

**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-0426-86  
 Customer Name AJEET VERMA ...  
 VIN MBLJAU024RGM11125  
 Insurance Company  
 HMCGL Card No 1073024820004041  
 Part Details

Date 23-04-2026  
 Contact No. 9120801911  
 Model XTREME 125R  
 Reg No. UP31CJ8728  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ABH501S -LIGHT ASSY HEAD	85122010	Paid	2,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	3,230.00
2	61301ACL000S -COWL FRONT	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
3	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	351.69	1	9.00	9.00	0.00	0.00	0.00	0.00	415.00
4	61323ACL000AS -FRONT COWL LEFT NH-1	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
5	37100ACL01099S -METER ASSEMBLY COMBINATION	87141090	Paid	3,710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	4,378.00
6	83200ACL000BS -COVER LEFT SIDE SPORTS RED	87141090	Paid	507.63	1	9.00	9.00	0.00	0.00	0.00	0.00	599.00
7	83549ACL000S -SIDE SHROUD INNER FRONT	87141090	Paid	211.86	1	9.00	9.00	0.00	0.00	0.00	0.00	250.00
8	83600ACL000AS -SIDE SHROUD OUTER LEFT COCTAIL BLUE	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
9	83650ACL000AS -SIDE SHROUD OUTER LEFT BLACK NH-1	87141090	Paid	381.36	1	9.00	9.00	0.00	0.00	0.00	0.00	450.00
10	83653ACL000S -SIDE SHROUD INNER BACK LEFT	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
11	50803ACL000S -GUARD ENGINE RIGHT	87141090	Paid	163.56	1	9.00	9.00	0.00	0.00	0.00	0.00	193.00
12	50804ACL000S -GUARD ENGINE LEFT	87141090	Paid	155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	184.00
13	24701ACL000S -PEDAL GEAR CHANGE	87141090	Paid	89.83	1	9.00	9.00	0.00	0.00	0.00	0.00	106.00
14	83647ACL000AS -SIDE SHROUD GARNISH LEFT NH-1	87141090	Paid	322.03	1	9.00	9.00	0.00	0.00	0.00	0.00	380.00
<b>Parts Total</b>											0.00	11,193.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
<b>Jobs Total</b>											0.00	2,360.00

Parts Total	11,193.00
Labour Total	2,360.00
SGST (Parts) 9%	853.70
CGST (Parts) 9%	853.70
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00

**Program Proposal Two-Wheeler Package Contract - Bundled**

Package Contract No: MS/2026/7001/0/46575/569720

Motorsathi Care Private Limited  
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
 Tel: +91 94110 50643  
 info@motorsathi.com  
 help section of www.motorsathi.com

of Certificate Holder	Date of Birth
MILLI VERMA	

**Total** **13,553.00**

Rupees in Words: Thirteen Thousand Five Hundred Fifty Two Only

Authorised Signatory

10730 - Main W/S

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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

Regis  
 Descri  
 Dealer  
 Owner  
 Full Ad  
 Full Ac  
 Fitness  
 Detail  
 Class  
 Own  
 Make  
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 ype

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

MEERUT

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र / विषय : Claim Intimation Letter

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.	AJJEET VERMA. 9120 801911.
2	Vehicle No. / वाहन संख्या	UP 31 C 78728
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569720
4	Period of Insurance / बीमा अवधि	17/01/2026 से 16/01/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/4/2026 9:00 PM.
6	Place of Accident / दुर्घटना का स्थान	L.R.P चौराहा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIKAS KUMAR VERMA. 7310 355733 UP3120210007541.
8	Estimated Loss / अनुमानित हानि	No
09.	Cause of Accident / दुर्घटना का कारण :	सीतापुर से लखीमपुर खैरी आ रहे थे तभी अचानक L.R.P चौराहा के पास समान से मोटर साइकिल से जोर तक्कर हो गई जिससे मेरी गाड़ी बर्त और गिरकर क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES L.R.P Road Lakhimpur Kheri 9151159036.

