

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-0526-8	Date	27-05-2026
Customer Name	SHIVAM .	Contact No.	9259583613
Aadhaar Card	9365		
VIN	MBLYGU113S4F00794	Model	HARLEY X440
Insurance Company		Reg No.	UP25EM4246
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	HDH33100RAA011S -LIGHT ASSY HEAD	85122010	Paid	6,355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	7,500.00
2	HDH5061ARAA000GS - ARM RIGHT STEP SUB ASSEMBLY (NH-105)	87141090	Paid	355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	420.00
3	HDH46500ACJ000GS - PEDAL BRAKE (NH-105)	87141090	Paid	276.27	1	9.00	9.00	0.00	0.00	0.00	0.00	326.00
4	HDH45510ACP000S - MASTER CYLINDER SUB ASSEMBLY SET	87141090	Paid	1,354.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,598.00
5	HDH61311RAA000S -STAY COMPLETE HEADLIGHT	87141090	Paid	238.98	1	9.00	9.00	0.00	0.00	0.00	0.00	282.00
6	HDH17520RAA030FS -SET FUEL TANK (MATT DENIM BLACK BK(DU)-0	87141090	Paid	15,520.34	1	9.00	9.00	0.00	0.00	0.00	0.00	18,314.00
7	HDH18310RAA000SS - MUFFLER COMPLETE	87141090	Paid	4,293.22	1	9.00	9.00	0.00	0.00	0.00	0.00	5,066.00
8	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	2,580.00
9	HDH61103RAA000S -STAY COMPLETE FRONT FENDER RIGHT	87141090	Paid	907.63	1	9.00	9.00	0.00	0.00	0.00	0.00	1,071.00
10	HDH61104RAA000S -STAY COMPLETE FRONT FENDER LEFT	87141090	Paid	907.63	1	9.00	9.00	0.00	0.00	0.00	0.00	1,071.00
11	HDH44601RAA002S - WHEEL COMP FRONT	87141090	Paid	7,301.69	1	9.00	9.00	0.00	0.00	0.00	0.00	8,616.00
12	HDH45251RAA000S -DISC, FRONT BRAKE	87141090	Paid	3,158.47	1	9.00	9.00	0.00	0.00	0.00	0.00	3,727.00
13	HDH51400RAA000S -FORK ASSEMBLY RIGHT FRONT	87141090	Paid	17,579.66	1	9.00	9.00	0.00	0.00	0.00	0.00	20,744.00
14	HDH53200RAA000S -STEM COMPLETE STEERING	87141090	Paid	5,781.36	1	9.00	9.00	0.00	0.00	0.00	0.00	6,822.00
15	HDH45508ACP000S - LEVER SET	87141090	Paid	376.27	1	9.00	9.00	0.00	0.00	0.00	0.00	444.00
Parts Total											0.00	78,581.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	3,000.00	9.00	9.00	0.00	0.00	0.00	0.00	3,540.00	
Jobs Total											0.00	3,540.00

Parts Total	78,581.00
Labour Total	3,540.00
SGST (Parts) 9%	5,993.47
CGST (Parts) 9%	5,993.47
SGST (Labour) 9%	270.00
CGST (Labour) 9%	270.00
Total	82,121.00

Rupees in Words: Eighty Two Thousand One Hundred Twenty One 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
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

17032 - Main W/S



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.	SRivam, 7017957053
2	Vehicle No. / वाहन संख्या	UP25EM 4246
3	Policy No. / पालिसी संख्या	252400/31/2026/33279
4	Period of Insurance / बीमा अवधि	16/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26/05/2026 शाम 6:30
6	Place of Accident / दुर्घटना का स्थान	सिमूति पब्लिस के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Umit Yadav, UP2520250016929 7895606725
8	Estimated Loss / अनुमानित हानि	82121
9	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी एक मेग टोस्त मोडर करनी से सुभाषनगुरु काम से आ रहा था कि बास्त में घिमुति पब्लिस के पास गाड़ी के सामने अपानक से आदमी आ गया जिसे कुथान के वादकर से गाड़ी डिवाइडर से टकरा गया और क्षतिग्रस्त हो गया।
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.	Morayam Auto World 100/117-8 T Point 111621 Bypass Road Gaskalley 7302818020

Date / दिनांक : 27/05/2026.

