

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-0426-58
 Customer Name HARI SHANKAR
 VIN MBLHAW128MHL11699
 Insurance Company
 HMCGL Card No 1073022800000300

Date 14-04-2026
 Contact No. 9919217045
 Model SPLENDOR +
 Reg No. UP31BV1654
 HMCGL Card Category Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	868.64	1	9.00	9.00	0.00	0.00	0.00	0.00	1,025.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.00	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
3	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
4	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	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
6	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	83500KCC830ZBS -R SIDE COVER (BLACK NH-1)	87141090	Paid	633.90	1	9.00	9.00	0.00	0.00	0.00	0.00	748.00
8	77300AAE400RS -R SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
9	77400AAE400RS -L SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid	525.42	1	9.00	9.00	0.00	0.00	0.00	0.00	620.00
10	77235AAE400RS -"CENTER REAR COWL (BLACK NH-1, TYPE -1)"	87141090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.01
11	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
12	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
13	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00

Parts Total

0.00 10,664.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10

Jobs Total

0.00 2,000.10

Parts Total	10,664.01
Labour Total	2,000.10
SGST (Parts) 9%	813.36
CGST (Parts) 9%	813.36
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	12,664.11

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

MEERUT

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.	हरिशंकर, 9919217045
2	Vehicle No. / वाहन संख्या	UP31 BV 1654
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/04/2026 1:00PM
6	Place of Accident / दुर्घटना का स्थान	सेवापुर सतौना हनुमान मन्दिर के पास
7	Name of the Driver, DL No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	हरिशंकर, 9919217045 UP31 20220012181
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	सेवापुर सतौना हनुमान मन्दिर के पास पीछे से दौड़ी ओर से मोटरसाइकिल वाले ने टक्कर मार दी जिससे मेरी गाड़ी दौड़ी ओर गिरकर सतिग्रत हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	MOSARRAM AUTO SALES, LRP ROAD LAKHIMPUR KHERI, 9151154036

Harishankar

Signature of Insured / बीमाधारक के

Date / दिनांक :
हस्ताक्षर



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. _____

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

I. INSURED

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

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HALLIYMAL01698</u> Chassis No. <u>MBLHANJ28MHL11699</u>	Registration No. <u>UP31 BV</u> <u>1654</u>
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- (a) Was the vehicle in proper working condition? Yes
 (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

N/A

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 : HARI SHANKAR
 (b) Age : 24 years
 (c) Address : RIO GRAM - PATTI PURWA, LAKHIMPUR-KHERI,
UP, 262702.
 (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 : UP3120220012181
 (h) Issuing Authority : 24/12/2022
 (i) Date of Expiry : 04/05/2042
 (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 : 11/04/2025 1:00PM
 (b) Place : सेवापुर सलौना हनुमान मन्दिर के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : सेवापुर सलौना हनुमान मन्दिर के पास पीछे से
दायाँ ओर से मोटरसाइकिल से टक्कर हो गई
 (e) If any third party was responsible for this accident give the name and address : जिससे पैरी गाड़ी चली और गिरकर सातगस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT AND RIGHT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES, IRR ROAD
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERI, 9151154036

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 : N/A
 (f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
- (b) If yes, give full details : NO

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? : N/A
- (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? : N/A
- (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 14/04/2006

Signature of the insured Mary

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. UP31BV1654 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 Mari
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP31BV1654	Registration Date	: 19-Feb-2022
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI,		
Owner Name	: HARI SHANKAR	Son/wife/daughter of	: S/O SRI TULSI RAM
Full Address: (Permanent)	: VILL- PATTI PURWA, PO- KHERI TOWN, PS- KHERI, KHERI,		UTTAR PRADESH- 62702
Full Address: (Temporary)	: VILL- PATTI PURWA, PO- KHERI TOWN, PS- KHERI, KHERI,		UTTAR PRADESH- 62702
Fitness UpTo	: 18-Feb-2037	Tax UpTo	: One Time
Owner Serial No	: 1		
Detailed Description			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	: BHARAT STATE VI
Ownership	: INDIVIDUAL	Norms	
Maker's Name	: HERCULES MOTOCORP LTD	Rear HSRP No	: AA2048379E
Front HSRP No	: AA2048179375	Month/Year of Manuf.	: 11/2021
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW128M 1169E
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11EYMHL01698	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91		: 1236
Maker's Classification	: SPLENDOR +(13S-SELF-DRU Wheel base M-CAST)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK-SILVER STR	AC Fitted	: NO
Other Criteria			
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	: 15-Feb-2022	Sale Amt	: 68930/-
OTT Date	: 15-Feb-2022	Amount/Rcpt No	: 6893 / UP31D22020002484
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 25-Feb-2022
Other State/Transfer/Conversion Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 19-Feb-2022 to 18-Feb-2037

Date : 02-Mar-2022 11:32:21
 Taxation Particulars / Advance Registration Mark Fee Details

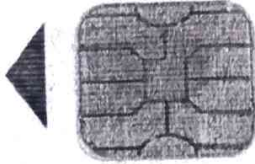
Signature of Registering Authority
 मो. 02-Mar-2022
 लखीमपूर खेरी



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20220012181



Issue Date: 24-12-2022 Validity (NT): 04-05-2042 Validity (TR): _____



Holder's Signature

Date of First Issue (24-12-2022)

Name: **HARI SHANKAR**
 Date of Birth: 05-05-2002 Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **TULSI RAM**
 Address: **gram-patti purwa Lakhimpur Kheri Uttar Pradesh 262702**

DL No: UP31 20220012181

UPDL000009834720



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	24-12-2022	NT			
	LMV	UP31	24-12-2022	NT			
	MVSD						

Emergency Contact Number
9555149178

[Signature]
 Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Aadhaar no. issued: 04/02/2015



हरी शंकर

Hari Shankar

जन्म तिथि / DOB: 05/05/2002

पुरुष / Male

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).

2069 9020 2559

मेरा आधार, मेरी पहचान



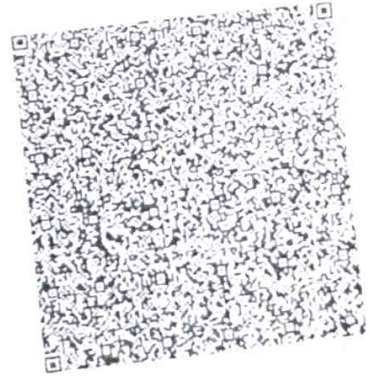
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: आत्मज: तुलसी राम, ग्राम-पट्टी पूरवा,
लखीमपुर, खीरी, उत्तर प्रदेश, 262702

Details as on 10/12/2023

Address: S/O: Tulsi Ram, gram-patti purwa,
Lakhimpur, PO:Kheri Town, DIST:Kheri, Uttar
Pradesh, 262702



2069 9020 2559



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



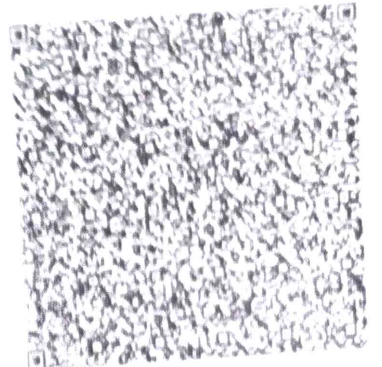
नाम / Name

HARI SHANKAR

पिता का नाम / Father's Name
TULSI RAM

जन्म की तिथि / Date of Birth

05/05/2002



हरी शंकर
हस्ताक्षर / Signature

32176