

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.

MOSARAM AUTO SALES

ESTIMATE

Estimate No.	10730-03-REST-1225-645	Date	04-12-2025
Customer Name	SACHIN KUMAR	Contact No.	6392449292
VIN	MBLHAW144MHK03906	Model	HF DELUXE
Insurance Company		Reg No.	UP31BS9237
HMCGL Card No	1073021860005150	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	77220AAH100RS -LEFT REAR COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
2	77210AAH100RS -RIGHT REAR COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
3	77230AAHF00RS -CENTER REAR COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
4	3370BAAHA010099S -UNIT TAIL LIGHT	85122010	Paid	315.25	1	9.00	9.00	0.00	0.00	0.00	0.00	372.00
5	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
6	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
7	80100KST940S -FENDER COMPLETE REAR	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
8	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
Parts Total											0.00	5,897.00

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	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	5,897.00
Labour Total	2,000.10
SGST (Parts) 9%	449.77
CGST (Parts) 9%	449.77
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	7,897.10

Rupees in Words: Seven Thousand Eight Hundred Ninety Seven 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 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.	Sachin Kumar, 6392449292
2	Vehicle No. / वाहन संख्या	UP318S9237
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/390874
4	Period of Insurance / बीमा अवधि	26/12/2024 से 25/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/11/2025, 1:15 PM
6	Place of Accident / दुर्घटना का स्थान	रेलवे फ्लाईंग डे पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sachin Kumar, 6392449292 UP312024003743
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	घर से राव रेलवे पास जा रहे थे तभी अचानक रेलवे फ्लाईंग डे पास पीछे से वाइक वाहन ने टक्कर मार दी, जिससे वाहन से आंश से टक्कर घायी और गिरकर हतिगुस्त 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 LRPRAD LAKHIMPUR KHERI, 91151154036

Date / दिनांक : 02/12/2025
हस्ताक्षर

Sachin Kumar
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. MS/202A/7001/0146575/39087A
 Tel. No. Period of Insurance 26/12/2024 to 25/12/2025
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. FORM IS NOT TO BE USED
 Please answer All relevant questions fully

1. INSURED

(a) Name : Sachin Kumar
 (b) Address for correspondence : MOH - HIDAYAT NAGAR, PS - KOTWALI, KHERI
 (c) Telephone : 6392449292

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HA11ESMHK03659</u> Chassis No. <u>MBLHAW144MHK03906</u>	Registration No. <u>UP31BS</u> <u>9237</u>
---	--	--

(a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? N/A
 (c) Was trailer attached? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : Sachin Kumar
 (b) Age : 14/05/1997
 (c) Address : La-Mating School ke Piche Hidayat Nagar LMP
 (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 : UP3120240003743
 (h) Issuing Authority : 01/04/2024
 (i) Date of Expiry : 13/05/2037
 (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 : 30/11/2025, 1:15 PM
 (b) Place : रजत आसिंग के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : रजत आसिंग के पास पीछे से वाहन चालते हुए टकराव मार दी जिससे
 (e) If any third party was responsible for this accident give the name and address : वाहन के ड्राइवर से टकराव मारा और जिसका वाहन डर हो गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK/FRON/RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD
 LAKHIMPUR KHERI, 9151157-36

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 : _____

N/A

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. : _____

N/A

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 : _____

N/A

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 02/12 2005

Signature of the insured Sachin Kumar

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. UP31RS 9237 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 Sachin Kumar
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

MOTOR SATHI

Package Contract No.: MS/2024/7001/O/46575/390874

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India
 Contact Us at
 Phone : +91 79410 50643
 Email : info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SACHIN KUMAR	1997-05-14	6392449292	SRI SURENDRA PRASAD	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP31BS9237	HA11ESMHK03659	MBLHAW144MHK03906	2021-11-08	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
39000.00	NA	0.00	0.00	0.00	39000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1500.63	
Address			City / District	Pin Code	State	
MOH-HIDAYAT NAGAR,PS-KOTWALI,KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MANISH KUMAR	Male	32 Years	BROTHER	2024-12-26 11:20	Midnight of 2025-12-25	

Section A. VRC: 314.04 TCR: 322.14 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A): 636.18**
 Section B. EC: 0.00 EC Service: 0.00 ECPD: 0.00 **Sub Total: 0.00** TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B): 0.00** GST (CGST @9% + SGST @9%) (B): 0.00 **Total with GST(B): 0.00**
 Section C. MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 **Total MS Services with GST(C): 442.00**
 Section D. Drive Assure: 358.01 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 64.44 **Total with GST(D): 422.45**
Total(Section A+B+C+D) Offered Price After Discount: 1501

Package Period Covered	2024-12-26 To 2025-12-25	2025-12-26 To 2026-12-25	2026-12-26 To 2027-12-25	2027-12-26 To 2028-12-25	2028-12-26 To 2029-12-25
ADV	39000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2026-11-01 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. The payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.



