

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-1225-689
 Customer Name SARVESH
 VIN MBLHAW214P9M02750
 Insurance Company
 HMCGL Card No 1073023830003805
 Part Details

Date 17-12-2025
 Contact No. 7704818277
 Model SPLENDOR+ XTEC
 Reg No. UP34BV2993
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAEB00TS -FENDER COMPLETE FRONT (NH-341P)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
2	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
3	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
6	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
7	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
8	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
9	51104AAEH00S -STEP PILLION	87141090	Paid	112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	133.00
10	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
11	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
12	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	8,158.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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	8,158.00
Labour Total	2,000.10
SGST (Parts) 9%	622.22
CGST (Parts) 9%	622.22
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	10,158.10

Rupees in Words: Ten Thousand One Hundred Fifty Eight and paise Ten Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged

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.	सेवेश, 7706035763
2	Vehicle No. / वाहन संख्या	UP34BV2993
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/466095
4	Period of Insurance / बीमा अवधि	09/09/2025 से 08/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025 6:00PM
6	Place of Accident / दुर्घटना का स्थान	बड़ा गाँव के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सेवेश, UP3420200013758 7706035763
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : बड़ा गाँव के पास सामने से मोटर साइकिल से टक्कर हो गई जिससे मेरी गाड़ी बॉर्डे ओर गिरकर सतिमस्त 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 / फोन नं.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 11/12/2025
हस्ताक्षर

स्वर 2025
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/2025/1001/d/46515/466095

Tel. No.

Period of Insurance 09/09/2025 से 08/09/2026
 Claim No. _____

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

1. INSURED

(a) Name SARVESH
 (b) Address for correspondence R/O JALALIPUR DEHAT, SADULLAPUR, SITAPUR.HS,
 (c) Telephone 7706035763 MILLS PS HARGAON
261621

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HALL1E7P9M07957</u> Chassis No. <u>MBLHAN214P9M02750</u>	Registration No. <u>UP34 BV</u> <u>2993</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? : N/A
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SARVESH
 (b) Age : 01-01-2000
 (c) Address : VII-SADULLAPUR P.S. & THANA-HARGAON, SIIRAR
 (d) Is the Driver : CP, 263121
 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 : UP34 20200013758
 (h) Issuing Authority : 16/09/2020
 (i) Date of Expiry : 31/12/2039
 (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 08/12/2025 6:00PM
 (b) Place : बड़ा गाँव के पास
 (c) Speed of vehicle at the time of accident : 36-40
 (d) Give a short description of the accident : बड़ा गाँव के पास सामने से मोटरसाइकिल से टक्कर हो
 (e) If any third party was responsible for this accident give the name and address : जिससे भरो गाड़ी वाया और गिरकर सतिमस्त रो

6. DAMAGE TO INSURED VEHICLE

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

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : N/A
 (b) Address : N/A
 (c) Full Details of personal injury sustained : N/A
 (d) Name and address of any person/hospital giving medical attention to injured person : N/A
 (e) Full details of property damaged : N/A
 (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 Police 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 11/12/2008

Signature of the insured सविश

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. UP34BV2993 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 रावेश
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025 7001/O/46575/466095

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	
SARVESH	2000-01-01	7706035763	S/O SRI AJAY PAL	Hero MotoCorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ATEC DRUM SFLF E20	UP34BV2993	HA11E7P9M07957	MBLHAW214P9M02750	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
60000.00	NA	0.00	0.00	0.00	60000.00	
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	2000.83	
Address			City / District	Pin Code	State	
R O JAI ALIPUR DEHAT, SADULLAPUR, SITAPUR, H.S. MILLS, PS- HARGAON, 261121				261121	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RADHA	Female	23 Years	WIFE	2025-09-09 15:26	Midnight of 2026-09-08	

Section A. VRC: 843.38 TCR: 354.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A): 1197.38**
 Section B. FC: 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: **306.31** AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 55.14 **Total with GST(D): 361.45**
Total(Section A+B+C+D) Offered Price After Discount: 2001

Package Period Covered	2025-09-09 To 2026-09-08	2026-09-09 To 2027-09-08	2027-09-09 To 2028-09-08	2028-09-09 To 2029-09-08	2029-09-09 To 2030-09-08
ADV	60000	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 2029-01-04 (DETAILS ARE 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 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. 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 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 of the company is subject to the provisions of AMI package of the company. The AMI package is available in all our operating offices as well as Company's website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care Toll Free Phone No: 7941050643 Email: 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 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 jurisdiction of the courts at Meerut.



Received with Thanks Rs 2000.83 ON 2025-09-09 from Mr./Ms. SARVESH against the ARN No. INCP00466095
 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

Indian Union Driving Licence
Issued by Uttar Pradesh

UP34 20200013758

Issue Date: **16-09-2020** Validity (NT): **31-12-2039** Validity (TR): _____

Name: **SARVESH** Holder's Signature: _____

Date of Birth: **01-01-2000** Blood Group: _____ Organ Donor: **N**

Son/Daughter/Wife of: **AJAY PAL**

Address:
**VILLAGE SADULLAPUR POST AND THANA
 NARGAON SITAPUR, UP 261121**

Date of First Issue: **(16-09-2020)**

DL No: UP34 20200013758 UPDL 000003782624

 Invalid Carriage (Regn Numbers)¹

Hazardous Validity¹ Hill Validity¹

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ²	Badge Issued Date ²	Badge Issued By ²
car	MCWG	UP34	16-09-2020	NT			
car	LHV	UP34	16-09-2020	NT			
MVSD							

