

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-0126-247	Date	13-01-2026
Customer Name	SHASHI LATA	Contact No.	8953671569
VIN	MBLHAW149SHA03149	Model	HF DELUXE
Insurance Company		Reg No.	UP31CK7386
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	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
2	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE-1	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
3	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
4	83400ACK410TS -FRONT VISOR NH-1(T3)	87141090	Paid	597.46	1	9.00	9.00	0.00	0.00	0.00	0.00	705.00
5	17520ACK400TS -FUEL TANK COMPLETE NH-1 TYPE-3	87141090	Paid	5,741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	6,775.00
6	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
7	53200ACK000S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	51500KTRA01S -FORK ASSY L FRONT	87141090	Paid	1,970.34	1	9.00	9.00	0.00	0.00	0.00	0.00	2,325.00
10	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
11	37100ACK01099S -METER ASSY COMB	87141090	Paid	1,042.37	1	9.00	9.00	0.00	0.00	0.00	0.00	1,230.00
12	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
13	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
14	88110AAH000S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	105.93	1	9.00	9.00	0.00	0.00	0.00	0.00	125.00
15	3340BAAH001SR -WINKER ASSY R FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
16	3345BAAH001SR -WINKER ASSY L FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00

Parts Total 0.00 21,610.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	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 21,610.00
Labour Total 1,000.64

SGST (Parts) 9%	1,648.22
CGST (Parts) 9%	1,648.22
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	22,610.64

Rupees in Words: Twenty Two Thousand Six Hundred Ten 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.	7665244073 Shashi Lata
2	Vehicle No. / वाहन संख्या	UP31CK7386
3	Policy No. / पालिसी संख्या	252400/31/2025/93867
4	Period of Insurance / बीमा अवधि	12.03.25 to 11.03.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02.01.26 8:30 Pm.
6	Place of Accident / दुर्घटना का स्थान	mohaddipur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3120200003284 Sarvesh Kumar
8	Estimated Loss / अनुमानित हानि	22610
09.	Cause of Accident / दुर्घटना का कारण :	चालक स्वदेशी कुमार गाड़ी लेकर वीरामपुर जा रहा था तभी मोहद्विनपुर के पास एक कार वाले समाने से टक्कर मार दी जिससे डिस्कलम होकर गाड़ी गिरकर डलियांत 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.	8953999855 Rajaram Auto sales

Date / दिनांक : 13.01.26
हस्ताक्षर

शशि लता
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. 252400/31/2025/93067

Tel. No. _____

Period of Insurance 12.03.25 to 11.03.26
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 : Shashilata
(b) Address for correspondence : Gisam Dhakiya Bhai post Shankarapur Raja Kheri
(c) Telephone : 766 59 440 73

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>A78937</u> Chassis No. <u>A03149</u>	Registration No. <u>UP3ICK</u> <u>7306</u>
---------------------------------	---	--

- (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 : Sarvesh Kumar
(b) Age : _____
(c) Address : Chak Bich pahi mohammadi Khesi
(d) Is the Driver :
1. Owner : relative
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 : UP3120200003284
(h) Issuing Authority : Khesi
(i) Date of Expiry : 10.09.2030
(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 : 02.01.26 9:30pm
(b) Place : mohaldinpur
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : मोविंगमयुल के पास एक कार वाले लगाने
(e) If any third party was responsible for this accident give the name and address : कारक गाए की डीलमें डिफेंडलन एकल
गुप्ती निरक इनिशियल ए जड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : total Damage
(b) Estimated cost of repairs : 22610
(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? : _____
- ~~N.A~~

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 13.01.2026

Signature of the insured [Signature]

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. UP31CK7306 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 शशि अंत
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



