

RAJARAM AUTO SALES

NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK,UCHAULIYA, KHERI, 261505, UP, India
 State Code: 9 Contact: 7704099099, 8953999853 , ,
 GSTIN No: 09AAQFR0980E2ZV
 Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 22992-02-REST-0126-236 Date 04-01-2026
 Customer Name THE ORIENTAL INSURANCE COMPANY LTD 09AACT0627R4ZU MO Contact No. 9369936142
 VIN MBLJAW445RGL08030 Model XTREME 125R
 Insurance Company HMCGL Card No UP31CK9462
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ABH501S -LIGHT ASSY HEAD	85122010	Paid	2,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	3,230.00
2	61301ACL000S -COWL FRONT	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
3	61322ACL000BS -FRONT COWL RIGHT R-321	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
4	33400ABWJ01S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	400.00
5	50470ACL000BS -GRIP REAR REAR R-321	87141090	Paid	554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	654.00
6	18312ACL000S -COVER MUFFLER	87141090	Paid	241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	285.00

Parts Total

0.00 5,195.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64

Jobs Total

0.00 1,000.64

Parts Total	5,195.00
Labour Total	1,000.64
SGST (Parts) 9%	396.23
CGST (Parts) 9%	396.23
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	6,195.64

Rupees in Words: Six Thousand One Hundred Ninety Five and paise Sixty Four 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 LAKHIMPUR KHERI Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

22992 - 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.	9369936142 mo रिजव
2	Vehicle No. / वाहन संख्या	UP31CK9462
3	Policy No. / पालिसी संख्या	252400/31/2025/90000
4	Period of Insurance / बीमा अवधि	27.03.25 to 26.03.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03.01.26 4:00 Pm
6	Place of Accident / दुर्घटना का स्थान	मेगलगोल
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3420170010070 Fahimuddin
8	Estimated Loss / अनुमानित हानि	6195
9	Cause of Accident / दुर्घटना का कारण : - चालक फाहिमुद्दीन' गाड़ी लेकट गीतापुर जा रहा था तभी मेगलगोल के पास एक अचानक वाले ने अचानक से एकल माट की विसम डिसैबल होक गाड़ी विरक्त सलियुट 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.	9153999055 Raj Ram Auto Sales

Date / दिनांक : 04.01.26
हस्ताक्षर

मो 2जा
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

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2025/90080

Tel. No. _____

Period of Insurance 27.03.26 to 26.03.26

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 : MOBSA
 (b) Address for correspondence : Rasulapur Rasulapur Kheri
 (c) Telephone : 9369936149

2. THE INSURED VEHICLE

Make & Year <u>Heta/2025</u>	Engine No. <u>L20731</u> Chassis No. <u>L00030</u>	Registration No. <u>UP31CK</u> <u>9462</u>
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- (a) Was the vehicle in proper working condition? NO
 (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 NO
 2. Was a pillion rider carried NO

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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Fahimuddin
 (b) Age :
 (c) Address : Bahadur Nagar Athara Pisevan Sitapur
 (d) Is the Driver : relative
 1. Owner :
 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? :
 (g) Driving Licence Number : UP3420170010070
 (h) Issuing Authority : Sitapur
 (i) Date of Expiry : 20.07.37
 (j) Was the licence temporary/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 : 03.01.26 4:00pm
 (b) Place : maghalganj
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 (Hindi text describing the accident: एक गाड़ी ने एक ट्रक को टक्कर मार कर फिसलकर जाकर गाड़ी गिरकर स्टेशन के पास)

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : partial Damage
 (b) Estimated cost of repairs : 6195
 (c) When and where can the damaged vehicle be inspected : Rajaram Auto Sales

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? :
 (Note: A large diagonal line is drawn across this section with the text 'N.A.' written on it.)

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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 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 04.01.2026

Signature of the insured [Signature]

Issuing Office



The Oriental Insurance Company Limited
Head Office: 4-25 C, East Ariz Road, New Delhi-110002

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. UP 502 1151 insured under Policy No. _____ of
the said company and accident which occurred on or about _____ We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present or future arising directly/indirectly in respect of the said accident.

