

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-0626-223
 Customer Name NAFEES
 VIN MBLHAW219RHD06804
 Insurance Company
 HMCGL Card No 1073024500001709
 Part Details

Date 20-06-2026
 Contact No. 8543812906
 Model SPLENDOR+ XTEC
 Reg.No. UP31CE4514
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
2	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	868.64	1	9.00	9.00	0.00	0.00	0.00	0.00	1,025.00
3	83402AAE710S -PANEL INNER	87141090	Paid	254.24	1	9.00	9.00	0.00	0.00	0.00	0.00	300.00
4	77400AAE300RS -L SIDE COWL BLACK NH 1 TYPE 1	87141090	Paid	419.49	1	9.00	9.00	0.00	0.00	0.00	0.00	495.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
6	53200AAE300S -STEM COMP STRG	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	935.00
7	51400KSTA11S -FORK ASSY R FR	87141090	Paid	2,152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	2,540.00
8	51500KSTA11S -FORK ASSY L FR	87141090	Paid	2,152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	2,540.00
9	50100AAE300S -FRAME BODY COMP	87141090	Paid	8,338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	9,840.00
Parts Total											0.00	18,745.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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												18,745.00
Labour Total												2,000.10
SGST (Parts) 9%												1,429.70
CGST (Parts) 9%												1,429.70
SGST (Labour) 9%												152.55
CGST (Labour) 9%												152.55
Total												20,745.10

Rupees in Words: Twenty Thousand Seven Hundred Fourty Five and paise Ten 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

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शुरेंस 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.	NAFEESH, 8543812906.
2	Vehicle No. / वाहन संख्या	UP31 CF 4514.
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	1.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/06/2026 8:30am
6	Place of Accident / दुर्घटना का स्थान	फतेहपुर चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	इमरान अली, UP31 20150002394.
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : इसिया से खीरी जा रहे थे कि तभी अचानक फतेहपुर चौराहे के पास सामने से गाड़ी से जोस्कर टक्कर हो गई कि जिससे मेरी गाड़ी बाँधी 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 LRP ROAD, LAKHIMPUR-KHERI, 9151154036.

नफीश

Date / दिनांक : 16/June/2026
हस्ताक्षर

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 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 : NAFEESH
 (b) Address for correspondence : R/10 GRAM - JHASIYA, Ps - GOPALPUR, LAKHIMPUR
 (c) Telephone : 8543812906 KHERI PS - SADAR,
KOTWALI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HJJ E7RHD10247</u> Chassis No. <u>MBLHAN219RHD06804</u>	Registration No. <u>UP3JCE</u> <u>4514.</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

NIA

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

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : IMRAN ALI
- (b) Age : 05/05/1990
- (c) Address : R/O G. BHARAPUR, PS. KALA AAM, THANA-
KOTWALI SADAR, LAKHIMPUR-KHERI.
- (d) Is the Driver
 - 1. Owner : NO
 - 2. paid driver? : NO
 - 3. Owner's relative or friend? : FRIEND
- (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 : UP3120150002394.
- (h) Issuing Authority : 11/03/2015
- (i) Date of Expiry : 10/03/2035
- (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 : 14/06/2026 8:30am.
- (b) Place : फतेहपुर चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h.
- (d) Give a short description of the accident : फतेहपुर चौराहे के पास सामने से गाड़ी से जोरदार टक्कर हो गई जिसे जिससे मेरी गाड़ी बाँधी आर गिरकर
- (e) If any third party was responsible for this accident give the name and address : मतिशरद ही जस

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES LRP 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 : _____
- (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? : NIA
- (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? : NIA
- (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 16/June/2006

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. UP31CE4514 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/-