CERTIFICATE OF REGISTRATION

1229

Registration No : UP31CK7386 Registration Date : 16-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 : SHASHI LATA Son/wife/daughter of : D/O RAM NARESH
 Full Address: (Permanent) : GRAAM DHAKIYABHAU, POST SHANKARPUR RAJA, KHERI, KHERI, UTTAR PRADESH-262804
 Full Address: (Temporary) : GRAAM DHAKIYABHAU, POST SHANKARPUR RAJA, KHERI, KHERI-UTTAR PRADESH-262804
 Fitness UpTo : 15-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 : AA1040417768 Rear HSRP No : AA2122430607
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW149SHA03149
 Engine No : HA11ECSHA78937 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 242
 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 : 12-Mar-2025 Sale Amt : 63900/-
 OTT Date : 12-Mar-2025 Amount/Rcpt No : 6390 / UP31D25030002460
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-Mar-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 16-Mar-2025 to 15-Mar-2040

Date : 18-Apr-2025 09:34:54
Taxation Particulars / Advance Registration Mark Fee Details

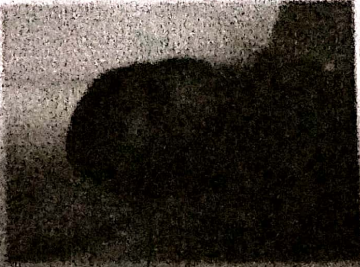
Signature of Registering Authority
Date : 18-Apr-2025

Q 2812512



भारत सरकार

Government of India

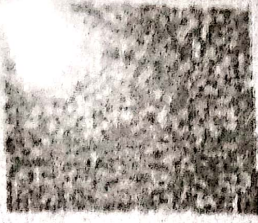


शशि लता

Shashi Lata

जन्म तिथि/DOB: 01/02/2002

नस्ल/ FEMALE



8497 8319 0257

VID: 9117 8539 6716 4752

मेरा आधार, मेरी पहचान



भारतीय विधिक प्रमाण प्रणाली

Unique Identification Authority of India

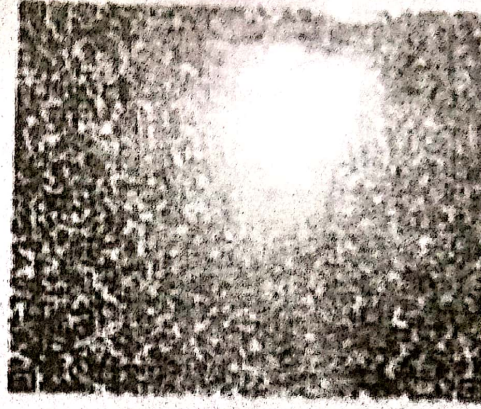
पता:

आत्मा: राम नरेश, ग्राम धकियाभऊ पोस्ट शंकरपुर राजा,
शंकरपुर राजा, खैरी,
उत्तर प्रदेश - 262804

Address:

D/O: Ram Nares, Graam Dhakiyabhau
Post Shankarpur Raja, Shanker Pur Raja,
Kheri,
Uttar Pradesh - 262804

QR Code with Photograph



8497 8319 0257

VID: 9117 8539 6716 4752





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



UP31 20200003284

Issue Date **19-02-2020** Validity (NT) **18-02-2030** Validity (TR)*



Holder's Signature

Date of First Issue (19-02-2020)

Name: **SARVESH KUMAR**
Date of Birth: **30-12-1987** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **CHHEDA LAL**

Address:
Chak Bidhari
Mohammadi, Kheri, UP 261505

DL No: **UP31 20200003284**

UPDL000002602876



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*
	MCWG	UP31	19-02-2020	NT			
	LMV	UP31	19-02-2020	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPURKHHERI



सैतागे
अभिमान प्रवारी जिमिदाक गळोला
बाजा उचोळिपा जिमा खींग

जदोला

जिनेदत हे कि पाणी - सुभाष पुत्र रामनेस कि वीरमपुर
बाजा उचोळिपा जिमा खींग का रचने बाजा हे ।
दिणे - 02/01/2024 को आम करीव 08 वजे में अपनी मोटर
कारिजिल ही देलावेक जे IP 31-CK 7386 ले मोहडीनपुर
ले वीरमपुर तमाज जा रच का मोहडीनपुर बाजार के पास
बाजार ले जा रचे कार जे IP 31-CK 0625 के बाजार
के रचो व लापखानी ले बनाकर जेले मोटर कारिजिल
के जोर धर धक्का भाट ले जिनके जेले मोटर कारिजिल
पुरी नरह धरि गरा हो गरीव में लक रचें धार
पथार व आगीष मोटर कारिजिल ले जीने गीर गये ।
कार बाजार गाडी लंकर लाग गया है । सुरक्षा को
भाग हे रिपोर्ट करे कर कामुनी भविषी रचें

पाणी - सुभाष
सुभाष पुत्र रामनेस
के - वीरमपुर
बाजा - उचोळिपा
जिमा - खींग
दिणे - 7665244073
दिणे - 02/01/2024

सुलझामा

पुनम पुत्र - सुभाष पुत्र जगन्नेत्रा नि वीरमण्डल बाबा
उमौलिया जीसी की मोलता श्री/ HF 42107-2 नं 14 P-21
CR-7386 मे

द्वितीय पुत्र श्रीरु मुख्या के शास्त्रिणात गुणा नि राजकन्यापुत्र
श्रीरु पुत्रगण जीसी की राट - 10P 31- 840-0625 है
शाम मोहल्लिक पुट के बाह दुम्की शम्बर नम गरीनी
जिलमे पुनम पुत्र की मोलता बाईछिन शशिपुत्र की गरीनी
जिलमे शनि जी द्वारा शर्मन जग विरा गण का जिलमे
शेन एन शनि पुत्र आपल के शिपु वीरकर विना छिरी
जीट दवाव के सुलझामा कर शिमा है न इमि
पुत्र श्रीरु मुख्या पुनम पुत्र की मोलता बाईछिन नि शरणा
4 कार्पेन। शनि पुत्र शिपु के शर्मना पुत्र पुट कोरी
कार्पेनाही नहीं जादी है। सुलझामा शिपुकर है
शे वरु शम्बर एट काम करे।

दि- 06/01/2016

पुनम पुत्र
सुभाष

no 7665244073

शवाह
शामगेश श्रीरु मुख्या

प्रशान्त no 8960172552

***FORM NO. 60 [See second proviso to rule 114B]**

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name	Shashi Lata										2	Date of Birth/ Incorporation of declarant					
	Middle Name												D	M	Y	Y		
	Name												0	1	0	2		
	Surname												2	0	0	2		
3	Father's Name (in case of individual)	First Name	Ram Naresh															
	Middle Name																	
	Surname																	
4	Flat/ Room No.											5	Floor No.					
6	Name of premises											7	Block Name/No.					
8	Road/ Street/ Lane	Gram Dhakiyabhai										9	Area/ Locality					
													shankar pur					
10	Town/ City	Shankar pur RAJA										11	District		12		State	
													kheri				Uttar Pradesh	
13	Pin code	14		Telephone Number (with STD code)						15				Mobile Number				
	262004																	
16	Amount of transaction (Rs.)											18	In case of transaction in joint names, number of persons involved in the transaction					
17	Date of transaction	D	D	M	M	Y	Y	Y	Y									
19	Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other																	
20	Aadhaar Number issued by UIDAI (if available)	8497 8319 0257																
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number	D	D	M	M	Y	Y	Y	Y									
22	If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held																	
	a	Agricultural income (Rs.)																
	b	Other than agricultural income (Rs.)																
23	Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)	Document code	Document identification number		Name and address of the authority issuing the document													
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)	Document code	Document identification number		Name and address of the authority issuing the document													

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20____

Place: _____

(Signature of declarant)

Note:

- Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable,-
 - in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
 - in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.