

**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-0426-3	Date	11-04-2026
Customer Name	MONU GUPTA	Contact No.	8853100005
Aadhaar Card	0393		
VIN	MBLYGU119S4G00611	Model	HARLEY X440
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QW2229
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	HDH17520RAA030FS -SET FUEL TANK (MATT DENIM BLACK BK(DU)-0	87141090	Paid	14,843. 22	1	9.00	9.00	0.00	0.00	0.00	0.00	17,515. 00
2	HDH88110RAA001S - MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	235.59	1	9.00	9.00	0.00	0.00	0.00	0.00	278.00
3	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,100.0 0	1	9.00	9.00	0.00	0.00	0.00	0.00	2,478.0 0
Parts Total											0.00	20,271.0 0

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	3,500.00	9.00	9.00	0.00	0.00	0.00	0.00	4,130.00	
Jobs Total											0.00	4,130.00

Parts Total	20,271.00
Labour Total	4,130.00
SGST (Parts) 9%	1,546.09
CGST (Parts) 9%	1,546.09
SGST (Labour) 9%	315.00
CGST (Labour) 9%	315.00
<b>Total</b>	<b>24,401.00</b>

Rupees in Words: Twenty Four Thousand Four Hundred One 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.	मौजू गुप्ता 8853100005
2	Vehicle No. / वाहन संख्या	UP320W2229
3	Policy No. / पालिसी संख्या	252400/31/2026/33166
4	Period of Insurance / बीमा अवधि	1 + 4 years
5	Date of loss & Time / दुर्घटना का दिनांक & समय	8/4/26 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	Vivekanand Hospital के सामने
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मौजू गुप्ता DL No:UP32 20000009299 मौजू नं- 8853100005
8	Estimated Loss / अनुमानित हानि	24400/-
9	Cause of Accident / दुर्घटना का कारण : कपूरथला चौराहे से IT चौराहे की ओर जा रहे थे अचानक 4 wheeler car ने Right Side से टक्कर मार दी और कार का बोनट बाइक से जा लड़ा और बाइक दुर्घटना गेस्ट हो गई।	
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 : 10/4/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

मौजू गुप्ता

10/4/2026



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. 252400/31/2026/33166

Tel. No. \_\_\_\_\_

Period of Insurance 1 + 4 years

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 श्रीम. रजनी

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

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>YG01ABS4G00316</u> Chassis No. <u>MBLYG0119S4G00611</u>	Registration No. <u>UP320W2229</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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : मोहन प्रसाद
- (b) Age : \_\_\_\_\_
- (c) Address : 521/131 Bada Chand Bazar, Aligarh  
Lucknow 226020
- (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? : \_\_\_\_\_
- (g) Driving Licence Number : UP32 20000009299
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 07-08-2035
- (j) Was the licence temporary/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 : - 8/4/26. 8:00 PM
- (b) Place : - Kirepanand Hospital के सामने
- (c) Speed of vehicle at the time of accident : - 25-30
- (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 : Right Side
- (b) Estimated cost of repairs : 29401 RS.
- (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 : N/A
- (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? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_

N/A

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. \_\_\_\_\_

N/A

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 Police Station? \_\_\_\_\_
- (i) C.R. diary Number \_\_\_\_\_

N/A

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 10/07/26 200

Signature of the insured \_\_\_\_\_  
*[Handwritten Signature]*

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. UP320W2229 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/-

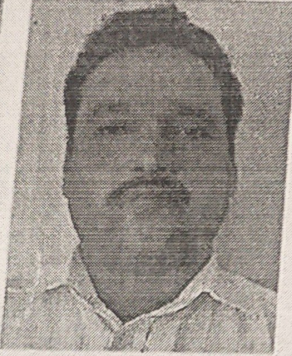
Witness  
Name .....  
Signature .....  
Address .....

Signature मिनेन्द्र कुमार  
Occupation .....  
Address .....  
.....  
.....

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



भारत सरकार  
GOVERNMENT OF INDIA



मोनू गुप्ता  
Monu Gupta

जन्म वर्ष / Year of Birth : 1977  
पुरुष / Male



2467 3292 0393

आधार — आम आदमी अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O लक्ष्मी नारायण, ५२१/१३१,  
बडा चाद गंज, डालीगंज, दिगुरिया,  
लखनऊ, उत्तर प्रदेश, 226020

Address: S/O Laxmi Narayn,  
521/131, bada chad ganj,  
Daliganj, Diguria, Lucknow, Uttar  
Pradesh, 226020



1947  
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No.1947,  
Bengaluru-560 001

