

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.	Meena Devi 9410261601, 8433177928
2	Vehicle No. / वाहन संख्या	UP25EL5270
3	Policy No. / पालिसी संख्या	252400/31/2026/23378
4	Period of Insurance / बीमा अवधि	17/06/025 to 16/06/026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/09/025, 10:30 pm
6	Place of Accident / दुर्घटना का स्थान	तनिकु ज्वैलर्स के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohan Swaroop / 9410261601 / UP2520130015948
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण	मेरी गाड़ी लेकर मेरा बगु मेरे घर से सुभाषनगर में हटल रहा था कि रास्ते में तनिकु ज्वैलर्स के पास गाड़ी के सामने बूटानक से कुत्ता आ गया जिससे बूटानक पककर मेरी गाड़ी डिवाइडर से टकरा गयी और फिर पीछे से आ रही अज्ञात
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.	Moragam Auto World 100 ft. Hat Point Filibrik Bypass Bareilly 7302818020

मीना

Signature of Insured / बीमाधारक के

Date / दिनांक : 12/04/026.
हस्ताक्षर

कार ने भी गाड़ी में पीछे टक्कर मारी थी जिससे गाड़ी गिर गयी और हानि ग्रस्त हो गयी जिसमें मेरे बेटे को भी गम्भीर चोट लगी। जिसका इलाज चल रहा है।



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. 252400/31/2026/23378
 Tel. No. _____ Period of Insurance 17/06/025 To 16/06/026
 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 : Meena Devi
 (b) Address for correspondence : 07-25 North Colony Basuilly
 (c) Telephone : 8433 177928

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp Ltd.</u>	Engine No. <u>YG01A6S4F00084</u> Chassis No. <u>MBLQYU113S4F00133</u>	Registration No. <u>UP25EL 5270</u>
---	--	--

- (a) Was the vehicle in proper working condition? NO.
 (b) For what purpose was the vehicle being used at the time of accident? going over to marriage.
 (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 _____
- NTA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Mohan Swaroop
 (b) Age : 39
 (c) Address : 764, Old Chandmari Boreilly.
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : Owner Relative.
 (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 : UP2520130015948
 (h) Issuing Authority : Union of India New Delhi
 (i) Date of Expiry : 26/08/2022
 (j) Was the licence temporary/permanent : Permanent.
 (k) Details of endorsement/suspension, if any : _____
 (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 : 24/09/2025
 (b) Place : Roseilly
 (c) Speed of vehicle at the time of accident : 55
 (d) Give a short description of the accident : कूल को बचाने के चक्कर में गाड़ी डिवाइडर चकरा गयी और फीक से आ रहे उच्चत वजन ने चक्कर मार दी
 (e) If any third party was responsible for this accident give the name and address : No.

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 : 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? Driver.
(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

मीना

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
Occupation
Address
.....
.....

Bank Account Number 36488967293
Name of the Bank State Bank of India.



Shri
Ram Ganga Hospital
ADVANCED TRAUMA & SPINAL INJURY CENTER
SUBHASH NAGAR, BADAUN ROAD, BAREILLY

Ph.: 0581-2431111, 7417935925
7453935926

DISCHARGE SUMMARY

Department _____

IPD No. 573/25	UHID No.
Name Aditya	
Father Name Shri Ajay Divedi	
Age/Sex 22 Y M	Ward/Bed
Address Subhash Nagar Beer Bhatti Kali Dham Bareilly	
DOA 24/12/25	D.O.D. 27/10/2025
Diagnosis	
Consultant Dr. Bhatti	

Shrivastava Fracture Clinic

PUR POLICE CHOWKI, BAREILLY. Mob.: 9557893859
Dr. G.K. Shrivastava (M.S.)