हस्ताक्षर

SRivam

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

Certificate/Policy No. 25240081/202633279

Div. Br. Office Address _____
 Period of Insurance 16/08/2026
 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 : SHYAM
 (b) Address for correspondence : Sh Chayana, 14th Bdg Colony, Guclack
 (c) Telephone : Place Kargah, Rasooli - 5015957053

2. THE INSURED VEHICLE

Make & Year <u>Harley Davidson Hero Moto Corp 2025</u>	Engine No. <u>Y901A8S4F00769</u> Chassis No. <u>MBLYGUIS34F007A4</u>	Registration No. <u>UP25EM 4246</u>
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- (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 Chellan No. _____
 (d) Nature of permit N/A
 (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 _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Abhinav Madan
(b) Age : 26
(c) Address : Greenex Kirti Ash Colony, Kanyasulkam
(d) Is the Driver : Basel Key
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Parent.

(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 90250016999
(h) Issuing Authority : Uttarakhand Driving Licence.
(i) Date of Expiry : 31/10/2040
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any :
(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 : NO.

5. DETAILS OF ACCIDENT

(a) Date and Time :
(b) Place : Bawal
(c) Speed of vehicle at the time of accident : 80 km/hr
(d) Give a short description of the accident : घाटाने के बलाने के चक्कर में गाड़ी बिबिडर डकरी गयी
(e) If any third party was responsible for this accident give the name and address : NO.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : 82121
(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? : NO.



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? Nil
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? _____
- (e) Date and Diary No. _____

10. THEFT

- (a) Date and Time _____
- (b) Place _____
- (c) What was stolen? ATP
- (d) Estimated cost of replacement? _____
- (e) By whom discovered and reported? _____
- (f) Has theft been reported to Police? _____
- (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 Shivam

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/-

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number 0245827639
Name of the Bank Kotak Mahindra.

GOVERNMENT OF UTTAR PRADESH
Transport Department BAREILLY

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25EM4246 Registration Date : 23-Aug-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA-T-POINT,
 TULAPUR, PILIBHIT BYPASS, BAREILLY, 160-243122
 Owner Name : SHIVAM Son/wife/daughter of : CHARAN SINGH
 Full Address: (Permanent) : B.D.A COLONY BAREILLY KARGAINA, GUDLACK PALACE, BAREILLY, UTTAR
 PRADESH-243001
 Full Address: (Temporary) : B.D.A COLONY BAREILLY KARGAINA, GUDLACK PALACE, BAREILLY-UTTAR
 PRADESH-243001
 Fitness Up To : 22-Aug-2040 Owner Serial No : 21

Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : CHARAN SINGH
 Relationship with the Nominee : Father Norms : BHARAT STAGE VI

Nominee :
 Maker's Name : HERO MOTORCORP LTD Rear HSRP No : AA2133868915
 Front HSRP No : AA2135484143 Month/Year of Manuf : 07/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLYGU113SAF00794
 No of Cylinders : 1 Fuel : PETROL
 Engine No : YG01ABSAF00769 Cubic Capacity : 439.91
 Horse Power(BHP) : 26.97 Wheel base : 1418
 Maker's Classification : HARLEY-DAVIDSON X440 S Standing Cap : 0
 Seating Cap(In all) : 2 Unladen Wt (kgs) : 191
 Colour : MATT DENIM BLUACK Laden/GV Wt (kgs) : 341
 Other Criteria : AC Fitted NO

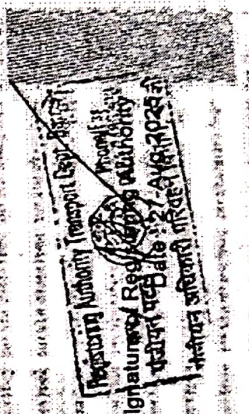
Vehicle Purchase As : Fully Built
 Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)
 By Manuf. : As Regd.

a) Front:	Description	Weight(in kgs)
b) Rear:		
c) Other:		
d) Tandem:		

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD.
 Purchase dt : 17-Aug-2025 Sale Amt: 273100/- Sale Amt: 273100/-
 OTT Date : 17-Aug-2025 Amount/Rcpt No : 27310 / UP25D25080004475
 Vehicle is Govt./Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-Aug-2025
 Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Previous RegNo :
 Old State Regd. Date :
 Transfer Date : 23-Aug-2025 to 22-Aug-2040

This certificate is valid from 23-Aug-2025 to 22-Aug-2040
 Date : 27-Aug-2025 11:49:53
 Taxation Particulars / Advance Registration Mark Fee Details

