

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-1225-669	Date	10-12-2025
Customer Name	RAJESH KUMAR, //	Contact No.	9648237727
VIN	MBLHAR181KHA03828	Model	PASSION PRO
Insurance Company		Reg No.	
HMCGL Card No	1073023820001939	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83402AAC800S -PANEL INNER	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
2	3310BAAC20099S -LIGHT ASSY HEAD (W/O BULB)	85122010	Paid	593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	700.00
3	61100AAC800RS -FENDER COMP FR	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
4	64100AAC200S -WIND SCREEN	87141090	Paid	200.85	1	9.00	9.00	0.00	0.00	0.00	0.00	237.00
5	83400AAC200SS -FRONT VISOR(NH-1 TYPE-2 NH-1)	87141090	Paid	1,011.02	1	9.00	9.00	0.00	0.00	0.00	0.00	1,193.00
6	61311AAC200S -STAY FRONT VISOR	87141090	Paid	253.39	1	9.00	9.00	0.00	0.00	0.00	0.00	299.00
7	3340BAAC201S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
8	3345BAAC201S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
9	53178AAFH00S -LEVER COMPL STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
10	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	K44446AACD200S -KIT WHEEL COMP FRONT	87141090	Paid	3,460.17	1	9.00	9.00	0.00	0.00	0.00	0.00	4,083.00
Parts Total											0.00	8,675.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PASSION PRO	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	8,675.00
Labour Total	2,000.10
SGST (Parts) 9%	661.65
CGST (Parts) 9%	661.65
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	10,675.10

Rupees in Words: Ten Thousand Six Hundred Seventy 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

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
MEERUT

ORIENTAL INSURANCE CO. LTD.
ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	राजेश कुमार, 9648237727
2	Vehicle No. / वाहन संख्या	UP34 AW072J
3	Policy No. / पालिसी संख्या	MS/2025/70016/46515/473907
4	Period of Insurance / बीमा अवधि	12/10/2025 से 11/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 6:00PM
6	Place of Accident / दुर्घटना का स्थान	चमदफर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आदित्य कुमार, 9161264252 UP3120190008385
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	चमदफर के पास सामने से दोई और से मीटर साइकिल से जोरदार टक्कर हो गई। जिससे मेरी गाड़ी बाईं 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, LRPRAD LAKHIMPUR- KAERTI, 9151154036

Date / दिनांक : 07/12/2025
हस्ताक्षर

राजेश कुमार
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/2025/7001/0146575/47390

Tel. No.

Period of Insurance 12/10/2025 से 11/12/2026 7

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 : RAJESH KUMAR
 (b) Address for correspondence : R/1085 TEJWAPUR BHADGAR, PS-LAHARAPUR, SITAPUR.
 (c) Telephone : 9648237727

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2019</u>	Engine No. <u>H1010ACKHA34233</u> Chassis No. <u>MBLHAR181KHA03828</u>	Registration No. <u>UP34 AW</u> <u>0721</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 NA

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 : N/A
 (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 : ADITYA KUMAR
 (b) Age : 20/04/1998
 (c) Address : VILL & PS. BHEL THANA - PHARDHAN, LAKHIMPUR,
KHERI, UP, 202103
 (d) Is the Driver
 1. Owner : _____
 2. paid driver? : NO
 3. Owner's relative or friend? : NEPHEW
 (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 : UP3120190008385
 (h) Issuing Authority : 16-07-2019
 (i) Date of Expiry : 15-07-2039
 (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 other insurance policies indemnifying you in res

5. DETAILS OF ACCIDENT

- (a) Date and Time : 05/12/2025 6:00pm
 (b) Place : मदकर के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : मदकर के पास सामने से बाईं ओर से मोटरसाइकिल से
 (e) If any third party was responsible for this accident give the name and address : जो रूदा लकट हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर
सामने से बाईं ओर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front AND RIGHT AND LEFT
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES, LR ROAD
LAKHIMPUR KHERI 9151154036

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? : _____
- W/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 07/12/2005

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. UP34AW0721 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 राजेश कुमार
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/473907					
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
RAJESH KUMAR	1985-07-15	9648237727	SRI BANVARI LAL	Hero Motocorp	PASSION
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
PASSION PLUS i3S SELF	UP34AW0721	HA10ACKHA34233	MBLHAR181KHA03828	2019-03-11	113 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
24000.00	NA	0.00	0.00	0.00	24000.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo	SHRIRAM FINANCE LIMITED	---	2	2039.07
Address			City / District	Pin Code	State
R/O 85 TEJWAPUR BHADFAR,R/O 85 TEJWAPUR BHADFAR,PS-LAHARPUR, SITAPUR				261135	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MADHU	Female	35 Years	WIFE	2025-10-12 12:45	Midnight of 2026-10-11
Section A, VRC: 481.93 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 481.93 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: 175.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 31.51 Total with GST(D) : 206.54 Total(Section A+B+C+D) Offered Price After Discount: 2039					
Package Period Covered	2025-10-12 To 2026-10-11	2026-10-12 To 2027-10-11	2027-10-12 To 2028-10-11	2028-10-12 To 2029-10-11	2029-10-12 To 2030-10-11
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 2025-10-12 until 2026-10-11 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. Any dispute 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 2039.07 ON 2025-10-12 from Mr./Ms. RAJESH KUMAR against the ARN No. INCP00473907
 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

