

**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-1225-649	Date	05-12-2025
Customer Name	VIKKI SHUKLA	Contact No.	8840366532
VIN	MBLHAW136PGD01131	Model	HF DELUXE
Insurance Company		Reg No.	UP31CB6391
HMCGL Card No	1073023510001007	HMCGL Card Category	Gold

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	33450KST940S -WINKER ASSY.L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
4	33650KST940S -WINKER ASSY.L RR(BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
5	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
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
8	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
9	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
<b>Parts Total</b>											0.00	<b>13,248.42</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>	13,248.42
<b>Labour Total</b>	2,000.10
<b>SGST (Parts) 9%</b>	1,010.47
<b>CGST (Parts) 9%</b>	1,010.47
<b>SGST (Labour) 9%</b>	152.55
<b>CGST (Labour) 9%</b>	152.55
<b>Total</b>	<b>15,248.52</b>

Rupees in Words: Fifteen Thousand Two Hundred Forty Eight and paise Fifty Two Only

Authorised Signatory

10730 - Main W/S

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.

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.	Vikki Shukla, 8840366532
2	Vehicle No. / वाहन संख्या	UP31CB6391
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/465417
4	Period of Insurance / बीमा अवधि	04/09/2025 से 03/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/12/2025, 4:45 AM
6	Place of Accident / दुर्घटना का स्थान	शान्डी लॉब पेट्रोल पंप के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vikki Shukla, 8840366532 UP3120140001745
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : मेला मैदान से आते बाइक से स्कूटर के पास जा रहे थे तभी अचानक शान्डी लॉब पेट्रोल पंप के पास सामने बाई और से आते वाले ने तबकर मार की जिससे मेरी गाड़ी दायी ओर भिन्न 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.	MASARAM AUTO SALES LRP ROAD LAKHIMPUR KHERT, 9151154036

Date / दिनांक : 04/12/2025  
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. M&R-25/7001/0A6575/A6547  
 Tel. No. Period of Insurance 01/09/2025 to 03/09/2026  
 Claim No. \_\_\_\_\_

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

I. INSURED

(a) Name : Vikki Shukla  
 (b) Address for correspondence R/O : BHUJFORVA NATH, LAKHIMPUR, PS-SADAR KOTWALI  
 (c) Telephone : 8840366532

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HA11E1PGD10831</u> Chassis No. <u>MBLHAW136PGD01131</u>	Registration No. <u>UP31CB</u> <u>6391</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 : Vikram Shukla
- (b) Age : 15/10/1993
- (c) Address : MOH: BHUIFORVANATH TELIYANA LAKHIMPUR KHERI
- (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 : UP312014000171S
- (h) Issuing Authority : 12/02/2014
- (i) Date of Expiry : 11/02/2031
- (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 police? 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 : 02/12/2025 9:45 AM
- (b) Place : आजी लाल केहील पप के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : आजी लाल केहील पप के पास बाइक वाई मोर से आती वालीने
- (e) If any third party was responsible for this accident give the name and address : हम्पर मार से बिससे भेले जाडी रामी मारु बिरम्पर हातिमपुर हागडि

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT/LEFT/RIGHT
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES KRP ROAD LAKHIMPUR KHERI, 911154036

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 04/12 2005

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. UP31CR6391 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 .....  
Occupation .....  
Address .....

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

## Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/465417

**Motorsathi Care Private Limited**  
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
VIKKI SHUKLA	1993-05-01	8840366532	SRI SOMNATH SHUKLA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity*	Vehicle Type
HF DELUXE-BIK(SLFF DRUM-CAST)	UP31CB6391	IIA11E1PGD10831	MBLHAW136PGD01131	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/L.PG/Bi-Fuel ADV	Total ADV	
38500.00	NA	0.00	0.00	0.00	38500.00	
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	1588.32	
Address			City/ District	Pin Code	State	
R/O BHUJFORVA NATH, LAKHIMPUR KHERI, PS-SADAR KOTWALI, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SANDHA SHUKLA	Female	31 Years	WIFE	2025-09-04 14:38	Midnight of 2026-09-03	