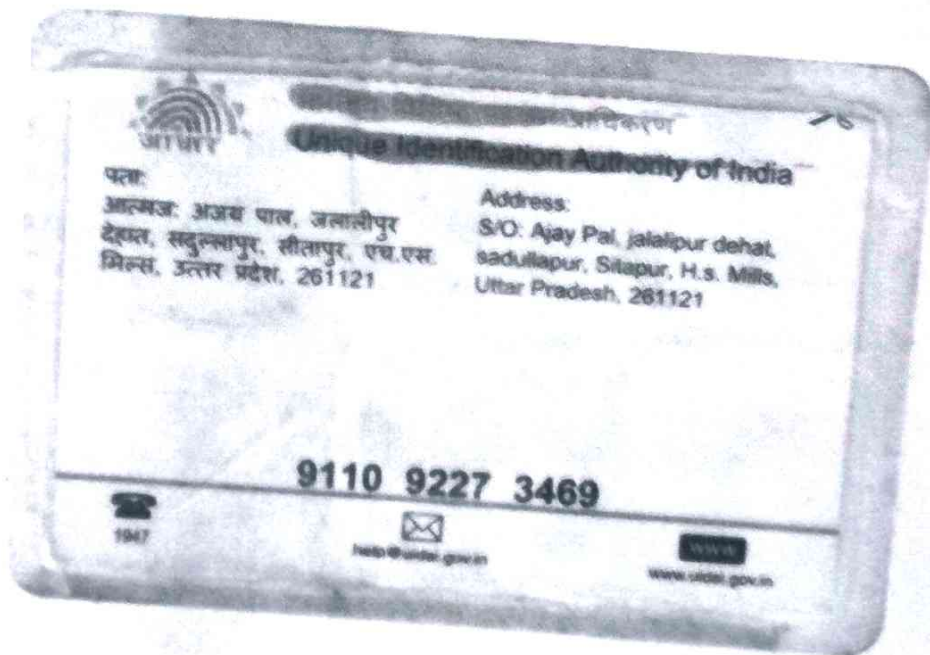
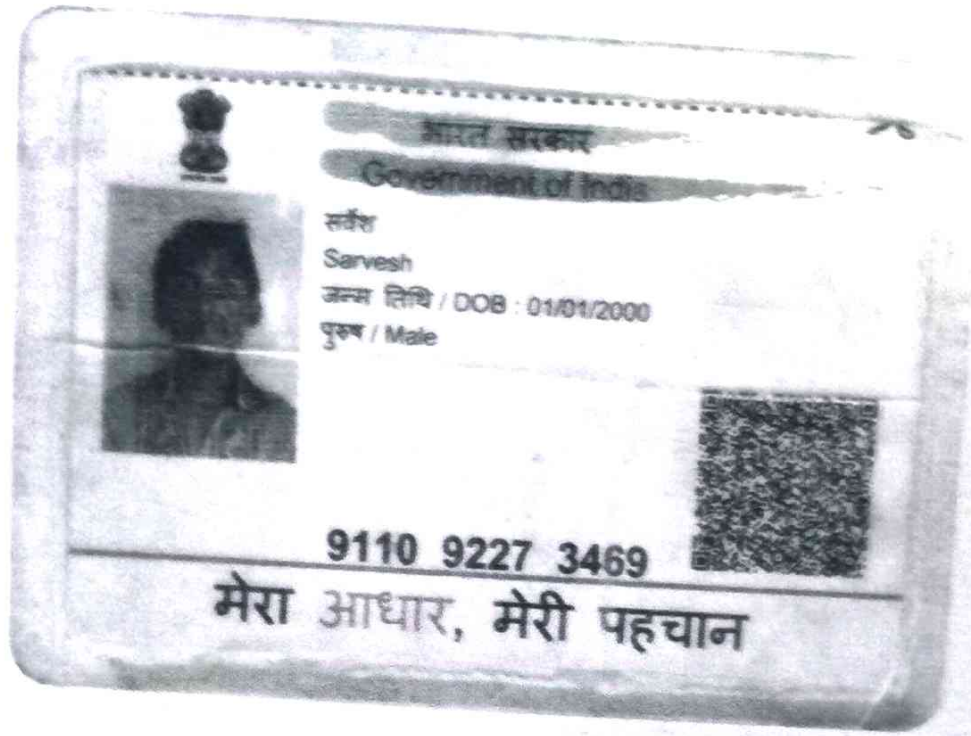
Emergency Contact Number _____

S/S
 Licensing Authority
UP34 SITAPUR

Form 7 Rule 16(2)

77066035763

सर्वेश



शतेश

आयकर विभाग
INCOME TAX DEPARTMENT

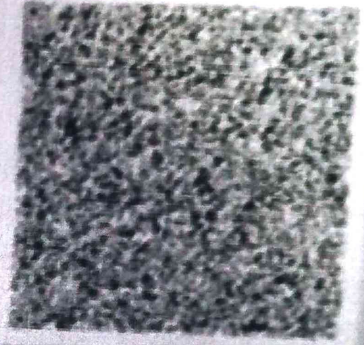


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

LHSPS9246J



नाम / Name
SARVESH

पिता का नाम / Father's Name
AJAY PAL

जन्म की तारीख
Date of Birth
01/01/2000

रबिंद्र

हस्ताक्षर / Signature

27022019

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सर्वेश