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34AW0721 Registration Date : 11-Mar-2019
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW/TMP
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ...
 Owner Name : RAJESH KUMAR Son/wife/daughter of : SRI BANVARI LAL
 Full Address: (Permanent) : R/O 85 TEJWAPUR BHADFAR, R/O 85 TEJWAPUR BHADFAR, PS-LAHARPUR,
 SITAPUR, UTTAR PRADESH-261135
 Full Address: (Temporary) : R/O 85 TEJWAPUR BHADFAR, R/O 85 TEJWAPUR BHADFAR, PS-LAHARPUR,
 SITAPUR-UTTAR PRADESH-261135
 Fitness UpTo : 10-Mar-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 : 01/2019
 No of Cylinders : 1 Chassis No : MBLHAR181KHA03828
 Engine No : HA10ACKHA34233 Fuel : PETROL
 Horse Power(BHP) : 8.24 Cubic Capacity : 97.20
 Maker's Classification : PASSION PRO 13S-SELF-DR Wheel base : 1235
 UM-CAST
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 117
 Colour : FBK Laden/GV Wt (kgs) : 247
 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 SHRIRAM CITY UNION FINANCE LTD, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 20-Feb-2019.

Purchase dt : 20-Feb-2019 Sale Amt : 54475/-
 OTT Date : 20-Feb-2019 Amount/Rept No : 5448 / UP34D19020002304
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 11-Mar-2019

Other State/Transfer/Conversion Details

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

Date : 12-Mar-2019 13:21:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Licensing Authority

Date : 12-Mar-2019

सीतापुर सिप्रो

F 880084

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

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 SITAPUR, UTTAR PRADESH-261135
 Full Address: (Temporary) : R/O 85 TEJWAPUR BHADFAR, R/O 85 TEJWAPUR BHADFAR, PS-LAHARPUR,
 SITAPUR-UTTAR PRADESH-261135

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 Owner Serial No : 1

Detailed Description

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 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No
 Type of Body : SOLO WITH PILLION Rear HSRP No
 No of Cylinders : 1 Month/Year of Manuf : 01/2019
 Engine No : HA10ACKHA34233 Chassis No : MBLHAR181KPA03008
 Horse Power(BHP) : 8.24 Fuel : PETROL
 Maker's Classification : PASSION PRO 135-SELF-DR Wheel base : 1235
 UM-CAST
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 117
 Colour : FBK Laden/GV Wt (kgs) : 247
 Other Criteria AC Fitted : NO
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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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FINANCE LTD, KANPUR, KANPUR, Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 20-Feb-2019.

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Date : 12-Mar-2019 13:21:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Licensing Authority

Date : 12-Mar-2019

सितापुर (सिपा)

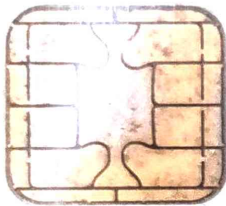
F 880084



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

UP

UP31 20190008385



Issue Date Validity (NT) Validity(TR)#
16-07-2019 15-07-2039 -----



Holder's Signature

Name: **ADITYA KUMAR**
Date of Birth: **20-04-1998** Blood Group: **A+ VE** Organ Donor: **N**
Son/Daughter/Wife of: **KULDEEP KUMAR**
Address:
**VILLAGE AND POST BEL THANA PHARDHAN
LAKHIMPUR, KHERI, UP 262701**

Date of First Issue (16-07-2019)

aj
13

Capacity Offered

DL No: **UP31 20190008385**

UPDL 000000885/93



Invalid Carriage (Regn Numbers)*

Hazardous Validity*

Hill Validity*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
Bus	BU/BU	UP31	16-07-2019	NT			
Truck	TR	UP31	16-07-2019	NT			

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPURKHERI

भारत सरकार
GOVERNMENT OF INDIA





राजेश कुमार
Rajesh Kumar
जन्म तिथि/DOB 15/07/1985
पुंस्व/ MALE

3733 3873 6761
VID : 9126 9435 9560 4770

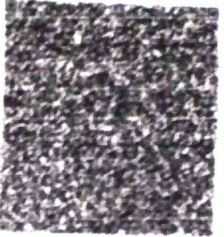
मेरा आधार, मेरी पहचान

भारतीय विहित प्रमाण प्रधिकरण
Central Identification Authority of India



पता:
जवान, बनारी लाल, 85, तेजपुर, बदायुँ, सीतापुर,
उत्तर प्रदेश - 261135

Address:
S/O: Banwari Lal, 85, Tejwapur, Badayun,
Sitapur,
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भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA

RAJESH KUMAR

BANVARILAL

15/07/1985

Permanent Account Number

DCVPK3724H

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Signature



21/06/2011