#: Received with Thanks Rs 1500.63 ON 2024-12-24 from Mr./Ms. SACHIN KUMAR against the ARN No. INCP00390874
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BS9237 Registration Date : 08-Nov-2021
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
Owner Name : SACHIN KUMAR Son/wife/daughter of : SRI SURENDRA PRASAD
Full Address: (Permanent) : MOH- HIDAYAT NAGAR, MOH- HIDAYAT NAGAR, PS- KOTWALI, KHERI, UTTAR
PRADESH-262701
Full Address: (Temporary) : MOH- HIDAYAT NAGAR, MOH- HIDAYAT NAGAR, PS- KOTWALI, KHERI-UTTAR
PRADESH-262701
Fitness Up To : 07-Nov-2036 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 : AA2038895628 Rear HSRP No : AA2039750935
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2021
No of Cylinders : 1 Chassis No : MBLHAW144MHK03906
Engine No : HA11ESMHK03659 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (SELF-DRUM-C Wheel base : 1235
AST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK NEXUS BLUE 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 : 02-Nov-2021 Sale Amt : 61910/-
OTT Date : 02-Nov-2021 Amount/Rcpt No : 6191 / UP31D21110000453
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 08-Nov-2021
Other State/Transfer/Conversion Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 08-Nov-2021 to 07-Nov-2036

Date : 20-Dec-2023 15:48:19

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 20-Dec-2023

Lakhimpur Kheri

P 4564262



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



UP31 20240003743



Issue Date: 01-04-2024
Validity (NT): 13-05-2037
Validity (TR)*: _____



Holder's Signature

Date of First Issue (01-04-2024)

Name: **SACHIN KUMAR**
Date of Birth: **14-05-1997** Blood Group: _____
Son/Daughter/Wife of: **SURENDRA PRASAD**
Address:
La-Motina School Ke Piche Hidayat Nagar
Lakhimpur Kheri Uttar Pradesh 262701

Organ Donor: **N**

DL No: **UP31 20240003743**

UPDL 000013098917



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*
car	MCWG	UP31	01-04-2024	NT			
car	UV	UP31	01-04-2024	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Sachin Kumar
6392449292



भारत सरकार
Government of India



Aadhaar No. Issued: 14/07/2012



सचिन कुमार
Sachin Kumar
जन्म तिथि / DOB : 14/05/1997
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
**Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).**

8334 8227 2129

मेरा आधार, मेरी पहचान



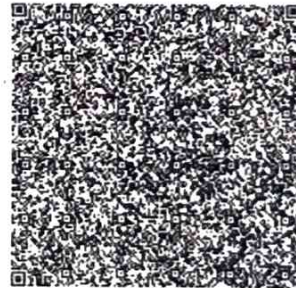
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 23/03/2025

पता: S/O सुरेन्द्र प्रसाद, ला-मटीना स्कूल के पीछे,
हिदायत नगर, लखीमपुर, खीरी, उत्तर प्रदेश,
262701

Address: S/O Surendra Prasad,
La-Matina School Ke Piche, Hidayat
Nagar, Lakhimpur, PO:Kheri, DIST:Kheri,
Uttar Pradesh, 262701



8334 8227 2129



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

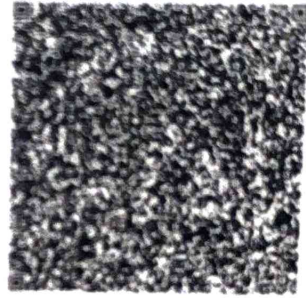


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HVJPK0969K



नाम / Name
SACHIN KUMAR

पिता का नाम / Father's Name
SURENDRA PRASAD

जन्म की तारीख /
Date of Birth
14/05/1997

Sachin Kumar
हस्ताक्षर / Signature

10122018

Sachin Kumar