

**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-1225-679	Date	13-12-2025
Customer Name	JABBEER KHAN, ...	Contact No.	9125422283
VIN	MBLHAR076JHM03193	Model	SPLENDOR +
Insurance Company		Reg No.	
HMCGL Card No	1073025860001015	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
3	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
4	3365AKCC830S -WINKER ASSY.L RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
5	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
<b>Parts Total</b>											0.00	<b>2,797.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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>2,797.00</b>
<b>Labour Total</b>	<b>2,000.10</b>
<b>SGST (Parts) 9%</b>	<b>213.33</b>
<b>CGST (Parts) 9%</b>	<b>213.33</b>
<b>SGST (Labour) 9%</b>	<b>152.55</b>
<b>CGST (Labour) 9%</b>	<b>152.55</b>
<b>Total</b>	<b>4,797.10</b>

Rupees in Words: Four Thousand Seven 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
  8. All disputes subject to jurisdiction of CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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.	Jabbeer Khan, 9125422283
2	Vehicle No. / वाहन संख्या	MS/2024/7001/0/46575/389598
3	Policy No. / पालिसी संख्या	UP318B6679
4	Period of Insurance / बीमा अवधि	01/01/2025 से 31/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/12/2025, 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	गजनीपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jabbeer Khan, 9125422283 UP312000002519
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : मैं गांव सरैया से लबीमपुर जा रहे थे तभी अचानक महम्मदाबाद से वहाँ गजनीपुर के पास सामने दायी ओर से बाइक वाले ने तुम्बर मार दी जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त हो गयी।		
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 / फोन नं.	MOSARAM AUTO SALES LRPR ROAD MAKHAMPUR KHERI, 9151154036

Date / दिनांक : 11/12/2025  
हस्ताक्षर

जबबीर  
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/2024/7001/0146575/38959  
8

Tel. No.

Period of Insurance 01/01/2025 to 31/12/2025  
 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 : Jabbeer Khan  
 (b) Address for correspondence VILL: SARAIYA PO-OEL, PS-KHERI, UP-262701  
 (c) Telephone : 9125422283

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2019</u>	Engine No. <u>HA10AGJHM05819</u> Chassis No. <u>MBLHAR076JHM03193</u>	Registration No. <u>UP31BB</u> <u>6679</u>
---	--	--

- (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 : Jabbeem Khan  
 (b) Age : 04/09/1987  
 (c) Address : VILL:-SARAIYA PO-OELThana-Kheri, 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 : UP31 20100002519  
 (h) Issuing Authority : 01/11/2025  
 (i) Date of Expiry : 20/10/2030  
 (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 : 09/12/2025, 8:00 AM  
 (b) Place : गजनीपुर डे पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : भरमदाबाद से पहले गजनीपुर डे पास सामने इली और से बाइक वाले ने  
 (e) If any third party was responsible for this accident give the name and address : वक्कर, मारुती जिससे मेरी गाड़ी बेली और डिस्क हटिमस्त है गड।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front / Right / Left  
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LR ROAD  
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERI, 9151154086

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? : \_\_\_\_\_ / NIA  
(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? : \_\_\_\_\_ 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? : \_\_\_\_\_ NIA  
(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 11/10 / 2008

Signature of the insured जबदीर

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. UP31BB6679 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/-

*Handwritten signature*

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/2024/7001/O/46575/389598

**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

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>	
JABBEER KHAN	1986-09-04	9415897857	SRI RAJJAK KHAN	Hero Motocorp	SPLENDOR PLUS	
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>	<b>Vehicle Type</b>
13S SELF DRUM	UP31BB6679	HA10AGJHM05819	MBLHAR076JHM03193	2019-01-08	100	TW
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>	
24000.00	NA	0.00	0.00	0.00	24000.00	
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>	
	Solo			2	1810.02	
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>	
VILL- SARAIYA PO- OEL, PS- KHERI				262701	Uttar Pradesh	
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>	
APSHANA	Female	35 Years	WIFE	2025-01-01 12:13	Midnight of 2025-12-31	