Aditya Dewedi

Age 21/41 F

M

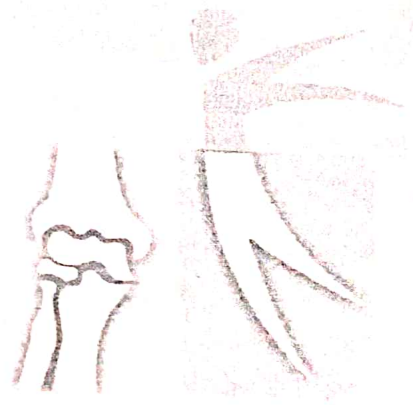
Date 3/12-25

Dr. Rajkamal Shrivastava

M.B.B.S., D (Ortho) M.S., (Ortho)
Consultant Orthopedic Surgeon

3 month old # Shaft Radius Rt
+ Carpometacarpal (unstable)
J.M. Neckin Radius over Colles
It has developed stiffness & fingers

Ref Wright Course



आवश्यक निर्देश : 1. हाथ या पैर, जहाँ प्लास्टर हुआ है, की अंगुलियों को खूब चलाना चाहिये। अन्य जोड़ों के हरकतों के विषय में भी समझ लें अन्यथा जोड़ जाम होने की प्रबल संभावना रहती है।
2. पैर/हाथ उठा कर रखें, अंगुलियाँ चलवानी हैं। प्लास्टर में सूजन आये या अंगुलियाँ नीली पड़े या बहुत दर्द हो तो फौरन दिखायें प्लास्टर को पीगने, चटखने या टूटने पर तुरन्त डॉक्टर को दिखायें। 3. हड्डी के टूट फूट वाले केस में बहुत से ऐसे मरीज हैं जहाँ पूरा प्रबल करने पर भी जोड़ कर हरकत में भी कमी रह सकती है। इस विषय में समझ-बूझ कर अपनी जिम्मेदारी पर इलाज करायें। अस्पताल का स्टाफ यथा संभव प्रयास करेगा कोई भी कमी न छोड़ी जाये। 4. प्लास्टर कटने के बाद जोड़ों की कसरत अच्छी तरह सम्पन्न लें। प्लास्टर लगे अंग का ठीक होना कसरत पर बहुत हद तक निर्भर करता है। 5. पुराने एक्स-रे खबरागज हमेशा साथ लायें। 6. उपरोक्त नियम का पालन न करने पर जिम्मेदारी मरीज की होगी।

★ यह पर्चा कानूनी कार्यवाही के लिये नहीं है ★ यह पर्चा सात दिन तक मान्य है ★ रविवार पूर्ण अवकाश।

डा. जी.के. अस्पताल, 13-वीं रामगढ़ मार्ग, बरेilly

OPD Prescription

Patient Name: Mr. Aditya Dwivedi Date: 10/01/2026
Age: 23 Sex: M.
UHID NO: SKCT: 7079834 Contact NO: 8755163834

*24/9/25 operated
somewhere*

Aditya

*NCCT @ wrist E3D
@ FA @ bet
carpal metacarpal dislocation
non union fracture*



Dr. Ar Singh
Consultant & Orthopaedic Surgeon Specialist
Modern Orthopaedic and Trauma Surgery Delhi
Institute of Trauma & Orthopaedics, Delhi Sant
Parmanand Hospital, New Delhi
SHRI SIDDHI VINAYAK HOSPITAL, BAREILLY,

Rec. NO. : 0030389

UHID NO. : SSVH/A/63889

PATIENT NAME : Mr. ADITYA DWIVEDI S/O AJAY DWIVEDI

AGE : 21Y

Address : SUBHASH NAGAR DISTT BAREILLY

FATHER NAME :

DATE : 22-Dec-2025 5:55 pm

Ph. No. : 8433177928

Amount : 1,000.00

112, CIVIL LINES, NEAR PRABHA TALKIES, BAREILLY

Ref. _____

BP : _____ mmHg

Weight : _____ Kgs

Chief Complaints :

Clinical Findings :

Diagnosis/ Provisional Diagnosis

Previous investigation Details :

Investigation :

General Advice :

Drug Allergy :

3 months old # dx. R.M.P. J.S.L.

→ → → delayed immo
start of Rx.

999710009

नोट

नियत तिथि पर दिखाएं /

डॉक्टर से पूछे बिना दवा बंद न करें /

कोई परेशानी होने पर पुनः दिखाएं /

नंबर लगाने हेतु सम्पर्क करें (प्रातः 8 : 00 AM से 9 : 00 AM बजे तक)

98370-74714, 93591-00009

0581-2510044, 2510310

Help Line : 9719963666

OPD Timing : 01:00 PM to 7:00 PM

NOT VALID FOR MEDICO LEGAL PURPOSE

ALL DISPUTES ARE SUBJECT TO BAREILLY JURISDICTION.

GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25ELE270 Registration Date : 22-Jun-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : REGD
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 85/2, 1ST FLOOR, 100 FITA T-POINT,
 TULAPUR, Pilibhit Bypass, BAREILLY, 243122
 Owner Name : MEENA DEVI Son/wife/daughter of : AJAY KUMAR
 Full Address: (Permanent) : O T-25 NORTH COLONY BAREILLY BAREILLY, BAREILLY, UTTAR PRADESH-243001
 Full Address: (Temporary) : O T-25 NORTH COLONY BAREILLY BAREILLY, BAREILLY-UTTAR PRADESH-243001
 Fitness Up To : 21-Jun-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : ADITYA DWIVEDI
 Relationship with the Nominee : Son Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1043464040 Rear HSRP No : AA2127270436
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLYGU113S4F00133
 Engine No : YC01A8S4F00034 Fuel : PETROL
 Horse Power(BHP) : 26.97 Cubic Capacity : 433.91
 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 HDFC BANK LIMITED, ...
 Bareilly, Uttar Pradesh-243001 w.e.f. 17-Jun-2025.

Purchase dt	: 17-Jun-2025	Sale Amt	: 273100/-
OTT Date	: 17-Jun-2025	Amount/Rcpt No	: 27310 / UP25D25060005508
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 05-Jul-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-Jun-2025 to 21-Jun-2040

Date : 08-Jul-2025 13:06:42

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 08-Jul-2025

Q 3711718

GENERALY USED ABBREVIATIONS

a/c = Account/खाता	Csh = Cash/रकम	Pos = Point of Sale/बिना
adj = Adjustment/संशोधन	dep = Deposit/व्यय	Pr = Principal/मूल
Amt = Amount/रकम	Drt = Draft/चुकी	proc = Processing Charge/संसाधन
Ar = Arrear/अग्रणी	dish/dsh = Dishonor/अपमान	rd = Recurring Deposit/संचालित
bal = Balance/बैलेंस	DR = Debit/देबिट	rtn = Return/वापस
Capn = Capitalisation/व्याज	DOS = Date of Birth/जन्म तिथि	d = Round off/गोल
Chg/ch = Charge/चार्ज	eft = Electronic Fund Transfer/ईएफटी	Savings Bank/संचालित बैंक
Ctq = Cheque/चेक	Inop = Inoperative/अकार्य	SC = Short Credit/छोटा क्रेडिट
CIF = Customer Information File/ग्राहक सूचना फाइल	Ins = Insurance/बीमा	S/SORD = Standing Instruction/संचालित निर्देश
Clos = Closure/समाप्ति	Int / In = Interest/ब्याज	D/W/H/o = Son/Daughter/Wife/Husband of/पुत्र/पुत्री/पत्नी/पति
Coll = Collection/संग्रह	Ion/loan/लोन	Trf/Tr = Transfer/संचालित
Comm. = Commission/आय	min = Minimum/न्यूनतम	Tr = Transaction/संचालित
COR/CORR = Correction/संशोधन	os = Outstanding/अग्रणी	Wd = Withdrawal/संचालित
CR = Credit/क्रेडिट	P&T = Postal Charges/पोस्टल चार्ज	MOD bal = Total balance (SB-linked MOD a/c) (अग्रणी बैलेंस)



SBI Ind PassBook

364 8896 7293

Branch: SUBHASH NAGAR (BAREILLY) Code: 1894
BAREILLY.

Email: SBI.01894@SBI.CO.IN
Phone No.: 2431243
IFSC: SBIN0001894

Buss. Hrs: 10:00:00-16:00:00
MICR: 243002014

Name: MEENA DEVI
S/D/H/o : AJAY KUMAR
CIF Number : 89586416523
Account No.: 36488967293
A/c Type : SB PSP SILVER
Address : OT-25 NORTH COLONY
BAREILLY
Phone No. :
Email :
C.O.B. (If Minor):

MOP: SINGLE
A/c Opening Dt: 25/01/2017
Nom Reg No:
Customer's PAN: BTHPM1929B
Date of Issue: 14/06/2023
CONTINUATION
Post Code: 243001
Sr. Citz Flag:





भारत सरकार

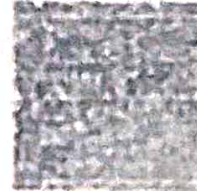
Government of India

मीना देवी

Meena Devi

जनम तिथि/ DOB: 04/02/1969

पहचान / FEMALE



2679 2987 5828

मेरा आधार, मेरी पहचान

Unique Identification Authority of India

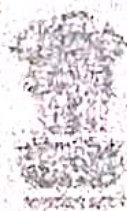
नाम:
अशोक कुमार, अ.टी-25,
मीन कालोनी, बरेली, उत्तर
प्रदेश - 243001