Q 3887456

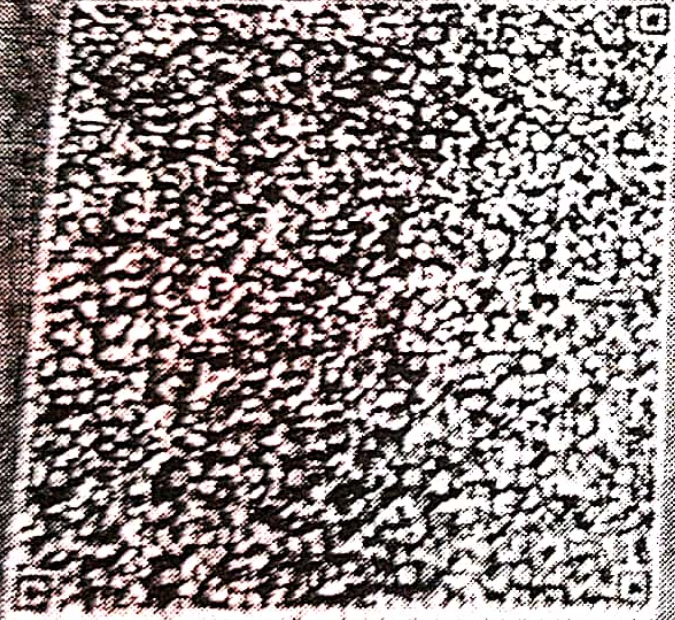


Government of Uttar Pradesh
Government of Uttar Pradesh

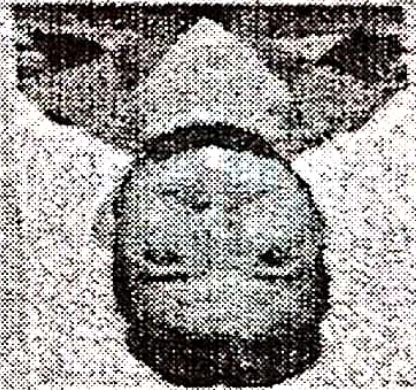
भारत सरकार
GOVT OF INDIA



आयकर विभाग
INCOME TAX DEPARTMENT



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
LAZPS1410E



नाम / Name
SHIVAM

पिता का नाम / Father's Name
CHARAN SINGH

जन्म की तिथि /
Date of Birth

01/01/1996

हस्ताक्षर / Signature
Shivam



भारत सरकार
Government of India



Aadhaar no. issued: 20/12/2014



शिवम

Shivam

जन्म तिथि/DOB: 01/01/1996

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड /
ऑफ़लाइन 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)

3077 1392 9365

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान आधिकारण
Unique Identification Authority of India

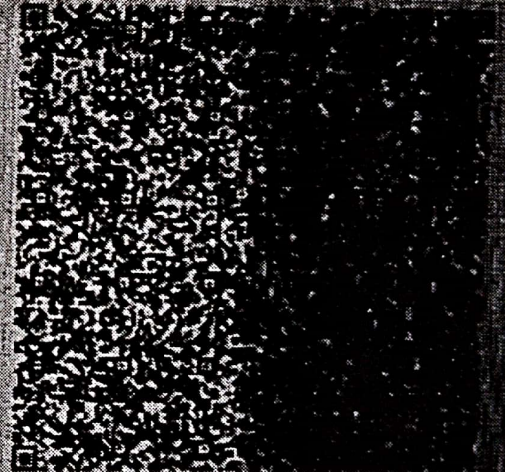
पता:

S/O: चरण सिंह, बी.डी.ए. कॉलोनी, गुडलक पैलस, कर्गना,
बरेली, बरेली, बरेली,
उत्तर प्रदेश - 243001

Address:

S/O: Charan Singh, B.D.A. COLONY, GUDLACK
PALACE, KARGAINA, Bareilly, PO: Bareilly, DIST:
Bareilly,
Uttar Pradesh - 243001

Details as on: 17/06/2025



3077 1392 9365

VID : 9123 9991 4523 1070

1947

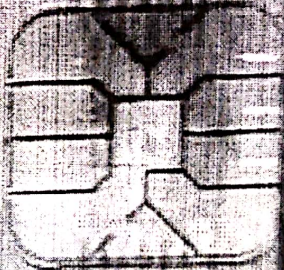
help@uidai.gov.in

www.uidai.gov.in

Indian Union Driving Licence
Issued by Uttar Pradesh

UP25 20250016929

Issue Date 10-09-2025
Validity (NT) 31-10-2040
Validity (TR)



SUNIT YADAV

01-11-2000

Blood Group: DEV SINGH YADAV
Daughter/Wife of:

Organ Donor: N

Holder's Signature



COLONY KARGANA BAREILLY
BAREILLY, UP 243001



UP25 BAREILLY
Licensing Authority

Control Number

Issued By	Issue Date	Vehicle Category	Badge Number	Issued Date	Issued By
NT	10-09-2025	NT			
UP25	10-09-2025	NT			
UP25	10-09-2025	NT			

Form 7 Rule 10(2)

Hazardous Validity Hill Validity

Invalid Carriage (Regn Numbers)



UPDL251000036474

UP25 20250016929