

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-1225-664
 Customer Name SAROJ KUMAR
 VIN MBLCEW043S6E02344
 Insurance Company
 HMCGL Card No
 Part Details

Date 09-12-2025
 Contact No. 9236354995
 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	VD53205ACP220AS - COVER HANDLE FRONT A	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
2	VD53206ACP220S - HANDLE COVER REAR	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
3	VD53204ACP000S -WIND SCREEN	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
4	VD53100ACP200S - HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
5	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00
6	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
7	VD64311ACP000S -STAY FRONT NO PLATE	87141090	Paid	38.98	1	9.00	9.00	0.00	0.00	0.00	0.00	46.00
8	VD33400ACP201S - WINKER ASSY R FR	85122010	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
9	VD88110ACP200S - MIRROR ASSY R BACK	70091090	Paid	207.63	1	9.00	9.00	0.00	0.00	0.00	0.00	245.00
10	VD64303ACP000S -LID COVER FRONT LEFT	87141090	Paid	362.71	1	9.00	9.00	0.00	0.00	0.00	0.00	428.00
11	VD64300ACP000US - COVER FRONT R	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
12	VD64301ACP000US - COVER FRONT L	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
13	VD64307ACP000YS - COVER FRONT LOWER CENTRE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
14	VD81120ACP000S -COVER INNER UPPER	87141090	Paid	245.76	1	9.00	9.00	0.00	0.00	0.00	0.00	290.00
15	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
16	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
17	VD81125ACP200S -COVER INNER CENTER	87141090	Paid	710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	838.00
18	VDACPCS6A0030ANGS - SET ILLUST BODY SIDE RH	87141090	Paid	2,155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	2,544.00
19	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
Parts Total											0.00	20,072.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
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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
Jobs Total											
										0.00	2,000.10
Parts Total											20,072.00
Labour Total											2,000.10
SGST (Parts) 9%											1,530.92
CGST (Parts) 9%											1,530.92
SGST (Labour) 9%											152.55
CGST (Labour) 9%											152.55
Total											22,072.10

Rupees in Words: Twenty Two Thousand Seventy Two and paise Ten Only **Authorized 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 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
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.	Saroj Kumar, 9795671245
2	Vehicle No. / वाहन संख्या	UP31CM7241
3	Policy No. / पालिसी संख्या	252400/31/2025/26382
4	Period of Insurance / बीमा अवधि	06/07/2025 से 05/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/12/2025
6	Place of Accident / दुर्घटना का स्थान	मसिडीया रेलवे क्रासिंग के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सरोज कुमार 6388051024 UP31 20200005985
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	मसिडीया रेलवे क्रासिंग के क्रासिंग के पास सामने से बायीं ओर से वाइक से टक्कर हो गई। जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त 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 SALES, LRPR ROAD LAKHIMPUR KHURI, 9151154036

Date / दिनांक : 04/12/2025
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 MEERUT

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 : SAROT KUMAR
 (b) Address for correspondence : R/O KALDUNDI, LAKESAR, KHERI, PS-PHARDHAN.
 (c) Telephone : 9795671245 LAKHIMPUR-KHERI.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>EC0001S6E0J636</u> Chassis No. <u>MBLCEW43S6E02344</u>	Registration No. <u>UP31CM</u> <u>724J</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 : SAROJ KUMAR
 (b) Age : 18/07/2001
 (c) Address : KALA DUND, LAKHEMPUR, KHERI, UP-262701
 (d) Is the Driver
 1. Owner : 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 2020 0005985
 (h) Issuing Authority : 22/06/2020
 (i) Date of Expiry : 17/07/2041
 (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 : 02/12/2025 3:10PM
 (b) Place : मन्साइया रेलवे क्रासिंग के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : मन्साइया रेलवे क्रासिंग के पास सामने से बॉडी ओर से
 (e) If any third party was responsible for this accident give the name and address : बाइक से टक्कर हो गई जिससे मेरी गाड़ी बर्बाद हो गई गिरकर भविष्य हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP ROAD
 LAKHEMPUR - 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? : W/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? : N/A 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 04/12/2005

Signature of the insured Kamala

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 [Signature]
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

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 UpTo : 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)
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- 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 Owner :	Previous RegNo :
Old State :	Entry Date :
Transfer Date :	Conversion 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


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

Q 4692202

R Kumar


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

UP31 20200005985


 Issue Date: **22-06-2020** Validity (NT): **17-07-2041** Validity (TRY): _____

Name: **SAROJ KUMAR** Blood Group: _____ Organ Donor: **N**

Date of Birth: **18-07-2001**


Son/Daughter/Wife of: **KASHI RAM**




Address: **NA KALA DUND
LAKHIMPUR, KHERI, UP 262701**

Holder's Signature _____
 Date of First Issue: **(22-06-2020)**

मोबइल नं० => 6?

DL No: **UP31 20200005985**


 Invalid Carriage (Regn Numbers): _____
 Hazardous Validity: _____ Hill Validity: _____

Class of Vehicle	Coden	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP31	22-06-2020	NT			
	LMV	UP31	22-06-2020	NT			
	MVSD						

Emergency Contact Number: **9795671245**

Licensing Authority
UP31 LAKHIMPUR KHERI

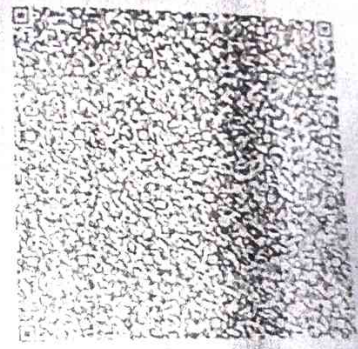
Form 7 Rule 16(2)



भारतीय पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: काशीराम, कालाडुन्ड, लकेसर,
लोकेसोर, खोरी, 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



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



6153 6379 7229

मेरा आधार, मेरी पहचान

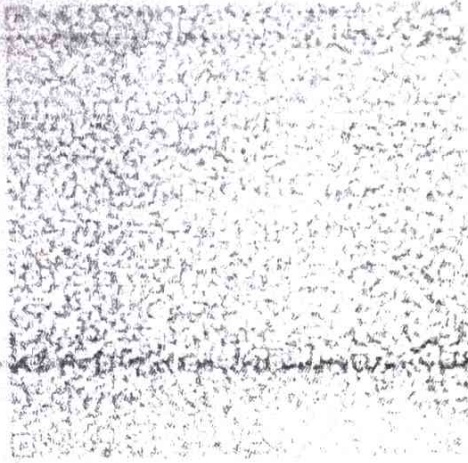
Sarjuma

सरकार विहास
INCOME TAX DEPARTMENT

सरकार विहास
GOVT. OF INDIA

परमिण्ट अकौण्ट नुम्बर कार्ड
Permanent Account Number Card

JGOPK2119H



पारसो कृमि
SAROT KUMAR

पारसो कृमि/पारसो कृमि
KASHIRAM

पारसो कृमि
Date of Birth
19/07/2001

पारसो कृमि
Signature / Signature

19/07/2001