

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-1225-682	Date	13-12-2025
Customer Name	SANDEEP KUMAR VERMA	Contact No.	9670609751
VIN	MBLHAW149MHC03399	Model	HF DELUXE
Insurance Company		Reg No.	UP31BQ4352
HMCGL Card No	1073024850001673	HMCGL Card Category	Diamond

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	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	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
4	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
5	3370BAAHA010099S -UNIT TAIL LIGHT	85122010	Paid	315.25	1	9.00	9.00	0.00	0.00	0.00	0.00	372.00
6	80100KST940S -FENDER COMPLETE REAR	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
7	K42426AAFAH00S -KIT, WHEEL COMP.REAR	87141090	Paid	3,827.97	1	9.00	9.00	0.00	0.00	0.00	0.00	4,517.00
8	50100AAHA40S -FRAME BODY COMP.	87141090	Paid	7,272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	8,582.00
9	52110AAJ700S -SWINGRAM COMPLETE REAR	87141090	Paid	769.49	1	9.00	9.00	0.00	0.00	0.00	0.00	908.00
10	83500ACK000SS -R. SIDE COVER (BLACK-2) (W/O i3S)	87141090	Paid	476.27	1	9.00	9.00	0.00	0.00	0.00	0.00	562.00
11	83600AAHF00RS -L SIDE COVER BLACK NH-1(T1)	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
12	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
13	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
14	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
15	52400AAH2000S -CUSHION ASSEMBLY REAR(GY-141M)	87141090	Paid	1,012.71	2	9.00	9.00	0.00	0.00	0.00	0.00	2,390.00
Parts Total											0.00	22,204.42

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	22,204.42
Labour Total	2,000.10
SGST (Parts) 9%	1,693.56
CGST (Parts) 9%	1,693.56

CGST (Labour) 9%

152.55

Total

24,204.52

Rupees in Words: Twenty Four Thousand Two Hundred Four and paise Fifty Two 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.	संदीप कुमार वर्मा, 9670609751
2	Vehicle No. / वाहन संख्या	UP31BQ4352
3	Policy No. / पालिसी संख्या	MS/2025/1001/0/46575/421693
4	Period of Insurance / बीमा अवधि	02/04/2025 से 01/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/12/2025 11:30am.
6	Place of Accident / दुर्घटना का स्थान	टहरा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुलदीप कुमार, 9919595832 UP3120050004491
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	टहरा के पास पीछे से गजने के ट्रक ने गेर से टक्कर मार दी जिससे मेरी गाड़ी दीया और गिरकर सातप्रस्त 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, LPP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 11/12/2025
हस्ताक्षर

संदीप कुमार वर्मा
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/2025/7001/0/46575/42169

Tel. No.

Period of Insurance 02/04/2025 से 01/04/2026³
 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 : SANDEEP KUMAR VERMA
 (b) Address for correspondence : V/O KATIYA PS - GOPALAPUR, PS - KHERI, UP, 262702.
 (c) Telephone : 9670609751

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HAIJESMH032JJ</u> Chassis No. <u>MBLHANJ49MHC103399</u>	Registration No. <u>UP31 BQ</u> <u>4352</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 : KULDEEP KUMAR
- (b) Age : 01-01-1980
- (c) Address : V.V. KATIYA PS-GOPALAPUR PS-KHERI, LAKHIMPUR, KHERI, 262702.
- (d) Is the Driver
1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAT
- (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 : UP3120050004491
- (h) Issuing Authority : 26-07-2025
- (i) Date of Expiry : 25-07-2035
- (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 : 03/12/2025 11:30am.
- (b) Place : हरा के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : हरा के पास पीछे से गन्ने का ट्रक से जोरदार टक्कर हो
- (e) If any third party was responsible for this accident give the name and address : गड जिससे मेरी गाड़ी लौड़ी ओर गिरकर गिरकर मतिमस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP ROAD 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 11/12/2025

Signature of the insured अंजीत कुमार वर्मा

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. UP31R Q4352 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 श्री श्री अशोक शर्मा
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/421693

