

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-0626-181  
 Customer Name SAROJ KUMAR  
 VIN MBLCEW043S6E02344  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 03-06-2026  
 Contact No. 6388051024  
 Model V2 PLUS  
 Reg No. UP31CM7241  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	VD33100ACP001S -LIGHT ASSEMBLY HEAD	85122010	Paid	3,563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	4,205.00
2	VD53204ACP000S -WIND SCREEN	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
3	VD53205ACP220YS -COVER HANDLE FRONT A	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
4	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
5	VD17544ACP220S -SPRING LID STAY	73201011	Paid	16.95	1	9.00	9.00	0.00	0.00	0.00	0.00	20.00
6	VD88120ACP200S -MIRROR ASSY L BACK	70091090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
7	VD64300ACP000US -COVER FRONT R	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
8	VD64301ACP000US -COVER FRONT L	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
9	VD81120ACP000S -COVER INNER UPPER	87141090	Paid	245.76	1	9.00	9.00	0.00	0.00	0.00	0.00	290.00
10	VD64304ACP000YS -COVER FRONT LOWER RIGHT (S(D)-015M(F))	87141090	Paid	1,452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,714.00
11	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
12	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
13	VDACPCS6A0040ANGS -SET ILLUST BODY SIDE LH	87141090	Paid	2,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	2,525.00
<b>Parts Total</b>											0.00	<b>14,494.00</b>

**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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

Parts Total	14,494.00
Labour Total	2,000.10
SGST (Parts) 9%	1,105.47
CGST (Parts) 9%	1,105.47
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>16,494.10</b>

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.	सरोज कुमार, 9795671245.
2	Vehicle No. / वाहन संख्या	UP31CM 7241.
3	Policy No. / पालिसी संख्या	252400/31/2026/26382.
4	Period of Insurance / बीमा अवधि	06/07/2025 से 05/07/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/05/2026 01:00 PM.
6	Place of Accident / दुर्घटना का स्थान	देवकली मेडिकल कॉलेज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	हर्षित वर्मा, 6388051024. UP31 20260002989
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : देवकली मेडिकल कॉलेज के पास सामने से आते से दाईं तरफ से टक्कर हो गई कि जिससे मेरी गाड़ी आनियंत्रित होकर बाईं ओर गिरकर सतिमस्त हो गई।	
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 BASTLES, LRP ROAD, LAKHIMPUR-KHERI, 9151154036.

Date / दिनांक : 02/Jun/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के

Kumar



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 MEEHUT

Certificate/Policy No. 252400/31/2026/26382

Tel. No.

Period of Insurance 06/07/2025 से 05/07/2026  
 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 : SARDI KUMAR  
 (b) Address for correspondence : RIO KALDUND, LAKEBOR, KHERI, PS-PHARDHAN,  
 (c) Telephone : 9795671245. LAKHIMPUR-KHERI.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC001S6E01636</u> Chassis No. <u>MBLCEW043S6E02344</u>	Registration No. <u>UP31CM</u> <u>7241</u>
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- (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 : HARSHIT VERMA
- (b) Age : 16/10/2007
- (c) Address : R/O KALA DUND, PS-LAKE SOR, LAKHIMPUR-KHERI
- (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 20260002989
- (h) Issuing Authority : 05/05/2026
- (i) Date of Expiry : 15/10/2047
- (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?: AIO

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 31/May/2026 01:00PM
- (b) Place : देवकली मेडीकल कॉलेज के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h
- (d) Give a short description of the accident : देवकली मेडीकल कॉलेज के पास सामने से आते
- (e) If any third party was responsible for this accident give the name and address : ये दाई तरफ से से टक्कर हो गई कि जिससे घरो गार्ड : आनिराज देवर वॉर और टक्कर धाकड़स हा गरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
- (b) Estimated cost of repairs : MASARAM AUTO SALES, LRP ROAD
- (c) When and where can the damaged vehicle be inspected : 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 : /
- (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? : \_\_\_\_\_
- (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 02/Jul/2006

Signature of the insured Kuma

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. UP31CM7241 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 ..... Kumar .....  
Occupation .....  
Address .....

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



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Compulsory PA, Lead / Breakin No, Insured State.

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location) and INSURED DECLARED VALUE (IDV) (In Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMV CONTRACT NO, Policy Type, Geographical Area).

Table with 2 columns: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Anti-Theft Device, AAI Membership, No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid).

Table with 2 columns: Nominee Details (Nominee Name, Age, Relation) and Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount).

POS Name NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

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

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule.

Limitations as to use: Use only for social, domestic and pleasure purposes and the Insured's business. The Policy does not cover the motor for (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the incident and is not disqualified from holding or obtaining such a license.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988.

No Claim bonus: The 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. The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium.

No Claim bonus: The 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. The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

\* This insurance excludes all pre existing damages

Approval section containing QR code, Approved By: JAIN@232400, Approved On: 06-JUL-25, Place: MRT, Printed On: 06-JUL-25, and signature area for General Manager Authorized Signature.