Section A, VRC: 579.82 TCR: 318.01 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 897.83

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: 210.58 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 37.91 Total with GST(D): 248.49

**Total(Section A+B+C+D) Offered Price After Discount: 1588**

Package Period Covered	2025-09-04 To 2026-09-03	2026-09-04 To 2027-09-03	2027-09-04 To 2028-09-03	2028-09-04 To 2029-09-03	2029-09-04 To 2030-09-03
ADV	38500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODI)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-09-18 (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 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. Any 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 Meerut.

# Received with Thanks Rs 1588.33 ON 2025-09-04 from Mr./Ms. VIKKI SHUKLA against the ARN No. INCP00465417  
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

विककी शुकला

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CB6391 Registration Date : 21-Sep-2023  
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 : VIKKI SHUKLA Son/wife/daughter of : S/O SRI SOMNATH SHUKLA  
Full Address: (Permanent) : R/O BHUIFORVA NATH, LAKHIMPUR KHERI, PS-SADAR KOTWALI, KHERI, UTTAR  
PRADESH-262701  
Full Address: (Temporary) : R/O BHUIFORVA NATH, LAKHIMPUR KHERI, PS-SADAR KOTWALI, KHERI-UTTAR  
PRADESH-262701  
Fitness Up To : 20-Sep-2038 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 : AA2080297856 Rear HSRP No : AA2080467842  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2023  
No of Cylinders : 1 Chassis No : MBLHAW136PGD01131  
Engine No : HA11E1PGD10831 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : HF DELUXE BLK (DRS) 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)

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 : 19-Sep-2023 Sale Amt : 68698/-  
OTT Date : 19-Sep-2023 Amount/Rcpt No : 6870 / UP31D23090001512  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 22-Sep-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 21-Sep-2023 to 20-Sep-2038



Date : 30-Sep-2023 10:52:17

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
Signature of Registrar/Authority  
लखीमपूर-उत्तर  
30-Sep-2023

विकी शुकला

P 4636610


**UNION OF INDIA Driving Licence**


**UP31 20140001745**

जारी करने की तिथि / Date of Issue: **12/02/2014**


वैधता / Validity: **11/02/2034**

जन्म तिथि / Date of Birth: **15/10/1993**

Blood Group: **Unknown**


नाम / Name: **VICKEY SHUKLA**

पिता/पति का नाम / Son/Daughter/Wife of: **SOM NATH SHUKLA**



**UP31 20140001745**

**UP00917735MT**


**ICWG**  
**12/02/2014**

पता / Address: **MOH BHUI FOR VANATH TELIYANA  
 LAKHIMPUR KHETI**

जारीकर्ता / Issuing Authority Sign: **LAKHIMPUR KHETI**

Holder's Signature: *[Signature]*

Form 7 / Rule 16(2)

विकी शुकला  
 मो.नं - 8840866532


 भारत सरकार  
Government of India

 विककी शुक्ला  
Vikki Shukla  
जन्म तिथि / DOB : 01/05/1993  
पुरुष / Male



5534 0270 7733

आधार - आम आदमी का अधिकार


 आधार  
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India


पता:  
S/O: सोमनाथ शुक्ला, भुइफोरवा  
नाथ, लखीमपुर, खीरी, खीरी, उत्तर  
प्रदेश, 262701

Address:  
S/O: Somnath Shukla, bhuiforva  
nath, Lakhimpur, Kheri, Kheri,  
Uttar Pradesh, 262701

5534 0270 7733

1947  
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

विककी शुक्ला

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ILRPS4827R



नाम/ Name  
VIKKI SHUKLA

पिता का नाम/ Father's Name  
SOMNATH SHUKLA

जन्म की तारीख / Date of Birth  
15/10/1993

विकी शुक्ला  
हस्ताक्षर/ Signature



29062017