

**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-0526-7	Date	08-05-2026
Customer Name	MOHD FARHAN HUSSAIN	Contact No.	7037607915
Aadhaar Card	8928	Model	VIDA VX2 PLUS
VIN	MBLCEW06XS6G02526	Reg No.	UP25EM2158
Insurance Company		HMCGL Card Category	
HMCGL Card No			

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	5,349.00
2	VD53100ACP310S - HANDLE COMP STRG	87141090	Paid	683.05	1	9.00	9.00	0.00	0.00	0.00	0.00	800.00
3	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,820.00
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	VD45251ABG010S -DISC FRONT BRAKE	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
6	VD50100ACP310S -FRAME BODY COMP	87141090	Paid	5,811.86	1	9.00	9.00	0.00	0.00	0.00	0.00	6,858.00
7	VD5317AACP320S -LEVER LH ASSY	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
8	VD53237ACP310CS - HANDLE COVER TOP	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
9	VD53205ACP310S - HANDLE COVER FRONT	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	865.00
10	VD61100ACP310CS - FRONT FENDER	87141090	Paid	1,046.61	1	9.00	9.00	0.00	0.00	0.00	0.00	1,220.00
11	VDACPDS6A0040AYGS - SET ILLUSTR COVER FRONT UPPER	87141090	Paid	6,581.36	1	9.00	9.00	0.00	0.00	0.00	0.00	7,790.00
12	VD64330ACP310CS - COVER L FLOOR SIDE	87141090	Paid	722.03	1	9.00	9.00	0.00	0.00	0.00	0.00	852.00
13	VDACPDS6A0010AYGS - SET ILLUSTR BODY SIDE LH	87141090	Paid	2,761.02	1	9.00	9.00	0.00	0.00	0.00	0.00	3,250.00
14	VD33450ACP201S - WINKER ASSY L FR	85122010	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
15	VD33650ACP301S - WINKER ASSY L RR	85122010	Paid	288.14	1	9.00	9.00	0.00	0.00	0.00	0.00	340.00
16	VD64311AAWD00S -STAY FRONT NO PLATE	87141090	Paid	46.61	1	9.00	9.00	0.00	0.00	0.00	0.00	55.00

**Parts Total**

0.00 32,445.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102046 - ADDITIONAL REPAIR CHARGES-VIDA VX2 PLUS	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00
<b>Jobs Total</b>											0.00 2,950.00

Parts Total 32,445.00  
 Labour Total 2,950.00  
 SGST (Parts) 9% 2,474.62

CGST (Parts) 9%	2,474.82
SGST (Labour) 9%	225.00
CGST (Labour) 9%	27.18
<b>Total</b>	<b>35,397.00</b>

Rupees in Words: Thirty Five Thousand Three Hundred Ninety Five Only

Authorised Signatory

17032 - Main W

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 BAREILLY Jurisdiction Only



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.	Mohd. Farhan Hussain
2	Vehicle No. / वाहन संख्या	UP25EM2158
3	Policy No. / पालिसी संख्या	252400/31/2026/30809
4	Period of Insurance / बीमा अवधि	01/08/25 To 31/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/05/26, 02:00 Pm
6	Place of Accident / दुर्घटना का स्थान	पीलीभीत बाईपास रोड के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohd. Farhan Hussain, UP 2520 23000 2439,
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी गाड़ी लेकर अपने घर परसोना से संप्रयमगर जा रहा था कि रास्ते में जैन हॉस्पिटल (पीलीभीत बाईपास रोड) के पास गाड़ी पीछे से आ रहे अज्ञात कार वाले ने गाड़ी में टक्कर मार दी जिससे गाड़ी आगे चल रही टुक टुक से टकरा गयी और गिरकर क्षतिग्रस्त हो 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 / फ़ोन नं.	Mosaram Autoword 100 Fita T-Point Pilibhit Bypass Bareilly 7302818020

Date / दिनांक :  
हस्ताक्षर

  
Signature of Insured / बीमाधारक के



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name Mohd Farhan Hussain
- (b) Age 27
- (c) Address Farah Park Post PAC Basailly
- (d) Is the Driver
  - 1. Owner Deveer
  - 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 UP25 20 23000 2439
- (h) Issuing Authority Talukh Union Driving Licence
- (i) Date of Expiry 03-03-2042
- (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 05/12/2026, 02:00 Pm
- (b) Place Basailly
- (c) Speed of vehicle at the time of accident 55
- (d) Give a short description of the accident एक ही आदमी एक ही कार चलाते जाते थे गाडी में टकराया और ही एक ही गाडी आया चल रही टकरा से टकरा कर और और गाडी चलाकर बाइसाइल ही गाडी।
- (e) If any third party was responsible for this accident give the name and address

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
  - (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

9. WITNESS

(a) Give names and addresses of passengers/other witness, if any

(b) Did a Police Constable take particulars of the accident? : : N/A

(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        200        Signature of the insured       