Address:
VPO. Ajay Kumar, A.T-25, North
Colony, Bareilly, Bareilly,
Uttar Pradesh - 243001

2679 2987 5828



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MEENA

SEVARAM

04/02/1969

Permanent Account Number

BTHPM1929B

मीना

Signature



100000



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGR0928

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, PIN-01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 2 columns: Policy Details (Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address) and Policy Issued On (Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Compulsory PA, Lead/Breakin No, Insured State).

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with 2 columns: OWN DAMAGE SECTION (A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-6), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess @ 0.50%, Krishi Kalyan Cess @ 0.50%, Gross Premium Paid).

Table with 2 columns: Nominee Details (Nominee Name, Age, Relation) and Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount). Also includes Financier Type (Financier Name: HDFC BANK LIMITED, Financier Branch, POS Name, POS ID, POS PAN NO./Andhar No).

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 opening Offices as well as on company's website. The insurance under the policy is subject to conditions, clauses, warranties, exclusions, JMTs 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 duplicate 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 when used in the knowledge of the insured. 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 authorized by and on behalf of the company has/have hereunto set his/their hands at 32400 on 17-JUN-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 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 (ii) of the policy - Damage to third party property as 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. 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: 639523SMD
Approved On: 17-JUN-25
Place: MBT
Printed On: 17-JUN-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

UNION OF INDIA Driving Licence



UP25 20130015948



27/08/2013

26/08/2033



01/01/1994

Unknown

MOHAN SWAROOP

CHAMPAT RAM

UP25 20130015948



LMV

27/08/2013



MCWG

27/08/2013



Form 7 (Auto 10/2)

784 SUBHASH NAGAR
OLD CHANDMARI
BAREILLY.

Holder Signature

ISSUING AUTHORITY SIGNATURE

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-0426-3	Date	14-04-2026
Customer Name	MEENA DEVI	Contact No.	8755163834
Aadhaar Card	5828	Model	HARLEY X440
VIN	MBLYGU113S4F00133	Reg No.	UP25EL5270
Insurance Company		HMCGL Card Category	
HMCGL Card No			
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	HDH61100RAA000FS - FRONT FENDER BK(DU)-010 S(F)	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
2	HDH51400RAA000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	16,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921.00
3	HDH18313RAA000SS - COVER MUFFLER	87141090	Paid	175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	207.00
4	HDH33450RAA001S - WINKER ASSEMBLY LEFT FRONT	85122010	Paid	716.10	1	9.00	9.00	0.00	0.00	0.00	0.00	845.00
5	HDH33700RAA001S -UNIT TAIL LIGHT	85122010	Paid	973.73	1	9.00	9.00	0.00	0.00	0.00	0.00	1,149.00
6	HDH51103RAA000S - GUARD SAREE	87141090	Paid	900.85	1	9.00	9.00	0.00	0.00	0.00	0.00	1,063.00
7	HDH51104RAA000S -STEP WOMEN	87141090	Paid	327.12	1	9.00	9.00	0.00	0.00	0.00	0.00	386.00
8	HDH33600RAA001S - WINKER ASSEMBLY RIGHT REAR	85122010	Paid	533.90	1	9.00	9.00	0.00	0.00	0.00	0.00	630.00
9	HDH33650RAA001S - WINKER ASSEMBLY LEFT REAR	85122010	Paid	533.90	1	9.00	9.00	0.00	0.00	0.00	0.00	630.00
10	HDH33720RAA001S -LIGHT ASSEMBLY LICENSE	85122010	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
11	HDH8010ARA000FS - REAR FENDER BK(DU)-010S (F)	87141090	Paid	6,405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	7,559.00
12	HDH80164RAA000S -WIRE COVER RR FENDER	87141090	Paid	113.56	1	9.00	9.00	0.00	0.00	0.00	0.00	134.00
13	HDH80101RAA000S -RR FENDER EXTENSION	87141090	Paid	187.29	1	9.00	9.00	0.00	0.00	0.00	0.00	221.00
14	HDH50244RAA000S -RR FENDER STAY SUB ASSEMBLY	87141090	Paid	106.78	1	9.00	9.00	0.00	0.00	0.00	0.00	126.00
15	KHDH6430BRAA000GS - BASH PLATE COMPLETE KIT	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
16	HDH45251RAA000S -DISC, FRONT BRAKE	87141090	Paid	3,027.97	1	9.00	9.00	0.00	0.00	0.00	0.00	3,573.00
17	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
18	HDH12200ACJ000S -HEAD COMPLETE CYLINDER	84099192	Paid	9,244.07	1	9.00	9.00	0.00	0.00	0.00	0.00	10,908.00
19	HDH24701ACJ000GS - PEDAL GEAR CHANGE (NH-105)	87141090	Paid	187.29	1	9.00	9.00	0.00	0.00	0.00	0.00	221.00