Transport Department LAKHIMPUR KHERI  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CM7241 Registration Date : 10-Jul-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 : SAROJ KUMAR Son/wife/daughter of : S/O SRI KASHIRAM  
 Full Address: (Permanent) : R/O KALADUND, LAKESAR,, LOKESOR, KHERI, PS- PHARDHAN, KHERI, UTTAR  
 PRADESH-262701  
 Full Address: (Temporary) : R/O KALADUND, LAKESAR,, LOKESOR, KHERI, PS- PHARDHAN, KHERI-UTTAR  
 PRADESH-262701

Fitness Up To : 09-Jul-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	Rear HSRP No	: AA2123349907
Front HSRP No	: AA2120464783	Month/Year of Manuf.	: 05/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLCEW043S6E02344
No of Cylinders	: 0	Fuel	: PURE EV
Engine No	: ECD001S6E01636	Cubic Capacity	: 0.00
Horse Power(BHP)	: 8.04	Wheel base	: 1301
Maker's Classification	: VIDA V2 PLUS	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 124
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 274
Colour	: BLACK	AC Fitted	: NO
Other Criteria			
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 w.e.f.

Purchase dt	: 06-Jul-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 11-Jul-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	
Previous Owner		Entry Date	
Old State		Conversion Date	
Transfer Date	:		

This certificate is valid from 10-Jul-2025 to 09-Jul-2040

Date : 02-Aug-2025 10:21:24

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 Signature of Registering Authority  
 Date: 02-Aug-2025

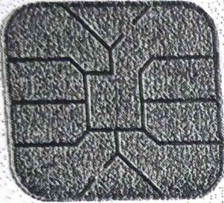
Q 4692202



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



**UP31 20260002989**



Issue Date	Validity (NT)	Validity(TR)*
05-05-2026	15-10-2047	



*Harshit Verma*  
Holder's Signature

Date of First Issue 05-05-2026

Name: HARSHIT VERMA  
 Date of Birth: 16-10-2007      Blood Group:      Organ Donor: N  
 Son/Daughter/Wife of: KASHI RAM  
 Address:  
 KALA DUND POST LAKESAR LOKESOR LAKESAR LAKHIMPUR KHERI  
 UTTAR PRADESH 262701

**DL No: UP31 20260002989**

**DLUP0000383311**



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\* Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge <sup>#</sup> Number	Badge <sup>#</sup> Issued Date	Badge <sup>#</sup> Issued By
	MCWG	UP31	05-05-2026	NT			
	LMV	UP31	05-05-2026	NT			
MVSD							

Form 7 Rule 16(2)

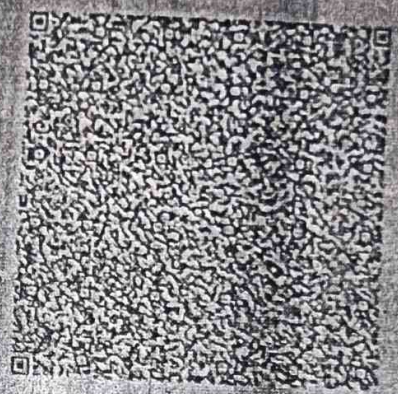
Emergency Contact Number  
6388051024

Licensing Authority  
UP31 - Lakhimpur



भारत सरकार  
Unique Identification Authority of India

पता: आत्मज, काशीराम, कालाडुन्ड, लकेसर,  
लोकेसोर, खीरी, उत्तर प्रदेश, 262701



Address: S/O: Kashiram, kaladund,  
Lakesar, Lokesor, Kheri, Uttar Pradesh,  
262701

6153 6379 7229



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार

Government of India



सरोज कुमार  
Saroj Kumar  
जन्म तिथि / DOB : 18/07/2001  
पुरुष / Male



6153 6379 7229

मेरा आधार, मेरी पहचान

आयकर विभाग

Income Tax Department

INCOME TAX DEPARTMENT

स्थायी खाते संख्या कार्ड

Permanent Account Number Card

JGOPK2119H

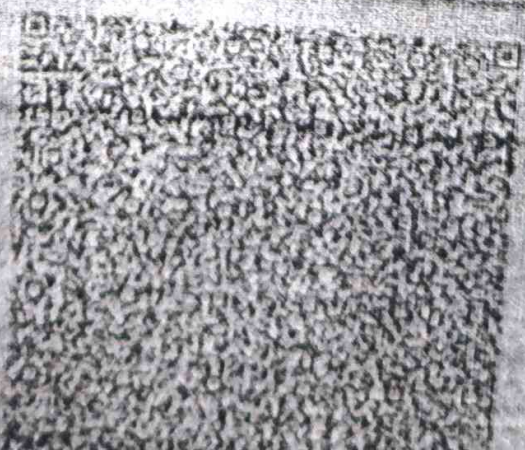
भारत सरकार  
GOVT. OF INDIA

नाम  
SAROJ KUMAR

पिता का नाम / Father's Name  
KASHIRAM

जन्म तिथि /  
Date of Birth  
18/10/1900

सहस्रनामा /  
Signature  
SAROJ KUMAR



09012