*[Handwritten Signature]*

Transport Department BAREILLY  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25EM2158  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA T-POINT,, TULAPUR, PILIBHIT BYPASS, BAREILLY, , 150-243122  
 Owner Name : MOHD FARHAN HUSSAIN  
 Full Address: (Permanent) : GRAM PARSONA BAREILLY POST P.A.C, , BAREILLY, UTTAR PRADESH-243123  
 Full Address: (Temporary) : GRAM PARSONA BAREILLY POST P.A.C, , BAREILLY-UTTAR PRADESH-243123  
 Fitness UpTo : 05-Aug-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Relationship with the Nominee : Mother  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2125864933  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 0  
 Engine No : ECD001S6G04186  
 Horse Power(BHP) : 8.04  
 Maker's Classification : VIDA VX2 PLUS  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : PEARL BLACK  
 Other Criteria :  
 Vehicle Purchase As : Fully Built  
 Registration Date : 06-Aug-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : C/O: MOHD FAROOQ  
 Owner Serial No : 1  
 Link Vehicle No :  
 Nominee Name : MOSAM NISHA  
 Norms : Not Available  
 Rear HSRP No : AA2127836240  
 Month/Year of Manuf. : 07/2025  
 Chassis No : MBLCEW06XS6G02526  
 Fuel : PURE EV  
 Cubic Capacity : 0.00  
 Wheel base : 1301  
 Standing Cap : 0  
 Unladen Wt (kgs) : 116  
 Laden/GV Wt (kgs) : 266  
 AC Fitted : NO

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 : 01-Aug-2025  
 Sale Amt : 109990/-  
 OTT Date :  
 Amount/Rcpt No : /  
 Vehicle Is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED  
 Date of Approvai : 17-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

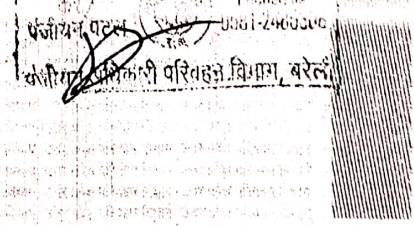
This certificate is valid from 06-Aug-2025 to 05-Aug-2040

Date : 23-Aug-2025 15:59:01

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 23-Aug-2025



Q 4459225

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POL0973  
Page No: 1



**TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE**

**FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989**

**DIVISIONAL OFFICE, 34 MAHARAJGARH, DELHI, INDIA**

**BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Year)**

**REGISTRATION NO. 012144357DL (GSTR) 09AAAAC1667744240**

Policy No	232400/31/2024/30809	Policy Issued On	01-AUG-23
Agent/Broker Code	BA0000153144	Proposal No. & Date	P23240001/2024/623297 & 01-AUG-2023
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 14:58 ON 01/08/2023 TO MIDNIGHT OF 31/07/2026
Insured Name	MOHD FARHAN HOSSAIN (GSTR)	Policy Period (LIABILITY)	FROM 14:58 ON 01/08/2023 TO MIDNIGHT OF 31/07/2026
Insured Address	CO MOHD FAROQ, GRAM PARSONA, POST P.A. CHABELLY, NA.	Lead/Breach No	UTTAR PRADESH
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (DV) (IN RS.)	
Make	HERO MOTORCORP	Vehicle	104491
Model & Variant	HERO MOTO CORP HERO VIDA V3.3 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year of Manufacture	2025	Total DV	104491
Engine - Chassis No	EGD0015604186 - MBL CRW06356002326	DM CONTRACT NO	
Cable Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type of Body	SOLO		
RTO Location			

OWN DAMAGE SECTION(A)		Schedule Of Premium (Amount in Rs.)		LIABILITY SECTION (B)	
Vehicle	1751.27	Basic Third Party Liability	373		
Key Accessories	0	Compulsory PA Cover Premium	0		
Non-Elec Accessories	0	PA Cover for 0 Person Or Rs (0) each (GNT-16)	0		
Basic Premium	159.27	Legal Liability (V/C) to driver (GNT-28)	0		
Geographical Area Rate (GNT-1)	0	Legal Liability to Employee (GNT-29)	NA		
Driving License Loading On OD Premium (6%)	0	Legal Liability to Passenger (GNT-40)	NA		
Sub-Total Additions	0	Driving License Loading On TP Premium (60%)	0		
		PA Paid Driver, Conductor, Cleaner-CR3983	3273		
		Net Liability Premium (B)	3693		
Voluntary Deductible (GNT 24)	0	Total Premium (A+B)	664		
Acc. Third Party (GNT-10)	0	GST	0		
ADI Membership (GNT-9)	0	SERVICE TAX	0.00		
No. Claim Bonus	0	STAMP DUTY	0		
SIP Discount	0	Kichhi Kalyan Ctg@0.50%	0		
Discount for vehicle designed for handicapped	0	Grass Premium Paid	4357		
Sub - Total Deductibles	0				
Net Premium	261				
Sub Total Add-on Coverages	261				
Net own Damage Premium(A)	420				

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 AMI policy of the Company. The AMI policy is available in all our operating Offices as well as company's website.