Rs. _____

Signature
Department
Insurance
Executive - 2002

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

1203



Registration No : UP31CK9482 Registration Date : 30-Mar-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 : MO RJA Son/wife/daughter of : S/O ALIRJA
 Full Address: (Permanent) : RASULAPUR, RASOOLPUR, RASULAPUR, RASOOLPUR, LAKHIMPUR KHERI,, KHERI,
 UTTAR PRADESH-261505
 Full Address: (Temporary) : RASULAPUR, RASOOLPUR, RASULAPUR, RASOOLPUR, LAKHIMPUR KHERI,, KHERI-
 UTTAR PRADESH-261505

Fitness UpTo : 29-Mar-2040 Owner Serial 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 : AA1040418383 Rear HSRP No : AA2122431222
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLJAW445RGL08030
 Engine No : JA07AVRGL28731 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R CBS Wheel base : 1319
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 137
 Colour : SPORT RED Laden/GV Wt (kgs) : 267
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bull

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	As Regd.
Description	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 : 27-Mar-2025 Sale Amt : 98311/-
 OTT Date : 27-Mar-2025 Amount/Recpt No : 9832 / UP31D25030004626
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Apr-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 30-Mar-2025 to 29-Mar-2040

Date : 29-Apr-2025 09:43:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 29-Apr-2025

Q 2908148

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



भारत सरकार
Government of India



Issue Date: 05/02/2018



मो. रजा
Mo. Rja
जन्म तिथि/DOB: 01/01/2001
पुरुष/ MALE

7339 4141 0877

VID : 9133 5639 6156 5142

मेरा आधार, मेरी पहचान



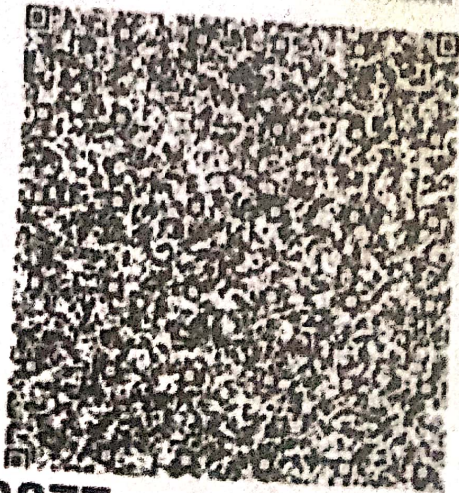
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 17/02/2023

पता:
आत्मज: अलीरजा, रसूलापुर, रसूलपुर, खीरी,
उत्तर प्रदेश - 261505

Address:
S/O: Alirja, rasulapur, Rasoolpur, Kheri,
Uttar Pradesh - 261505



7339 4141 0877

VID : 9133 5639 6156 5142



1647



help@uidai.gov.in




www.uidai.gov.in



UNION OF INDIA Driving Licence

(UP) (NT)

UP34 20170010070




जारी करने की तिथि
Date of Issue
21/07/2017

जन्म तिथि
Date of Birth
10/01/1998

वैधता / Validity
20/07/2037

Blood Group
Unknown





नाम / Name
FAHIMUDDIN


पिता/पति का नाम / Son/Daughter/Wife of
MOHD SHER

UP34 20170010070


UP05507628MT



LMV
21/07/2017


MCWG
21/07/2017


 Form 7 Rule 16(2)

पता / Address
**VILL RAO POST BAHADUR NAGAR
THANA PISAWAN
SITAPUR - 201151**


 Holder's Signature


 जारीकर्ता / Issuing Authority Sign
SITAPUR

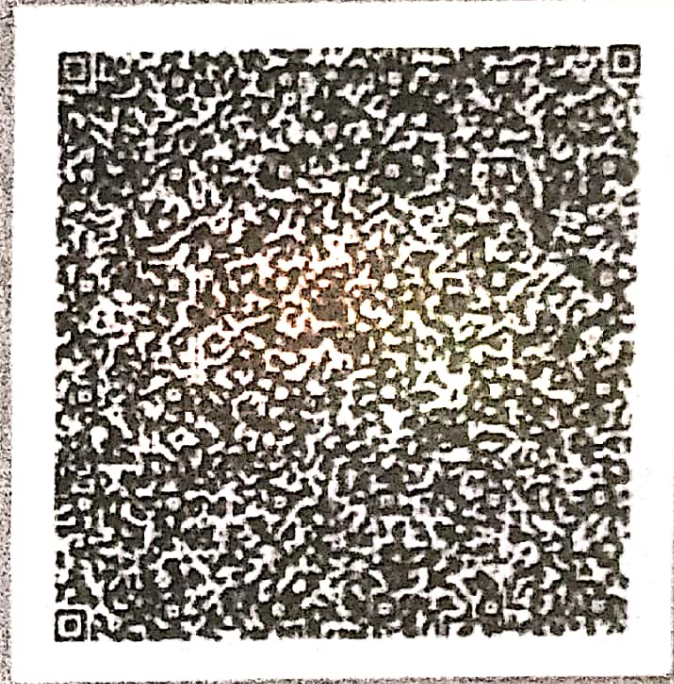
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GOUPR6894M



नाम / Name
MO RJA

पिता का नाम / Father's Name
ALIRJA

जन्म की तारीख /
Date of Birth
01/04/2001

मो रजा
Signature

17062023