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	
SANDEEP KUMAR VERMA	1981-12-07	9670609751	SRI RAJARAM VERMA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP31BQ4352	HA11ESMHC03211	MBLHAW149MHC03399	2021-04-07	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
34000.00	NA	0.00	0.00	0.00	34000.00	
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	1639.73	
Address			City / District	Pin Code	State	
VILL- KATIYA, PO- GOPALAPUR VILL- KATIYA, PO- GOPALAPUR PS- KHERI Kheri Uttar Pradesh 262702				262702	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANITA DEV	Female	38 Years	WIFE	2025-04-02 14:16	Midnight of 2026-04-01	

Section A, VRC: 557.57 TCR: 401.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 958.77

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: 202.51 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 36.45 **Total with GST(D):** 238.96

Total(Section A+B+C+D) Offered Price After Discount: 1640

Package Period Covered	2025-04-02 To 2026-04-01	2026-04-02 To 2027-04-01	2027-04-02 To 2028-04-01	2028-04-02 To 2029-04-01	2029-04-02 To 2030-04-01
ADV	34000	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 2026-04-01 (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 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 MOTORSAATHI 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 Aligarh.



#: Received with Thanks Rs 1639.73 ON 2025-03-30 from Mr./Ms. SANDEEP KUMAR VERMA against the ARN No. INCP00421693

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 : UP31BQ4352 Registration Date : 07-Apr-2021
 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 : SANDEEP KUMAR VERMA Son/wife/daughter of : SRI RAJARAM VERMA
 Full Address: (Permanent) : VILL- KATIYA, PO- GOPALAPUR, VILL- KATIYA, PO- GOPALAPUR, PS- KHERI, KHERI,
 UTTAR PRADESH-262702
 Full Address: (Temporary) : VILL- KATIYA, PO- GOPALAPUR, VILL- KATIYA, PO- GOPALAPUR, PS- KHERI, KHERI-
 UTTAR PRADESH-262702

Fitness UpTo : 06-Apr-2036 Tax UpTo : One Time
 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 : AA2031282738 Rear HSRP No : AA2030887348
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2021
 No of Cylinders : 1 Chassis No : MBLHAW149MHC03399
 Engine No : HA11ESMHC03211 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
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Grey Black 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-Apr-2021 Sale Amt : 59900/-
 OTT Date : 02-Apr-2021 Amount/Rcpt No : 5990 / UP31D21040000625
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 07-Apr-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 07-Apr-2021 to 06-Apr-2036

Date : 04-May-2021 13:21:15

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपूर खीरी
 Signature of Registering Authority
 Date : 04-May-2021

M 2598803



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



UP31 20050004491



Issue Date Validity (NT) Validity(TR)*
26-07-2025 25-07-2035



Holder's Signature

Name: **KULDEEP KUMAR**

Date of Birth: **01-01-1980** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RAJARAM**

Address:

**VILL KATIYA POST GOPALAPUR PS KHERI
LAKHIMPUR, LAKHIMPUR KHERI 262702**

Date of First Issue 02-05-2005

DL No: UP31 20050004491

UPDL311000018867



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	02-05-2005	NT			
	LMV	UP31	26-07-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI



भारत सरकार

Government of India



संदीप कुमार वर्मा

Sandeep Kumar Verma

जन्म तिथि / DOB : 07/12/1981

पुरुष / Male



2710 5239 5585

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
संबोधित: राजाराम वर्मा, ग्राम कटिया,
पोस्ट गोपालपुर, लखीमपुर,
गोपालपुर, खीरी, उत्तर प्रदेश,
262702

Address:

S/O: Rajaram Verma, gram katiya,
post gopalapur, Lakhimpur,
Gopalapur, Kheri, Uttar Pradesh,
262702

2710 5239 5585

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

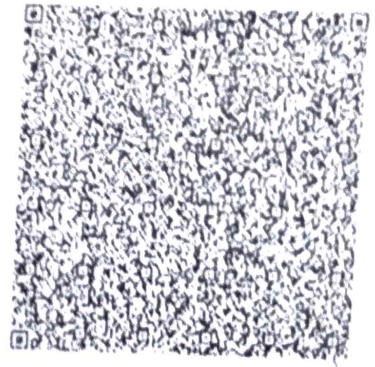
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AOXPV2144M



नाम / Name
SANDEEP KUMAR VERMA

पिता का नाम / Father's Name
RAJARAM VERMA

जन्म की तारीख
Date of Birth
07/12/1981

संदीप कुमार
हस्ताक्षर / Signature

24082020