Section A, VRC: 193.26 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 38.65 **Total with GST(A)** 154.61  
 Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 **Sub Total:** 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B):** 770.00 **GST (CGST @9% + SGST @9%) (B):** 138.60  
**Total with GST(B):** 908.60  
 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: 258.31 AHDC, DOC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 46.50 **Total with GST(D):** 304.81  
**Total(Section A+B+C+D) Offered Price After Discount:** 810

Package Period Covered	2025-01-01 To 2025-12-31	2026-01-01 To 2026-12-31	2027-01-01 To 2027-12-31	2028-01-01 To 2028-12-31	2029-01-01 To 2029-12-31
ADV	24000	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 from: 2025-01-01 until: 2025-12-31.

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than: a) Hire or Reward by Carriage of goods (other than samples or personal luggage) c) Organized Race or Rally, d) Parking or Special Testing e) 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 Company's 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 1810.01 ON 2024-12-17 from Mr./Ms. JABBEER KHAN against the ARN No. INCP00389598  
 \*The acknowledgement is subject to a compulsory excess of 2%, 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please mention Vehicle Ins. Details) Consolidated Stamp Duty Paid Endorsements, IMT: 22, 40, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

*Jabbeer Khan*



# GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP31BB6679 Registration Date : 08-Jan-2019  
 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, ...  
 Owner Name : JABBEER KHAN Son/wife/daughter of : SRI RAJJAK KHAN  
 Full Address: (Permanent) : VILL- SARAIYA PO- OEL, VILL- SARAIYA PO- OEL, PS- KHERI, KHERI, UTTAR PRADESH- 262701  
 Full Address: (Temporary) : VILL- SARAIYA PO- OEL, VILL- SARAIYA PO- OEL, PS- KHERI, KHERI-UTTAR PRADESH- 262701  
 Fitness UpTo : 07-Jan-2034 Tax UpTo : One Time  
 Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : Rear HSRP No :  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2018  
 No of Cylinders : 1 Chassis No : MBLHAR076JHM03193  
 Engine No : HA10AGJHM05819 Fuel : PETROL  
 Horse Power(BHP) : 8.24 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR +(I3S-SELF-DRU Wheel base : 1230  
 M-CAST)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : GRK Laden/GV Wt (kgs) : 242  
 Vehicle Purchase As : Full/Built AC Fitted : NO

### 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 : 01-Jan-2019 Sale Amt : 53350/-  
 OTT Date : 01-Jan-2019 Amount/Rcpt No : 5335 / UP31D19010000224  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 08-Jan-2019

### Other State/Transfer/Conversion Details

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

Date : 10-Jan-2019 16:33:18

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date: 10-Jan-2019  
 लखीमपुर-खीरी

9415897857

Handwritten signature

E 990573



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

UP

**UP31 20100002519**



Issue Date: 01-11-2025  
Validity (NT): 20-10-2030  
Validity (TR)\*



Holder's Signature

Name: **JABBEER KHAN**  
Date of Birth: **04-09-1987**  
Blood Group:  
Son/Daughter/Wife of: **RAJIAK KHAN**

Organ Donor: **N**

Address:  
**VILL SARAIYA POST OEL THANA KHERI  
LAKHIMPUR KHERI 262725**

Date of First Issue: 21-10-2010

**DL No: UP31 20100002519**

**UPDL311000020263**



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	21-10-2010	NT			
	LMV	UP31	21-10-2010	NT			