Date / दिनांक : 17/04/2026 .  
हस्ताक्षर

अजीत वर्मा  
Signature of Insured / बीमाधारक के

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

The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

MEE RUT

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र / दिषय : Claim Intimati

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.	AJEET VERMA. 9120 801911.
2	Vehicle No. / वाहन संख्या	UP 31 CJ 8728
3	Policy No. / पालिसी संख्या	MS12826/7001/0/46575/569720
4	Period of Insurance / बीमा अवधि	17/01/2026 से 16/01/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/4/2026 9:00 PM.
6	Place of Accident / दुर्घटना का स्थान	L.R.P चौराहा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIKAS KUMAR VERMA. 7310 355733 UP3120210007541.
8	Estimated Loss / अनुमानित हानि	No
09.	Cause of Accident / दुर्घटना का कारण : सीतापुर से लखीमपुर खैरी आ रहे थे लक्ष्मी अचानक L.R.P चौराहा के पास समान से मोटर साइकिल से जोर वकूल हो गई जिससे मेरी गजी बार्ड आट गिरकर क्षतिग्रस्त हो गई	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES L.R.P Road Lakhimpur Khery 9151159036.

Date / दिनांक : 17/04/2026  
हस्ताक्षर

अजीत वर्मा  
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 \_\_\_\_\_  
 Tel. No. \_\_\_\_\_

Certificate/Policy No. \_\_\_\_\_  
 Period of Insurance 17/10/2026 to 26/10/2027  
 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 : AJJEET VERMA.  
 (b) Address for correspondence : R/O GROVEND NAGAR, SALEMPUR, Kheri.  
 (c) Telephone : 912080911.

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025.</u>	Engine No. <u>JA07AVRG1M08799</u>	Registration No. <u>UP31 CJ</u>
	Chassis No. <u>MBLJAU024RG1M11129</u>	<u>8728</u>

- (a) Was the vehicle in proper working condition? Yes  
 (b) For what purpose was the vehicle being used at the time of accident? NO what purpose was the vehicle being used at the time of accident?  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached N/A.  
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : VIKAS KUMAR VERMA  
 (b) Age : 29-11-2001  
 (c) Address : SALEMPUR KONE, Lakhimpur Kheri  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : YES  
 (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 : UP3120210007591  
 (h) Issuing Authority : 11/06/2021  
 (i) Date of Expiry : 23/01/2021  
 (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 : 19/09/2026  
 (b) Place : L.R.P - चौराहे के पास  
 (c) Speed of vehicle at the time of accident : 30-40 kmh  
 (d) Give a short description of the accident : सीतापुर से लखीमपुर खैरी आ रहे थे वहां अचानक  
 (e) If any third party was responsible for this accident give the name and address : L.R.P - चौराहे के पास साभर से मोटरसाइकिल में जोरदार टक्कर हो गई जिसमें मोरी, पंडीवर और मोर शिवर सहित 4 लोग

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Left  
 (b) Estimated cost of repairs : NO  
 (c) When and where can the damaged vehicle be inspected : Mohararam Auto Sales, R.P. Road Lakhimpur Kheri

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? : \_\_\_\_\_

Full Address: (Temporary)  
Business Up To  
Detailed Description  
Type of Vehicle

R/O GOVIND NAGAR, ...  
UTTAR PRADESH-262701  
20-Jan-2040

M-CYCLE/SCOOTER

Owner Serial No : 1

Link Vehicle No Norms : BHARAT STAGE VI

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : / NIA
- (b) If yes, give full details : / NIA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : / NIA
- (b) Did a Police Constable take particulars of The accident? : / NIA
- (c) Was accident reported to Police? If not, Why? : / NIA
- (d) If yes, to which Police Station? : / NIA
- (e) Date and Diary No. : / NIA

10. THEFT

- (a) Date and Time : / NIA
- (b) Place : / NIA
- (c) What was stolen? : / NIA
- (d) Estimated cost of replacement? : / NIA
- (e) By whom discovered and reported? : / NIA
- (f) Has theft been reported to Police? : / NIA
- (g) When? : / NIA
- (h) Which Policy Station? : / NIA
- (i) C.R. diary Number : / NIA

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 17/09/2026.200

Signature of the insured अजीत वर्मा

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 31/5/16 9mf  
Occupation .....  
Address .....

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

**Owner Name** : RAJEEV VERMA  
**Full Address: (Permanent)** : R/O GOVIND NAGAR, SALEMPUR, LAKHIMPUR KHERI, PS- KOTWALI SADAR, KHERI, UTTAR PRADESH-262701  
**Full Address: (Temporary)** : R/O GOVIND NAGAR, SALEMPUR, LAKHIMPUR KHERI, PS- KOTWALI SADAR, KHERI- UTTAR PRADESH-262701

