

**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-0626-214	Date	12-06-2026
Customer Name	SHSHANK SHUKLA	Contact No.	7355054090
VIN	MBLJAW155NGD00942	Model	GLAMOUR
Insurance Company		Reg No.	UP31BW9472
HMCGL Card No	1073022810004350	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount
1	33100ACLD01S -LIGHT ASSY HEAD	85122010	Paid	2,898.3	1	9.00	9.00	0.00	0.00	0.00	0.00	3,420.00
2	61400AANB00RS -COVER LEFT FRONT COWL BLACK NH1 T1	87141090	Paid	436.44	1	9.00	9.00	0.00	0.00	0.00	0.00	515.00
3	61300AANB00RS -COVER RIGHT FRONT COWL (NH1 (TYPE-1))	87141090	Paid	381.36	1	9.00	9.00	0.00	0.00	0.00	0.00	450.00
4	83402AAN410S -PANEL INNER	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
5	6410AAACL1000S -VISOR FRONT SUB ASSY	87141090	Paid	275.42	1	9.00	9.00	0.00	0.00	0.00	0.00	325.00
<b>Parts Total</b>											0.00	<b>4,950.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount	
1	102032 - ACCIDENTAL LABOUR-GLAMOUR	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	4,950.00
Labour Total	2,000.10
SGST (Parts) 9%	377.54
CGST (Parts) 9%	377.54
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>6,950.10</b>

Rupees in Words: Six Thousand Nine Hundred Fifty and paise Ten Only

Authorised Signatory

**1. Terms Cash**

2. Prices &amp; 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.

10730 - Main W/S

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

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.	SHSHANK SHUKLA 7355054090.
2	Vehicle No. / वाहन संख्या	UP31 BW 9472.
3	Policy No. / पालिसी संख्या	ms/2025/7001/0/46575/448466.
4	Period of Insurance / बीमा अवधि	16/06/2025 to 15/06/2026 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/06/2026 2:00 PM.
6	Place of Accident / दुर्घटना का स्थान	सौजन्या चौक के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHSHANK SHUKLA 7355054090. UP31 20190005189.
8	Estimated Loss / अनुमानित हानि	No
09.	Cause of Accident / दुर्घटना का कारण :	जड़ी रोड से करीबी जगह जा रहे थे तभी अचानक दुर्घटना सौजन्या चौक के पास सामने से एक आंटी वाले ने लक्कर मार दी जिससे मेरी गाड़ी 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.	MOSA RAM AUTO SALES L.R.P Road Khatimpur Khey. 9151154036.

Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
21/6/26 के शुक्ला



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 MEERUT

Certificate/Policy No. \_\_\_\_\_

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

1. INSURED
- (a) Name : SH Shank Shukla  
 (b) Address for correspondence : Moh. Shantinggar Lakhimpurkheri  
 (c) Telephone : 7355054096

2. THE INSURED VEHICLE

Make & Year <u>HERO/2022</u>	Engine No. <u>JA07AFNGD01722</u>	Registration No.
	Chassis No. <u>MBLJAW155NGD00942</u>	<u>UP31BW</u> <u>9472</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  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached NO  
 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 : \_\_\_\_\_  
 (g) If Lorry/Jeep/Tractor, was trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SHASHANK SHUKLA  
 (b) Age : 27-7-1994  
 (c) Address : SHANTINAGAR Lakhimpur Kheri  
 (d) Is the Driver  
 1. Owner : No Yes  
 2. paid driver? : NO  
 3. Owner's relative or friend? : NO  
 (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 20190005189  
 (h) Issuing Authority : 07-05-2019  
 (i) Date of Expiry : 06-05-2039-  
 (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 : 10/06/2026  
 (b) Place : सोनम्या चौक के पास  
 (c) Speed of vehicle at the time of accident : NO  
 (d) Give a short description of the accident : सोनम्या चौक के पास साइकिल चाला वाले ने ठक्कर मार के जिसमें मेरी गाड़ी सात मिनट हो गई।  
 (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 : Front  
 (b) Estimated cost of repairs : NO  
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, U.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 : /NA  
 (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? : \_\_\_\_\_ / N/A  
(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? : \_\_\_\_\_ / N/A  
(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 12/06/2026 200

Signature of the insured शक्ति शर्मा

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. UP31BW9472 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 शक्ति शक्ता  
Occupation .....  
Address .....