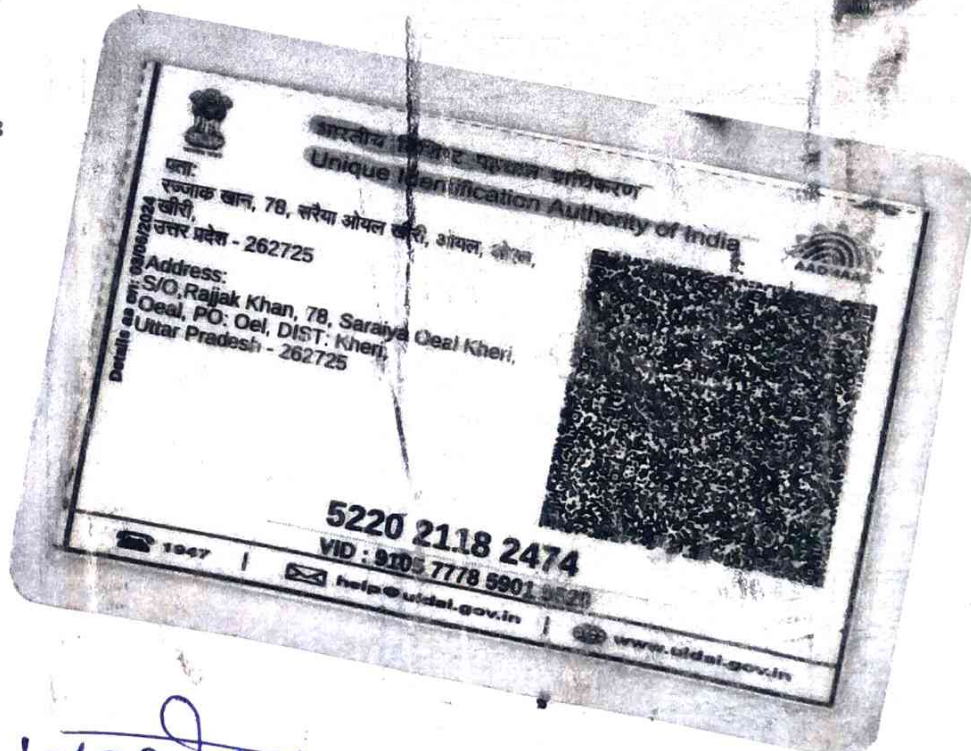
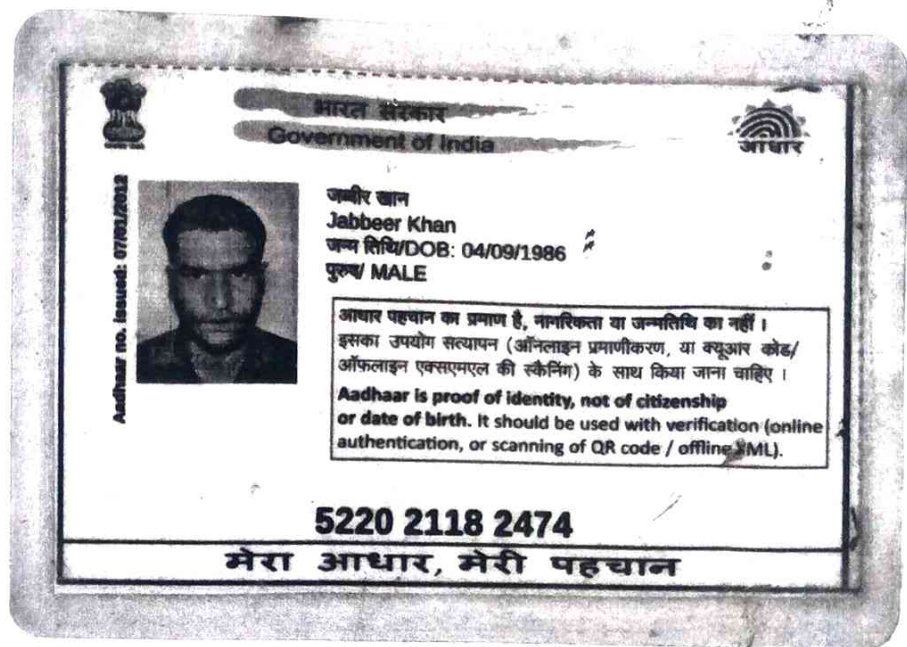
Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPUR KHERI

9125422283

जबबीर



जबीर

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

JABBEER KHAN

RAJJAK KHAN

04/09/1988

Permanent Account Number

CUIPK4594F

जबबीर

Signature



जबबीर