

**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-1225-675	Date	11-12-2025
Customer Name	SALEEM .	Contact No.	8957094384
VIN	MBLHAW138RHL00914	Model	HF DELUXE
Insurance Company		Reg No.	UP31CJ7031
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	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
3	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
4	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
5	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
6	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
7	61311KST950S -STAY HEAD LIGHT BRACKET	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
8	88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00
11	83402KST950HS -PANEL INNER	87141090	Paid	49.15	1	9.00	9.00	0.00	0.00	0.00	0.00	58.00
12	53178AAFH00S -LEVER COMPL.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
<b>Parts Total</b>											0.00	<b>14,377.42</b>

**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	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>

<b>Parts Total</b>	<b>14,377.42</b>
<b>Labour Total</b>	<b>2,000.10</b>
<b>SGST (Parts) 9%</b>	<b>1,096.58</b>
<b>CGST (Parts) 9%</b>	<b>1,096.58</b>
<b>SGST (Labour) 9%</b>	<b>152.55</b>
<b>CGST (Labour) 9%</b>	<b>152.55</b>
<b>Total</b>	<b>16,377.52</b>

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.	सलीम, 9696243035
2	Vehicle No. / वाहन संख्या	UP 31 CJ 7031
3	Policy No. / पालिसी संख्या	252400/31/2025/76018
4	Period of Insurance / बीमा अवधि	04/01/2025 से 03/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/12/2025 समय - 1:30pm
6	Place of Accident / दुर्घटना का स्थान	खीरी धामे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सलीम UP 3120070035786 9696243035
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	खीरी धामे के पास सामने से वाइक वाले ने चक्कर मार दी जिससे मेरी गाड़ी वॉर्ड 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, R.P. ROAD LAKHIMPUR - KHERI, 9151154036

Date / दिनांक : 09/12/2025  
हस्ताक्षर

सलीम  
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. 252400/31/2025/76018

Tel. No.

Period of Insurance 04/01/2025 to 03/01/2026  
 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 : SALEEM  
 (b) Address for correspondence : MOH-KHATRI TOLA, KHANI KHANA, PO-KHERI, TOWN  
 (c) Telephone : 9696243035

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJJJE1RH00978</u> Chassis No. <u>MBLHAW138RH00914</u>	Registration No. <u>UP31CT</u> <u>7031</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 : SALIM  
(b) Age : 01-01-1986  
(c) Address : KHATRI TOLA KASBATHANIA-KHERI, LAKHIMPUR  
(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 20070035786  
(h) Issuing Authority : 23-07-2022  
(i) Date of Expiry : 14-12-2027  
(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 : 04/12/2025 1:30 PM  
(b) Place : खरी याने के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : खरी याने के पास सामने से वाइक वाले ने टक्कर मार दी  
(e) If any third party was responsible for this accident give the name and address : जिससे मेरी जाइ वाइड ओर गिरेकर घाते भरत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT  
(b) Estimated cost of repairs : MOSARAM AUTO SALES, RPRROAD  
(c) When and where can the damaged vehicle be inspected : 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? : 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? : \_\_\_\_\_
- (f) Has theft been reported to Police? : N/A
- (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 09/12/2005

Signature of the insured महेश

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. UP31CT 7031 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 [Handwritten Signature]  
Occupation .....  
Address .....

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



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: P0100428

Page No: 1

FAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT-200001 (GSTIN: 09AAAC T0627R4ZU)

Table with policy details: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

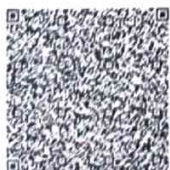
Table with insured motor vehicle details: Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Table with premium schedule: OWN DAMAGE SECTION(A), LIABILITY SECTION (B), Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Add-On Coverages, Net own Damage Premium(A), Basic Third Party Liability, Compulsary PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMPDUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid.

Table with nominee and payment details: Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, Financer Branch, POS Name, POS ID, POS PAN NO/Aadhar No.

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website. The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OJC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.co.in or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and cheques shall be void abinitio (from inception). Claims is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured. I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 04-JAN-25. IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized (in any way) (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade. Driver's Clause: Any person including the insured. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner/Driver is RS. No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s) as per the. The preceding year 20%, preceding two consecutive years 35%, preceding three consecutive years 55%, preceding five consecutive years 70% of NCB on OD premium. No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy. I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V Act, 1988. \* This insurance excludes all pre-existing damages.



Approved By: UNV@252400
Approved On: 04-JAN-25
Place: MRT
Printed On: 04-JAN-25



For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ7031 Registration Date : 07-Jan-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 : SALEEM Son/wife/daughter of : HABIBULLA
Full Address: (Permanent) : MOH-KHATRI TOLA.ARNI KHANA, PO-KHERI TOWN, PS-LAKHIMPUR, KHERI, UTTAR PRADESH-262702
Full Address: (Temporary) : MOH-KHATRI TOLA.ARNI KHANA, PO-KHERI TOWN, PS-LAKHIMPUR, KHERI-UTTAR PRADESH-262702

Fitness UpTo : 06-Jan-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 : AA1038954751 Rear HSRP No : AA1039286740
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW138RHL00914
Engine No : HA11E1RHL00978 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE CANVAS Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK AND ACCENT 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)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD., PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 04-Jan-2025.

Purchase dt : 04-Jan-2025 Sale Amt : 65630/-
OTT Date : 04-Jan-2025 Amount/Rcpt No : 6563 / UP31D25010001314
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 16-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Jan-2025 to 06-Jan-2040

Date : 25-Jan-2025 12:39:41

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
मोदी लखमण विमान
लखीमपुर-खेरी
Signature of Registering Authority
Date : 25-Jan-2025

P 9521560

DL No: UP31 20070035786

UPDL00000852301



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	15-12-2007	NT				
LMV	UP31	15-12-2007	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPUR KHERI



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP31 20070035786



Issue Date: 23-07-2022 Validity (NT): 14-12-2027 Validity (TR):



Holder's Signature

Name: SALIM

Date of Birth: 01-01-1986 Blood Group:

Organ Donor: N

Son/Daughter/Wife of: HABEEBULLA

Address:  
KHATRI TOLA KASBA THANA KHERI LAKHIMPUR  
KHERI LAKHIMPUR, LAKHIMPUR KHERI 262702

Date of First Issue (15-12-2007)

→ सलीम

No. - 9696243035



सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 1178/82003/01193

To  
सलीम  
Saleem  
S/O: Habibulla  
KHATRI TOLA  
Arni Khana  
Kheri Town  
Lakhimpur Kheri  
Uttar Pradesh 262702

17/01/2014

3654720

ML036547204FT



आपका आधार क्रमांक / Your Aadhaar No. :

**6032 2420 8834**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



सलीम  
Saleem  
जन्म तिथि / DOB : 15/04/1985  
पुरुष / Male



**6032 2420 8834**

आधार - आम आदमी का अधिकार

सलीम

आयकर विभाग  
INCOME TAX DEPARTMENT

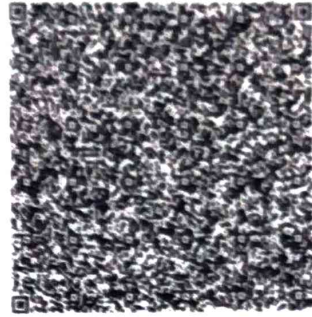


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**PNJPS2654P**



नाम / Name  
**SALEEM**

पिता का नाम / Father's Name  
**HABIBULLA**

जन्म की तारीख /  
Date of Birth  
**15/04/1985**

*सलीम*  
हस्ताक्षर / Signature

18042022

*सलीम*