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

CERTIFICATE OF REGISTRATION

Registration No : UP31BW9472 Registration Date : 16-Jun-2022  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R ? ROAD, LAKHIMPUR KHERI,  
 Owner Name : SHSHANK SHUKLA Son/wife/daughter of : SRI RAKESH KUMAR SHUKLA  
 Full Address: (Permanent) : R/O MOHALLA SHANTINAGAR, R/O MOHALLA SHANTINAGAR, PS-KOTWALI, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : R/O MOHALLA SHANTINAGAR, R/O MOHALLA SHANTINAGAR, PS-KOTWALI, KHERI, UTTAR PRADESH-262701  
 Fitness Up To : 15-Jun-2037 Tax Up To : One Time  
 Owner Social No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1020743511 Rear HSRP No : AA2056846418  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2022  
 No of Cylinders : 1 Chassis No : HBLJAW155NGD00942  
 Engine No : JA07AFNGD01722 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 24.70  
 Maker's Classification : GLAMOUR DR BLACK & AC Wheel base : 1273  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 122  
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 252  
 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.	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 : 14-Jun-2022 Sale Amt : 19070/-  
 OTT Date : 14-Jun-2022 Amount/Rcpt No : 1907 / UP31D22060002374  
 Tax Up To : One Time Vehicle Is/Govt/ Pvt : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 17-Jun-2022  
 Other State/Transfer/Conversion Details :  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Transfer Date : Conversion Date :

This certificate is valid from 16-Jun-2022 to 15-Jun-2037

Signature of Registering Authority  
 Date : 02-Jul-2022

Date 02-Jul-2022 11:55:03

Taxation Particulars / Advance Registration Mark Fee Details

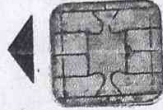
N 3607271



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

UP

**UP31 20190005189**



Issue Date **07-05-2019**    Validity (NT) **06-05-2039**    Validity (TR)\* \_\_\_\_\_



Holder's Signature

Date of First Issue : (07-05-2019)

Name: **SHSHANK SHUKLA**  
 Date of Birth: **27-07-1999**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **RAKESH SHUKLA**  
 Address: **SHANTINAGAR Lakhimpur (NPP)**  
**Lakhimpur, Kheri, UP 262701**

**DL No: UP31 20190005189**

UPDL000000140359



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*
only	MCWG	UP31	07-05-2019	NT			
only	LHV	UP31	07-05-2019	NT			
MVSD							

Form 7 Rule 16(2)

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Emergency Contact Number \_\_\_\_\_



भारत सरकार  
Government of India



Aadhaar no. Issued: 03/01/2014



शशंक शुक्ला  
Shshank Shukla  
जन्म तिथि/DOB: 27/07/1999  
पुरुष/ MALE

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

**2837 2764 5531**

**मेरा आधार, मेरी पहचान**



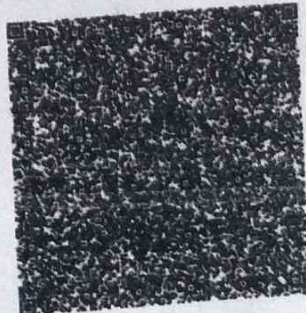
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O राकेश शुक्ला, मोहल्ला शान्तीनगर, लखीमपुर, खीरी,  
उत्तर प्रदेश - 262701

Address:  
S/O Rakesh Shukla, Mohalla Shantinagar, Lakhimpur,  
PO: Kheri, DIST: Kheri,  
Uttar Pradesh - 262701

Details as on: 28/07/2025



**2837 2764 5531**

VID : 9150 1889 0975 2273

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA



स्थायी लेखा संख्या

Permanent Account Number

**MZTPS2646J**

नाम / Name

**SHSHANK SHUKLA**

जन्म तिथि / Date of Birth

**27/07/1999**