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

MONU GUPTA

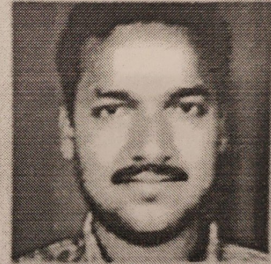
LAXMI NARAYAN GUPTA

18/05/1977

Permanent Account Number

AKDPG6115F

Signature



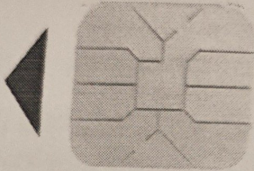
06072006



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

**UP32 20000009299**

UP



Issue Date 08-08-2025    Validity (NT) 07-08-2035    Validity (TR)\*



*Handwritten signature in Hindi*

Holder's Signature

Name: **MONU GUPTA**  
 Date of Birth: **18-05-1977**    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **L N GUPTA**  
 Address:  
**521/131 BADA CHAND GANJ ALIGANJ LUCKNOW  
 LUCKNOW 226020**

Date of First Issue: 08 08 2000

**DL No: UP32 20000009299**

UPDL321000045304



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	UP32	08-08-2000	NT			
LMV	LMV	UP32	08-08-2000	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

*Handwritten signature*  
 Licensing Authority  
**52 LUCKNOW T P NAGAR**



# GOVERNMENT OF UTTAR PRADESH

## Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No	: UP32QW2229	Registration Date	: 18-Aug-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. MOHIBUI APUR, WARD FAIZULLAGANJ, , 157-226021		
Owner Name	: MONU GUPTA	Son/wife/daughter of	: LAXMI NARAYN
Full Address: (Permanent)	: R/O 521/131, BADA CHAD GANJ, DALIGANJ, DIGURIA, LUCKNOW, UTTAR PRADESH-226020		
Full Address: (Temporary)	: R/O 521/131, BADA CHAD GANJ, DALIGANJ, DIGURIA, LUCKNOW-UTTAR PRADESH-226020		
Fitness Up To	: 17-Aug-2040	Owner Serial No	: 1
Detailed Description			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA1042762566	Rear HSRP No	: AA2134823555
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 07/2025
No of Cylinders	: 1	Chassis No	: MBLYGU119S4G00611
Engine No	: YG01ABS4G00316	Fuel	: PETROL
Horse Power(BHP)	: 26.97	Cubic Capacity	: 439.91
Maker's Classification	: HARLEY-DAVIDSON X440 S	Wheel base	: 1418
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 191
Colour	: MATT DENIM BLACK	Laden/GV Wt (kgs)	: 341
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.e.f. .

Purchase dt	: 16-Aug-2025	Sale Amt	: 273100/-
OTT Date	: 16-Aug-2025	Amount/Rcpt No	: 27310 / UP32D25080007305
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 10-Sep-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-Aug-2025 to 17-Aug-2040

Date: 12-Sep-2025 16:01:26

Taxation Particulars / Advance Registration Mark For Districts

*Signature*  
*5/25/25*  
*R. K. Gupta*

पंजीयन अधिकारी  
 Signatory of Registration Authority  
 वाहन विभाग, UP32, 18-08-2025

# Q 4945017

अपर मुख्य न्यायिक मजिस्ट्रेट



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGIR0923

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, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	16-AUG-25
Policy No	252400/31/2026 33166	Proposal No.& Date	R/252400/31/2026/25604 & 16-AUG-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 16:33 ON 16/08/2025 TO MIDNIGHT OF 15/08/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 16:33 ON 16/08/2025 TO MIDNIGHT OF 15/08/2026
Insured Name	MONU GUPTA (GSTIN: )	Lead/Breakdn No	/
Insured Address	CO LAXMI NARAYN, R/O 521/131, BADA CHAD GANJ, DALIGANJ, DIGURIA,LUCKNOW,LUCKNOW,, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HARLEY DAVIDSON	Vehicle	273491
Model & Variant	HARLEY X440 S	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	273491
Engine - Chassis No	YGR0LABS4G00316 - MBLYGU119S4G00M11	TAMF CONTRACT NO	
Cubic Capacity	440	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLD	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount In Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	5043.17	Basic Third Party Liability	15117
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	4603.17	Legal Liability (WC) to driver (IMT-28)	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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	15117
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	16529
AAI Membership (IMT-8)	0	GST	2976
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	4287	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	4287	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	19505
NTI Depreciation	1094	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	1094	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	1412	5. Subject to Endorsements IMT,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/Audit No	NA
		Amount	19505

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 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).  
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 16-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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitation 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

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 (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 (i) of the policy -Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-driver is RS

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/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 : 6002588AD  
Approved On : 16-AUG-25  
Place : MET  
Printed On : 06-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited  
DC-7011  
General Manager  
Authorized Signature  
LUCKNOW