

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.

MOSARAM AUTO SALES

LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

Contact: 7800009643, 7408404715, 7408404714, 7800009644

GSTIN No: 09AAJFM3951B1ZD

ESTIMATE

Estimate No. 10730-03-REST-0426-80
 Customer Name SHYAM MOHAN
 VIN MBLCEW07XS6G00493
 Insurance Company
 HMCGL Card No
 Part Details

Date 19-04-2026
 Contact No. 8052499360
 Model VIDA VX2 GO
 Reg No. UP31CN2762
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD33100ACP301S -LIGHT ASSY HEAD	85122010	Paid	4,529.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,345.00
2	VDACPDS6A0040EJGS - SET ILLUST COVER FRONT UPPER	87141090	Paid	7,495.76	1	9.00	9.00	0.00	0.00	0.00	0.00	8,845.00
3	VD53205ACP310S - HANDLE COVER FRONT	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
4	VD53206ACP310GS - HANDLE COVER REAR	87141090	Paid	1,128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	1,332.00
5	VD53237ACP310FS - HANDLE COVER TOP	87141090	Paid	761.02	1	9.00	9.00	0.00	0.00	0.00	0.00	898.00
6	VDACPDB0M003000GS - MIRROR LH ASSY	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	VD64320ACP310FS - COVER R FLOOR SIDE	87141090	Paid	889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00
8	VD64330ACP310FS - COVER L FLOOR SIDE	87141090	Paid	889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00
9	VDACPDS6A0010ARGS - SET ILLUST BODY SIDE LH	87141090	Paid	3,089.83	1	9.00	9.00	0.00	0.00	0.00	0.00	3,646.00
10	VD83691ACP310S -COVER SWINGARM AXLE LH	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
Parts Total											0.00	23,530.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR- VIDA VX2 GO	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
Jobs Total											0.00	2,950.00

Parts Total	23,530.00
Labour Total	2,950.00
SGST (Parts) 9%	1,794.66
CGST (Parts) 9%	1,794.66
SGST (Labour) 9%	225.00
CGST (Labour) 9%	225.00
Total	26,480.00

Rupees in Words: Twenty Six Thousand Four Hundred Eighty 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

10730 - Main W/S

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CN2762 Registration Date : 21-Sep-2025
 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, , , 153-262701
 Owner Name : SHYAM MOHAN Son/wife/daughter of : BUTI
 Full Address: (Permanent) : 212 PHARDHAN PHARDHAN, , , KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : 212 PHARDHAN PHARDHAN, , , KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 20-Sep-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : Not Available
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2125883529 Rear HSRP No : AA2123349958
 Type of Body : SOLO WITH PIILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 0 Chassis No : MBLCEW07XS6G00493
 Engine No : ECD001S6G04954 Fuel : PURE EV
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00
 Maker's Classification : VIDA VX2 GO Wheel base : 1303
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 108
 Colour : MAT INSPIRED WHITE Laden/GV Wt (kgs) : 258
 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 TATA CAPITAL LIMITED, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 20-Sep-2025.

Purchase dt : 20-Sep-2025 Sale Amt : 99490/-
 OTT Date : Amount/Rcpt No : /
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 23-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 21-Sep-2025 to 20-Sep-2040

Date : 14-Nov-2025 08:46:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 मोटर वाहन विभाग
 लखीमपुर-खीरी
 Date : 14-Nov-2025

Q 5314295

UNION OF INDIA Driving Licence



UP31 20170007217



जारी करने की तिथि
Date of Issue
05/07/2017

वैधता / Validity
14/07/2036

जन्म तिथि
Date of Birth
15/07/1986

Blood Group
Unknown



नाम / Name

ROMIL KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

S 'RESH CHANDRA

UP31 20170007217

UP05444961MT

MCWG
05/07/2017



Form 7 Rule 16C

पता / Address

VILL POST THANA PHARDHAN
LAKHIMPUR KHERI
- 262701

Holder's Signature

जारीकर्ता / Issuing Authority Sign
lakhimpur kheri

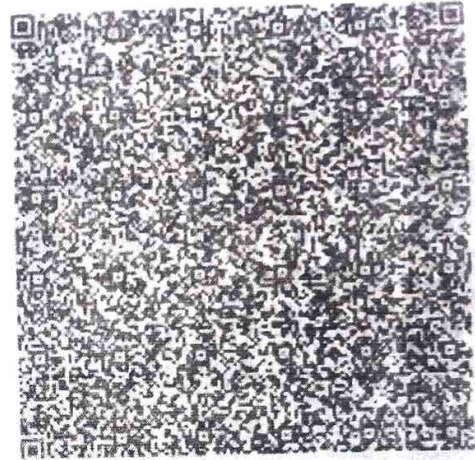


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O बुटी, 212, फरधान, फरधान, खीरी,
उत्तर प्रदेश - 262701

