर्घटना का स्थान  | मेहेवागंज के पास   |
| 7   | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं      | CHANDRESH KUMAR. 9792299951<br>UP31 20110009188.   |
| 8   | Estimated Loss / अनुमानित हानि   |  |
| 09. | Cause of Accident / दुर्घटना का कारण :   | मेहेवागंज के पास सामने से मोटर साइकिल से टक्कर हो गई। जिससे मेरी गाड़ी दांयी ओर गिरकर क्षतिग्रस्त हो गई। |
| 10  | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम                                     | No   |
| 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 AUTO SALES L.R.P. Road.<br>#Lakhimpur Kheri.<br>9151154036                                       |

01/09/2026  
Date / दिनांक :  
हस्ताक्षर

चन्देश कुमार

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 MEERUT

Certificate/Policy No. MS/2026/7001/0/46575/-

Tel. No.

Period of Insurance 05-01-2026 to 04-1-2026  
 Claim No. 569389

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 : CHANDRESH KUMAR  
 (b) Address for correspondence : SAIDAPUR Post PHOOLBEHAR, LAKHIMPUR KHERI 262701.  
 (c) Telephone : 9792 2999 51.

2. THE INSURED VEHICLE

|                                  |  |   |
|----------------------------------|--|---|
| Make & Year<br><u>Hero/2021.</u> | Engine No. <u>HA11EYMHJ79986.</u><br>Chassis No. <u>MQLHPLWJ29MHJ91674</u> | Registration No.<br><u>UP31BU</u><br><u>4533.</u> |
|----------------------------------|--|---|

- (a) Was the vehicle in proper working condition? YES  
 (b) For what purpose was the vehicle being used at the time of accident? N/A  
 (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: CHANDRESH KUMAR.
- (b) Age: 05/08/1989.
- (c) Address: Saidapuri Phool Behari, Lakhimpurkheri, 262701.
- (d) Is the Driver:
  - 1. Owner: Yes.
  - 2. paid driver?: No
  - 3. Owner's relative or friend?: No
- (e) If paid driver, how long has he been in your employment: No
- (f) Was he under the influence of intoxication Liquor or drugs?: No
- (g) Driving Licence Number: UP31 20110009188
- (h) Issuing Authority: 21.08.2025
- (i) Date of Expiry: 02.03.2031.
- (j) Was the licence temporary/permanent: Permanent.
- (k) Details of endorsement/suspension, if any: No
- (l) Has he been involved in any accident before?: No
- (m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time: 01/09/2026, 3:00 PM.
- (b) Place: मेडापुल के पास.
- (c) Speed of vehicle at the time of accident: 20-30 km/h.
- (d) Give a short description of the accident: मेडापुल गाँव से आया एक स. मोटरसाइकिल से टक्कर हो गई।
- (e) If any third party was responsible for this accident give the name and address: जम्मू मेडापुल बायी ओर निकल कर निकल गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage: Front and Left.
- (b) Estimated cost of repairs: No.
- (c) When and where can the damaged vehicle be inspected: Masaram auto sales I RP Road Lakhimpur Kheri

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



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. UP31BU9533 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/-

*[Handwritten Signature]*

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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

## CERTIFICATE OF REGISTRATION

**Registration No** : UP31BU4533 **Registration Date** : 17-Dec-2021  
**Description of Vehicle** : M-CYCLE/SCOOTER **Purpose For Printing RC** : NEW  
**Dealer's Name & Address** : M/S SHRI NARAIN AUTO. LAMP ROAD GOLA, LAKHIMPUR-KHERI, , , -  
**Owner Name** : CHANDRESH KUMAR **Son/wife/daughter of** : BANSHI LAL  
**Full Address: (Permanent)** : R/O-SAIDAPUR, PHOOL BEHAR, , KHERI, UTTAR PRADESH-262701  
**Full Address: (Temporary)** : R/O-SAIDAPUR, PHOOL BEHAR, , KHERI-UTTAR PRADESH-262701  
**Fitness UpTo** : 16-Dec-2036 **Tax UpTo** : One Time  
**Owner Serial No** : 1

