

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-0426-6	Date	26-04-2026
Customer Name	SHABNAM .	Contact No.	7452818504
Aadhaar Card	0778		
VIN	MBLCEW045S6F01781	Model	V2 PLUS
Insurance Company		Reg No.	UP25EM0579
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	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00
2	VD53206ACP220S - HANDLE COVER REAR	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
3	VDACPCF2A001000GS - FRAME BODY	87141090	Paid	6,483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	7,651.00
4	VD51410ACP000S -PIPE COMP FR FORK	87141090	Paid	300.00	2	9.00	9.00	0.00	0.00	0.00	0.00	708.00
5	VD53100ACP200S - HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
6	VD53178ACP000S -LEVER L HANDLE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
7	VD61100ACP000YS - FRONT FENDER	87141090	Paid	894.07	1	9.00	9.00	0.00	0.00	0.00	0.00	1,055.00
8	VD53205ACP220YS - COVER HANDLE FRONT A	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
9	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
10	VD64305ACP000YS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	1,710.00
11	VD80152ACP000YS - COVER CENTER A	87141090	Paid	1,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00
12	VDACPCS6A0040EAGS - SET ILLUSTR BODY SIDE LH	87141090	Paid	2,468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	2,913.00
13	VD50710ACP000S -PILLION R STEP	87141090	Paid	124.58	1	9.00	9.00	0.00	0.00	0.00	0.00	147.00
14	VDACPCS6A0030EAGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	2,931.00
15	VD88100ACP000YS -TAIL LIGHT COVER(S(D)-015M(F))	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
Parts Total											0.00	23,149.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
Jobs Total											0.00	2,360.00

Parts Total	23,149.00
Labour Total	2,360.00
SGST (Parts) 9%	1,765.60
CGST (Parts) 9%	1,765.60
SGST (Labour) 9%	180.00

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.	Shabnam 7452818504
2	Vehicle No. / वाहन संख्या	UP25EM0579
3	Policy No. / पॉलिसी संख्या	252400/31/2026/29057
4	Period of Insurance / बीमा अवधि	21/07/2025 To 20/07/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/04/26 1230 Pm
6	Place of Accident / दुर्घटना का स्थान	अपूल खा चौराहे के पास
7	Name of the Driver, D.L.No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ahsan Ali, UP2520140027677
8	Estimated Loss / अनुमानित हानि	25509
9	Cause of Accident / दुर्घटना का कारण :	श्री जाड़ी लोकर में घटनाई में एर रॉनि में अपूल खा चौराहे के पास पीछे से टक टक हुए हुए जाड़ी से टकराए गए हैं आ बिरास जाड़ी आगा चल रहे एरी से टकरा गया और निरकर ड्राइवर की गयी ।
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.	Mobayam Auto Repair, 100 Fita T-Point Pilibhit Bypass Bareilly 7302818020

Signature of Insured / बीमाधारक के

शुभावस

Date / दिनांक :
 हस्ताक्षर

शुभावस



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. 252400/31/2026/29057

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

(a) Name : ^{1. INSURED} Shabnam
 (b) Address for correspondence : Near Neem Village, Kandhapur Bawilly Unaxisia
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero Motor Co. 2025</u>	Engine No. <u>ECDD01S6F01199</u>	Registration No. <u>UPR25EM 0579</u>
	Chassis No. <u>MBLCEW04556F01781</u>	

- (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 : NA
- (g) If Lorry/Tractor/Tractor, was trailer attached? : _____
- (h) Number of passengers carried : _____
- (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name Atkar Ali
- (b) Age 36
- (c) Address 111 Surpapur PS, Hafizganj Bareilly
- (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? No

- (g) Driving Licence Number UP2S20190927677
- (h) Issuing Authority Union of India Driving Licence
- (i) Date of Expiry 19/11/2034
- (j) Was the licence temporary/permanent 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 24/04/2026, 12:30 Pm
- (b) Place Bareilly
- (c) Speed of vehicle at the time of accident _____
- (d) Give a short description of the accident वह से एक एक बाल में गाड़ी में टकरा कर री कार में आगे आगे चल रहे हुए टक्का लगाया गया
- (e) If any third party was responsible for this accident give the name and address श्री गौरी गिराज साहोपायन ही गाड़ी

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 N/A
- (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? _____

8. INJURY TO DRIVER/OCCUPANT

(a) Was driver/any occupant injured? NO
(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? : 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?
(g) When? N/A
(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 _____ 200

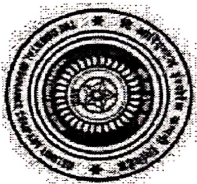
Signature of the insured Q. K. A. A. T.