The Insured under the policy is subject to conditions, clauses, warranties, exclusions, DNTs and DIC endorsements mentioned herein above which are available on company's website.

Whereas that in case of forfeiture of premium (except) 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 whether or not in the knowledge of the insured.

INM hereby certifies that the policy is valid as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicle Act, 1988.

In witness whereof the undersigned being authorized by and on behalf of the company, has/have herein set his/their hand(s) at 232400 on 01-AUG-23.

**IMPORTANT NOTICE**

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with the applicable Ad's/Endorsements by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the Insured/Owner of CERTAIN AND RIGHTS OF RECOVERY.

Labels as is to verify only for social domestic and pleasure purpose 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 baggage) (3) Operation racing (4) Race Staking (5) Speed testing (6) Reckless driving.

Driver's Character: 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 driver's license may drive vehicle & that such a person satisfies the requirements of Rule 4 of the Central Motor Vehicle Act, 1988.

Liability of Liability Clause/Under section II-1 (of the policy) Death of or body injury/Sum amount is necessary to meet the requirement of the motor vehicle act 1988, Under Section II-1 (b) of the policy. Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS. No Claim Bonus/This 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 preceding year(s) preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% NCB on OD premium. No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

\* This Insured is subject to policy in which the certificate of insurance are issued in accordance with the provision of Chapter X and XI of MV Act, 1988.

**For and on behalf of**

**The Oriental Insurance Company Limited**

**General Manager**  
**Authorized Signatory**

Approved By: 923175HMD  
Approved On: 01-AUG-23  
Place: MUM  
Printed On: 02-AUG-23

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

AHAPF1912H

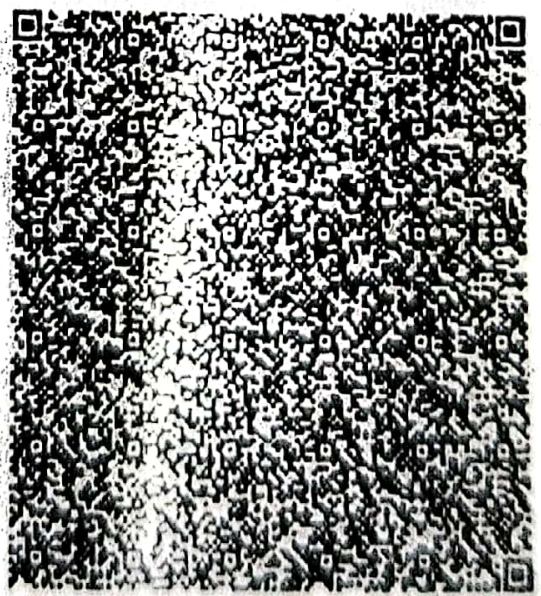
नाम / Name  
MOHD FARHAN HUSSAIN

पिता का नाम / Father's Name  
MOHD FAROOD

जन्म की तारीख /  
Date of Birth  
04/03/2002

*Farhan*

हस्ताक्षर / Signature



23092022



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

**UP25 20230002439**



(09-05-2023)

Issue Date: 09-05-2023  
 Validity (NT): 03-03-2042  
 Validity (TR):

Name: **MOHD FARHAN HUSSAIN**  
 Date of Birth: 04-03-2002  
 Blood Group: **N**  
 Son/Daughter/Wife of: **MOHD FAROOQ**  
 Address: **gram parsona post p. a. c Barwally Barwally Uttar Pradesh 243123**  
 Holder's Signature  
 Organ Donor: **N**  
 Date of First Issue

**DL No: UP25 20230002439**

UPDL 0000-108585/73



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	UP25		09-05-2023	MT			
MSD							
MVSD							

Emergency Contact Number

Licensing Authority  
**UP25 BARWALLY**

Form 7 Rule - 5(2)

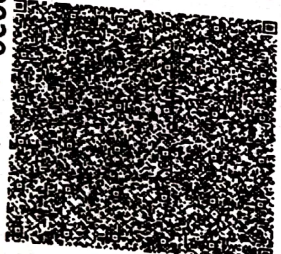
Download Date: 20/08/2025



भारत  
 प्रधानमन्त्री कार्यालय  
 Government of India  
 AADHAAR

पता: श्री फारूक, ग्राम परसोना, पोस्ट प.अ.स,  
 बरेली, बरेली,  
 उत्तर प्रदेश - 243123



Address:  
 C/O: Mohd Farooq, gram parsona, post p.a.c,  
 Bareilly, Bareilly,  
 Uttar Pradesh - 243123




9367 3702 8928  
 VID : 9103 7175 7188 7218

1947 |  help@uidai.gov.in |  www.uidai.gov.in

Issue Date: 27/10/2016

भारत सरकार  
 Government of India



मोहम्मद फारुख हुसैन  
 Mohd Farhan Hussain  
 पता PAN/DOB: 04/03/2002  
 लिंग/ GENDER: MALE

9367 3702 8928  
 VID : 9103 7175 7188 7218

मोहा आयात, मोहा परसोना