### Detailed Description

|                               |                                     |                             |                     |
|-------------------------------|-------------------------------------|-----------------------------|---------------------|
| <b>Class of Vehicle</b>       | : M-CYCLE/SCOOTER                   | <b>Link Vehicle No</b>      | :                   |
| <b>Ownership</b>              | : INDIVIDUAL                        | <b>Norms</b>                | : BHARAT STAGE VI   |
| <b>Maker's Name</b>           | : HERO MOTOCORP LTD                 | <b>Rear HSRP No</b>         | : AA2043765234      |
| <b>Front HSRP No</b>          | : AA1017104933                      | <b>Month/Year of Manuf.</b> | : 09/2021           |
| <b>Type of Body</b>           | : SOLO WITH PILLION                 | <b>Chassis No</b>           | : MBLHAW124MHJ91674 |
| <b>No of Cylinders</b>        | : 1                                 | <b>Fuel</b>                 | : PETROL            |
| <b>Engine No</b>              | : HA11EYMHJ79986                    | <b>Cubic Capacity</b>       | : 97.20             |
| <b>Horse Power(BHP)</b>       | : 7.91                              | <b>Wheel base</b>           | : 1236              |
| <b>Maker's Classification</b> | : SPLENDOR +(13S-SELF-DRIVE M-CAST) | <b>Standing Cap</b>         | : 0                 |
| <b>Seating Cap(in all)</b>    | : 2                                 | <b>Unladen Wt (kgs)</b>     | : 112               |
| <b>Sleeper Cap</b>            | : 0                                 | <b>Laden/GV Wt (kgs)</b>    | : 242               |
| <b>Colour</b>                 | : BLACK-SILVER STR                  | <b>AC Fitted</b>            | : NO                |
| <b>Other Criteria</b>         | :                                   |                             |                     |
| <b>Vehicle Purchase As</b>    | : 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.

|   |   |
|---|---|
| <b>Purchase dt</b> : 13-Dec-2021          | <b>Sale Amt</b> : 68710/-                       |
| <b>OTT Date</b> : 13-Dec-2021             | <b>Amount/Rcpt No</b> : 6871 / UP31D21120001245 |
| <b>TaxUpTo</b> : One Time                 | <b>Vehicle is Govt/ Pvt.</b> : PRIVATE          |
| <b>Tax Exempted or Not</b> : NOT EXEMPTED | <b>Date of Approval</b> : 20-Dec-2021           |

### Other State/Transfer/Conversion Details

|                         |                          |
|-------------------------|--------------------------|
| <b>Previous Owner</b> : | <b>Previous RegNo</b> :  |
| <b>Old State</b> :      | <b>Entry Date</b> :      |
| <b>Transfer Date</b> :  | <b>Conversion Date</b> : |

**This certificate is valid from 17-Dec-2021 to 16-Dec-2036**

Date : 24-Dec-2021 10:20:12

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 24-Dec-2021

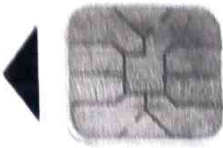
**N** 536930



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

UP

**UP31 20110009188**



Issue Date    Validity (NT)    Validity (TR)\*  
 21-08-2025    02-03-2031



Holder's Signature

Date of First Issue: 03-03-2011

Name: **CHANDRESH KUMAR**  
 Date of Birth: **05-08-1984**    Blood Group:  
 Son/Daughter/Wife of: **VANSHI LAL**

Organ Donor: **N**

Address:

**SAIDAPUR POST PHOOLBEHAR  
 LAKHIMPUR, LAKHIMPUR KHERI 262701**

**DL No: UP31 20110009188**

**UPDL311000021284**



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 | UP31      | 03-03-2011    | NT               |               |                    |                  |
|                  | LMV  | UP31      | 03-03-2011    | NT               |               |                    |                  |
|                  | MVSD |           |               |                  |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority



भारत सरकार  
Government of India



Aadhaar No. Issued: 30/01/2015



चन्द्रेश कुमार  
Chandresh Kumar  
जन्म तिथि / DOB : 05/08/1984  
पुरुष / Male



5090 6224 0761

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (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).**

**5090 6224 0761**

मेरा आधार, मेरी पहचान

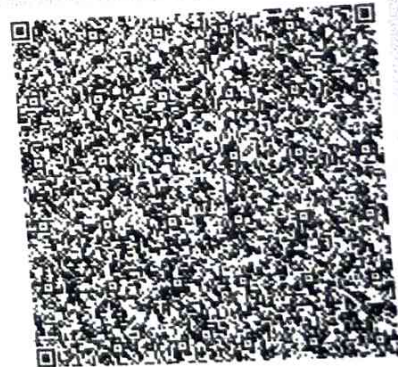


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on 01/12/2025

पता: आत्मज: बंशी लाल, सैदापुर, फूल बहार, खेरी,  
खीरी, उत्तर प्रदेश, 262701  
Address: S/O: Banshi Lal, Saidapur,  
Phool Behar, PO:Kheri, DIST:Kheri, Uttar  
Pradesh, 262701



**5090 6224 0761**

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

CHANDRESH KUMAR

BANSHI LAL

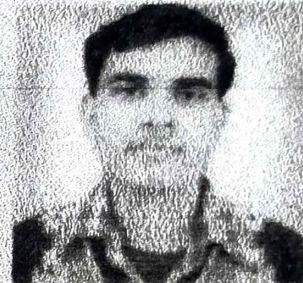
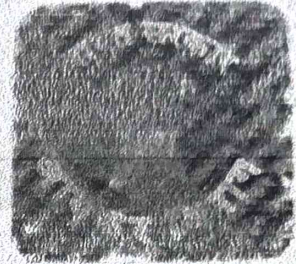
05/08/1984

Permanent Account Number

CXTPK6035M

चन्द्रेश कुमार

Signature



26022013