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/-

Signature

Witness

Name

Signature

Signature

Occupation

Address

Address

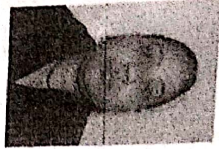
Bank Account Number

Name of the Bank



भारत सरकार
Government of India

शहनाम
Shabnam
जन्म तिथि / DOB : 16/11/1986
महिला / Female



7094 2941 0778



आधार - आम आदमी का अधिकार



संयुक्त विश्व बैंक प्राधिकरण
Unique Identification Authority of India

पता:
अधिकांश मोहना, नीम के पास,
गांव कान्धारपुर, बरेली,
उत्तर प्रदेश, पिन कोड, 243001
Address:
W/O: Mohd Junaid, Near neem,
Village kandharpur, Kandharpur,
Bareilly, Umarsia, Uttar Pradesh,
243001

7094 2941 0778



1947
1800 300 1947

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आयकर विभाग

INCOME TAX DEPARTMENT

SHABNAM

ANBAR ALI

16/11/1986

Permanent Account Number

GYZPS6392L

शुभम

Signature



भारत सरकार

GOVT. OF INDIA

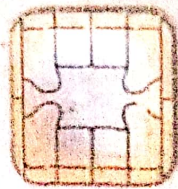


12082016



UNION OF INDIA **Driving Licence**

UP25 20140027677



मार्ग / Validity
Date of Issue
20/11/2014

मार्ग / Validity
19/11/2034

जन्म तिथि /
Date of Birth
10/11/1989

Blood Group
Unknown

नाम / Name

AFSAR ALI

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

MULHAN SINGH

UP-0513658941

UP25 20140027677

कार /
20/11/2014

MCWG

पता / Address

111 GUPILAPUR
POSTHAIZGANJ
BARERILLY

Holder's Signature

Authorized / Issuing Authority Sign

BARERILLY



Form 7 Rule 16(2)



GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25EM0579 Registration Date : 25-Jul-2025

Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW

Dealer's Name & Address : MOSARANI AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA T-POINT, TULAPUR, Pilibhit Bypass, Bareilly, ... 150-243122

Owner Name : SHABNAM Son/Wife/daughter of : W/O: MOHD. JUNAID

Full Address: (Permanent) : KANDHARPUR VILLAGE KANDHARPUR, HEAR HEEM, BAREILLY, UTTAR PRADESH-243001

Full Address: (Temporary) : KANDHARPUR VILLAGE KANDHARPUR, HEAR HEEM, BAREILLY-UTTAR PRADESH-243001

Fitness UPTO : 24-Jul-2040 Owner Serial No : 1

Detailed Description	Owner Serial No	Link Vehicle No
Class of Vehicle		Nominee Name
Ownership		Norms
Relationship with the Nominee		
Maker's Name		
Front HSRP No		
Type of Body		
No of Cylinders		
Engine No		
Horse Power(BHP)		
Maker's Classification		
Seating Cap(in all)		
Sleeper Cap		
Colour		
Other Criteria		
Vehicle Purchase As		

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(In kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of ECOFY FINANCE PRIVATE LIMITED, ... Bareilly, Uttar Pradesh-243001 w.e.f. 21-Jul-2025.

Purchase dt	: 21-Jul-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Receipt No	: /
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 18-Aug-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

Date : 23-Aug-2025 15:55:47

Taxation Particulars / Advance Registration Mark Fee Details

Q 4459210

Signature of Registering Authority

Date: 23-Aug-2025

28-Aug-2025

Government of Uttarakhand Government of Uttar Pradesh Government of Uttarakhand Government of Uttar Pradesh Government of Uttarakhand Government of Uttar Pradesh Government of Uttarakhand Government of Uttar Pradesh Government of Uttarakhand Government of Uttar Pradesh