नकीश नकीश

Witness
Name
Signature
Address

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 : UP31CE4514 **Registration Date** : 20-Apr-2024
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 : NAFEESH **Son/wife/daughter of** : SRI LALLU
Full Address: (Permanent) : R/O-GRAM JHASIYA, POST GOPALAPUR, LAKHIMPUR GOPALAPUR KHERI, PS-SADAR KOTWALI, KHERI, UTTAR PRADESH-262702
Full Address: (Temporary) : R/O-GRAM JHASIYA, POST GOPALAPUR, LAKHIMPUR GOPALAPUR KHERI, PS-SADAR KOTWALI, KHERI-UTTAR PRADESH-262702
Fitness UpTo : 19-Apr-2039 **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 **Rear HSRP No** : AA1033213552
Front HSRP No : AA1033414960 **Month/Year of Manuf.** : 04/2024
Type of Body : SOLO WITH PILLION **Chassis No** : MBLHAW219RHD06804
No of Cylinders : 1 **Fuel** : PETROL
Engine No : HA11E7RHD10247 **Cubic Capacity** : 97.20
Horse Power(BHP) : 7.91 **Wheel base** : 1235
Maker's Classification : SPLENDOR+ XTEC (DRS) **Standing Cap** : 0
Seating Cap(in all) : 2 **Unladen Wt (kgs)** : 112
Sleeper Cap : 0 **Laden/GV Wt (kgs)** : 242
Colour : BLACK TORNADO GREY **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 HERO FINCORP LTD, PUNE, PUNE, Pune, Maharashtra-411009 w.e.f. 13-Apr-2024.

Purchase dt : 13-Apr-2024 **Sale Amt** : 80511/-
OTT Date : 13-Apr-2024 **Amount/Rcpt No** : 8052 / UP31D24040003605
Vehicle is Govt/ Pvt. : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED
Date of Approval : 04-Jun-2024

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

This certificate is valid from 20-Apr-2024 to 19-Apr-2039

Date : 13-Jun-2024 10:54:33

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

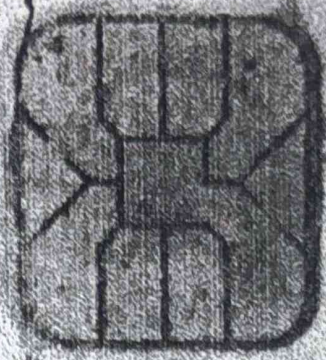
Date : 13-Jun-2024
 मंजोरी अधिकारी
 मोटर वाहन विभाग
 लखिमुप कहेरी

P 8573378

UNION OF INDIA Driving Licence



UP 51 2015 102092



नाम / Name

IMRAN ALI

पिता/पुत्र या माता / Son/Daughter/Wife of

जारी करने की तिथि
Date of Issue

11/03/2015

वैधता
Validity

19/03/2035

जन्म तिथि
Date of Birth

05/05, 1990

रक्त समूह
Blood Group

B+

UP 51 2015 (10) 32154



MCNAC
1101-01

पता / Address

GOLAHAPUR POST KALJA AARI
TILMANA KOTWALI SADAR
JALINWAR P. S. F. II

Holder's Signature

UP 226 2015/17



अधिकारी / Issuing Authority Sign

Form 7 Rule 10(2)



भारत सरकार
Government of India

नफेसी
Nafeesi
जन्म तिथि / DOB : 01/01/1986
पुरुष / Male



8118 7628 5915

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O. Lallu, gram JHasiya, post
gopalapur, Lakhimpur, Gopalapur
Khe-i, Uttar Pradesh, 262702

पता:
संबोधित: लल्लू, ग्राम झसिया, पोस्ट
गोपालपुर, लखीमपुर, गोपालपुर,
खेरी, उत्तर प्रदेश, 262702



1947
14 00 300 1947



help@uidai.gov.in

8118 7628 5915



14 00 300 1947

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

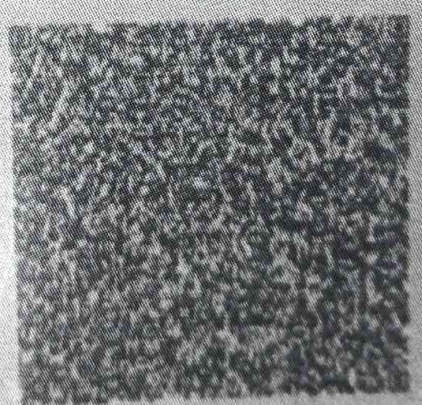


नाम
NAFEEESH

पता
LALLU

फोन नंबर
01101119865

स्थायी आयकर खाते नंबर
Permanent Account Number Card
DBVVPN88833B



(Handwritten signature)