**Fitness UpTo** : 20-Jan-2040 **Owner Serial No** : 1

**Detailed Description**

<b>Class of Vehicle</b>	: M-CYCLE/SCOOTER	<b>Link Vehicle No</b>	:
<b>Ownership</b>	: INDIVIDUAL	<b>Norms</b>	: BHARAT STAGE VI
<b>Maker's Name</b>	: HERO MOTOCORP LTD	<b>Rear HSRP No</b>	: AA1039287616
<b>Front HSRP No</b>	: AA1038955627	<b>Month/Year of Manuf.</b>	: 12/2024
<b>Type of Body</b>	: SOLO WITH PILLION	<b>Chassis No</b>	: MBLJAU024RGM11125
<b>No of Cylinders</b>	: 1	<b>Fuel</b>	: PETROL
<b>Engine No</b>	: JA07AVRGM08749	<b>Cubic Capacity</b>	: 124.70
<b>Horse Power(BHP)</b>	: 11.39	<b>Wheel base</b>	: 1319
<b>Maker's Classification</b>	: XTREME 125 R ABS	<b>Standing Cap</b>	: 0
<b>Seating Cap(In all)</b>	: 2	<b>Unladen Wt (kgs)</b>	: 137
<b>Sleeper Cap</b>	: 0	<b>Laden/GV Wt (kgs)</b>	: 267
<b>Colour</b>	: BLACK	<b>AC Fitted</b>	: NO
<b>Other Criteria</b>	:		
<b>Vehicle Purchase As</b>	: 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. .

<b>Purchase dt</b>	: 15-Jan-2025	<b>Sale Amt</b>	: 101439/-
<b>OTT Date</b>	: 15-Jan-2025	<b>Amount/Rcpt No</b>	: 10144 / UP31D25010003118
<b>Vehicle Is Govt./ Pvt.</b>	: PRIVATE	<b>Tax Exempted or Not</b>	: NOT EXEMPTED
<b>Date of Approval</b>	: 24-Jan-2025		

**Other State/Transfer/Conversion/Reassign Details**

<b>Previous Owner</b>	:	<b>Previous RegNo</b>	:
<b>Old State</b>	:	<b>Entry Date</b>	:
<b>Transfer Date</b>	:	<b>Conversion Date</b>	:

This certificate is valid from 21-Jan-2025 to 20-Jan-2040

Date : 19-Feb-2025 18:51:16  
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 मोटोसाइकल विभाग  
 लखीमपुर खैरी  
 19 Feb 2025  
 Signature of Motor Vehicle Authority

Q 1479169

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



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

**UP31 20210007541**

Issue Date: 11-06-2021    Validity (NT): 23-11-2041    Validity (TR): \_\_\_\_\_

Name: **VIKAS KUMAR VERMA**  
 Date of Birth: 24-11-2001    Blood Group: \_\_\_\_\_    Organ Donor: **Y**  
 Son/Daughter/Wife of: **DHANUBAM VERMA**

Address:  
**SALEM PUR KONE LAKHIMPUR PS MOTWALI SADAR**  
**Lakhimpur, Lakhimpur Jheri, UP 262701**

*Holder's Signature*

Date of First Issue: 11-06-2021

DL No: **UP31 20210007541**    UPDL000005584298

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	11-06-2021	NT				
LMV	UP31	11-06-2021	NT				
MVSD							

Emergency Contact Number: 9696206257

Lakhimpur Authority  
 LAKHIMPUR JHERI

Form 7 Rule 16(2)



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: हरराम वर्मा, गोविन्द नगर,  
सलेमपुर, खीरी,  
उत्तर प्रदेश - 262701

Address:

S/O: Hareram Verma, Govind  
Nagar, Salempur, Kheri,  
Uttar Pradesh - 262701

6846 3543 3835



1947



help@uidai.gov.in

www

www.uidai.gov.in



भारत सरकार

Government of India



अजीत वर्मा

Ajeet Verma

जन्म तिथि/ DOB: 01/01/1999

पुरुष / MALE



6846 3543 3835

मेरा आधार, मेरी पहचान

आयकर विभाग

INCOME TAX DEPARTMENT



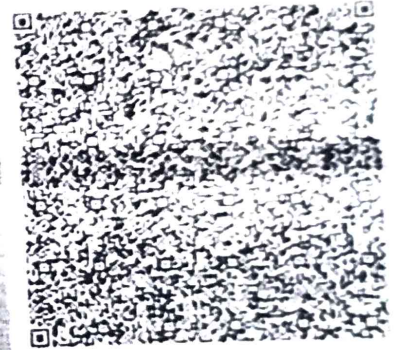
भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CKBPV5795A



नाम / Name

AJEET VERMA

पिता का नाम / Father's Name

HARERAM VERMA\*

जन्म की तारीख / Date of Birth

01/01/1999

*Ajeet*

हस्ताक्षर / Signature

3350188