Address:
S/O Buti, 212, phardhan, Phardhan,
Kheri,
Uttar Pradesh - 262701



6535 9558 9438
VID : 9126 9070 4404 4683



1947



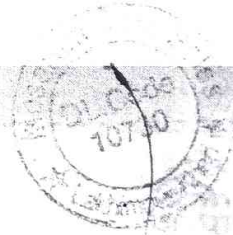
help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



श्याम मोहन
Shyam Mohan
जन्म तिथि/DOB: 28/02/2000
पुरुष/ MALE

Download Date: 02/10/2020

Issue Date: 30/09/2020

6535 9558 9438
VID : 9126 9070 4404 4683

मेरा आधार, मेरी पहचान

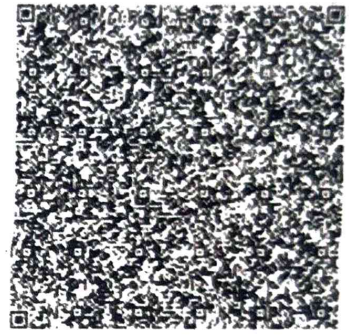
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ISVPM0800D



नाम / Name

SHYAM MOHAN

पिता का नाम / Father's Name

BUTI

जन्म की तारीख / Date of Birth

28/02/2000

श्याम मोहन
हस्ताक्षर / Signature

14198

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.	श्याम मोहन, 7518320539
2	Vehicle No. / वाहन संख्या	UP31 CN 2762
3	Policy No. / पालिसी संख्या	252400/31/2026/36510
4	Period of Insurance / बीमा अवधि	20/09/2025 से 19/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/04/2026 1:00PM.
6	Place of Accident / दुर्घटना का स्थान	राजापुर मण्डी के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सामिल कुमार, 8423295662 UP31 20170007217
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण	राजापुर मण्डी के पास सामिल से टक्कर से लॉयी और से टक्कर हो गयी. जिससे मेरी गाडी लॉयी और गिरकर सातमिस्त हो गयी
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 / फ़ोन नं.	MOSARAM AUTO SALES, U.P. ROAD LAKHIMPUR KHERRA, 9151154036.

Date / दिनांक : 17/04/2026
हस्ताक्षर

श्याम मोहन

- 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 MEEERUT

Certificate/Policy No. 252400/31/2026/36510

Tel. No.

Period of Insurance 20/09/2025 से 19/09/2026.
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 : SHYAM MOHAN
(b) Address for correspondence : R/O 212 PHARDHAN, KHERI, UP, 262701.
(c) Telephone : 7518320539

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC000156604954</u> Chassis No. <u>MBLCEW07XS6600493</u>	Registration No. <u>UP31CN</u> <u>2762</u>
---	--	--

- (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 : ROMIL KUMAR
 (b) Age : 15/07/1986
 (c) Address : RIOVIL PO-THANA PHARDHAN, LAKHIMPUR
 (d) Is the Driver :
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : BHAI
 (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 20170007217
 (h) Issuing Authority : 05/07/2017
 (i) Date of Expiry : 14/07/2036
 (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 : 15/04/2026 1:00pm.
 (b) Place : राजपुर के मुंडी के पास
 (c) Speed of vehicle at the time of accident : 30-40kmph.
 (d) Give a short description of the accident : राजपुर के पास मुंडी के पास सामने से ट्रक्टर से
 (e) If any third party was responsible for this accident give the name and address : दायाँ ओर से ट्रक्टर हो गया, जिससे मेरी गाड़ी बाँधीओर निकल कर सामने हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, UPRROAD 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 : _____
 (f) Has notice of any claim been given to you? : _____
- N/A

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 Police 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 17/04/ 2020

Signature of the insured बुधास मोहन

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. UP31CN2762 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 श्याम मोहन
Occupation
Address

Bank Account Number
Name of the Bank