	HDH5064ARAA000GS - ARM LEFT STEP SUB ASSEMBLY (NH-105)	87141090	Paid	341.53	1	9.00	9.00	0.00	0.00	0.00	0.00	403.00
21	HDH46500ACJ000GS - PEDAL BRAKE (NH-105)	87141090	Paid	265.25	1	9.00	9.00	0.00	0.00	0.00	0.00	313.00
22	HDH50612RAA000GS - ARM R STEP	87141090	Paid	112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	133.00
23	HDH50600RAA000S - HOLDER RIDER STEP RIGHT	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
24	HDH18318RAA000NS - COVER MUFFLER 2 MATT AXIS GREY	87141090	Paid	159.32	1	9.00	9.00	0.00	0.00	0.00	0.00	188.00
25	HDH51500RAA000S -FORK ASSEMBLY LEFT FRONT	87141090	Paid	16,882. 20	1	9.00	9.00	0.00	0.00	0.00	0.00	19,921. 00
26	KHDH42446RAA001S - KIT WHEEL FRONT	87141090	Paid	7,811.8 6	1	9.00	9.00	0.00	0.00	0.00	0.00	9,218.0 0
27	HDH53200RAA000S -STEM COMPLETE STEERING	87141090	Paid	5,553.3 9	1	9.00	9.00	0.00	0.00	0.00	0.00	6,553.0 0
28	HDH5323BRAA000GS - BRIDGE FORK TOP KIT	87141090	Paid	1,600.8 5	1	9.00	9.00	0.00	0.00	0.00	0.00	1,889.0 0
29	HDHRAABF2A000000GS - FRAME BODY	87141090	Paid	16,343. 22	1	9.00	9.00	0.00	0.00	0.00	0.00	19,285. 00
30	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
31	KHDH5080BRAA000S -KIT ENGINE GUARD	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
32	KHDH9967BRAA000S - WINDSCREEN KIT	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
33	HDH33100RAA011S -LIGHT ASSY HEAD	85122010	Paid	6,106.7 8	1	9.00	9.00	0.00	0.00	0.00	0.00	7,206.0 0
34	HDH61311RAA000S -STAY COMPLETE HEADLIGHT	87141090	Paid	228.81	1	9.00	9.00	0.00	0.00	0.00	0.00	270.00
35	HDH53178ACD000S - LEVER COMPLETE LEFT STEERING HANDLE	87141090	Paid	188.14	1	9.00	9.00	0.00	0.00	0.00	0.00	222.00
36	HDH45510ACP000S - MASTER CYLINDER SUB ASSEMBLY SET	87141090	Paid	1,300.0 0	1	9.00	9.00	0.00	0.00	0.00	0.00	1,534.0 0
37	HDH45508ACP000S - LEVER SET	87141090	Paid	361.02	1	9.00	9.00	0.00	0.00	0.00	0.00	426.00
38	HDH11340RAA000GS - COVER CRANKCASE LEFT MATTE BLACK	84099192	Paid	1,438.9 8	1	9.00	9.00	0.00	0.00	0.00	0.00	1,698.0 0
Parts Total											0.00	144,976. 00

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	5,500.00	9.00	9.00	0.00	0.00	0.00	0.00	6,490.00	
Jobs Total											0.00	6,490.00

Parts Total	144,976.00
Labour Total	6,490.00
SGST (Parts) 9%	11,057.49
CGST (Parts) 9%	11,057.49
SGST (Labour) 9%	495.00
CGST (Labour) 9%	495.00
Total	151,466.00

Rupees in Words: One Lakh Fifty One Thousand Four Hundred Sixty Six 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

17032 - Main W/S