

**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-1225-686	Date	13-12-2025
Customer Name	ATIK	Contact No.	8780995838
VIN	MBLHAW225RHA87980	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CD6476
HMCGL Card No	1073023810004740	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.9	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
2	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
4	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
5	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
6	88120AAFH31ZAS - MIRROR ASSEMBLY LEFT BACK NH-1 TYPE-1)	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
7	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
8	51104AAEH00S -STEP PILLION	87141090	Paid	112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	133.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
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	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
12	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
13	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
14	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	13,498.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	2,000.10

<b>Parts Total</b>	13,498.00
<b>Labour Total</b>	2,000.10
<b>SGST (Parts) 9%</b>	1,029.51
<b>CGST (Parts) 9%</b>	1,029.51
<b>SGST (Labour) 9%</b>	152.55
<b>CGST (Labour) 9%</b>	152.55
<b>Total</b>	<b>15,498.10</b>

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.	अतीक, 8780995838
2	Vehicle No. / वाहन संख्या	UP3JCD6476
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/462888
4	Period of Insurance / बीमा अवधि	19/08/2025 से 18/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025 11:00am.
6	Place of Accident / दुर्घटना का स्थान	महमदाबाद तिराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ताहिर खान, UP3120140003969 9696297069
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	महमदाबाद तिराहे के पास सामने से मोटर साइकिल से प्रेशर टकरा हो गई जिससे मेरी बायीं 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, LRP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 13/12/2025  
हस्ताक्षर

अतीक  
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/2025/1001/0/46575/

Tel. No.

Period of Insurance 19/08/2025 से 18/08/2026  
 Claim No. 462888

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 ATIK  
 (b) Address for correspondence R/O SARIYAN, OEL, KHERJ. UTTAR PRADESH 262725  
 (c) Telephone : 8180995838

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HAI1E8RHA54542</u> Chassis No. <u>MBLHAW225RHA87980</u>	Registration No. <u>UP31C06478</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 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 : TAHIR KHAN  
(b) Age : 07/01/1977  
(c) Address : VII-SAJRAIYA, PS-OFL, LAKHIMPUR-KHERI  
(d) Is the Driver  
1. Owner : NO  
2. paid driver? : NO  
3. Owner's relative or friend? : CHACHA  
(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 20140003969  
(h) Issuing Authority : 10/04/2014  
(i) Date of Expiry : 06/03/2027  
(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 : 10/12/2025 11:00am  
(b) Place : महमदाबाद विराहे के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : महमदाबाद विराहे के पास सामने से मोटरसाइकिल से  
(e) If any third party was responsible for this accident give the name and address : जोरदार टक्कर हो गई जिससे मेरी गाड़ी बाँधी और गिरकर लति गस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES, LRROAD  
: 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 : N/A  
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details.

No  
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?
- (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 Police 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 13/12/2005

Signature of the insured अनीका

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. UP31C06476 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 31/1/11  
Occupation .....  
Address .....

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

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/462888

**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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
ATIK	1998-01-01	8780995838	SRI YUSUF KHAN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
I3S SELF DRUM	UP31CD6476	HA11E8RHA54542	MBLHAW225RHA87980	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
61500.00	NA	0.00	0.00	0.00	61500.00	
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	2039.79	
Address			City / District	Pin Code	State	
R/O SARIYAN OEAL KHERI, R/O SARIYAN OEAL KHERI, PS- KHERI,				262725	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KHATOON	Female	50 Years	MOTHER	2025-08-19 16:56	Midnight of 2026-08-18	

Section A, VRC: 864.46 TCR: 362.85 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1227.31

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: 313.97 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 56.51 Total with GST(D): 370.48

Total(Section A+B+C+D) Offered Price After Discount: 2040

Package Period Covered	2025-08-19 To 2026-08-18	2026-08-19 To 2027-08-18	2027-08-19 To 2028-08-18	2028-08-19 To 2029-08-18	2029-08-19 To 2030-08-18
ADV	61500	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 2029-02-25 (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](http://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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com



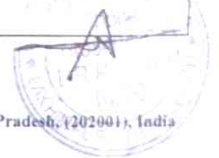
**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

#: Received with Thanks Rs 2039.79 ON 2025-08-19 from Mr./Ms. ATIK against the ARN No. INCP00462888

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 : UP31CD6476 Registration Date : 04-Mar-2024  
 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 : ATIK Son/wife/daughter of : SRI YUSUF KHAN  
 Full Address: (Permanent) : R/O SARIYAN OEAL KHERI, R/O SARIYAN OEAL KHERI, PS- KHERI, KHERI, UTTAR  
 PRADESH-262725  
 Full Address: (Temporary) : R/O SARIYAN OEAL KHERI, R/O SARIYAN OEAL KHERI, PS- KHERI, KHERI-UTTAR  
 PRADESH-262725  
 Fitness UpTo : 03-Mar-2039

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Owner Serial No : 1  
 Ownership : INDIVIDUAL Link Vehicle No :  
 Maker's Name : HERO MOTOCORP LTD Norms : BHARAT STAGE VI  
 Front HSRP No : AA2096288144 Rear HSRP No : AA2096057029  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2024  
 No of Cylinders : 1 Chassis No : MBLHAW225RHA87980  
 Engine No : HA11E8RHA54542 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 111  
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 241  
 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 FINANCE LIMITED, KANPUR, KANPUR, Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 26-Feb-2024.

Purchase dt : 26-Feb-2024 Sale Amt : 76426/-  
 OTT Date : 26-Feb-2024 Amount/Rcpt No : 7643 / UP31D24030000573  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 23-Mar-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Mar-2024 to 03-Mar-2039

Date : 30-Mar-2024 11:01:28

Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी  
 मोटर वाहन विभाग  
 Lakhimpur Kheri  
 Signature of Registering Authority  
 Date : 30-Mar-2024


P 7453989

UNION OF INDIA **Driving Licence** (UP) (NT)



UP31 20140003969

जारी करने की तिथि / Date of Issue: 10/04/2014  
 वैधता / Validity: 06/01/2027  
 जन्म तिथि / Date of Birth: 07/01/1977  
 Blood Group: Unknown

नाम / Name: **TAHIR KHAN**  
 पिता/पति का नाम / Son/Daughter/Wife of: **SHAFI AHMAD KHAN**



UP31 20140003969 UP01 96285MT

 LMV 10/04/2014  
 MCWG 10/04/2014

पता / Address: **VILL SAIRAIYA POST OEL LAKHIMPUR KHERI**

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

Holder's Signature: *Tahir Khan*

UP (UP) Form 7 (Rule 16C)

ताहिर खान  
9696297069

भारत सरकार  
Government of India

अतीक  
Atik  
जन्म तिथि/DOB: 01/01/1998  
पुरुष/ MALE

Issue Date: 05/07/2016

6945 2114 7600  
VID : 9137 6275 7387 3222

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
आलय: युसुफ खां, सरैयां, ओयल, खीरी,  
उत्तर प्रदेश - 262725

Address:  
S/O: Yusuf Khan, sariyan, Oeal, Kheri,  
Uttar Pradesh - 262725

Download Date: 31/12/2021

6945 2114 7600  
VID : 9137 6275 7387 3222

1947 | help@uidai.gov.in | www.uidai.gov.in

सिवाय पायाय

INCOME TAX DEPARTMENT

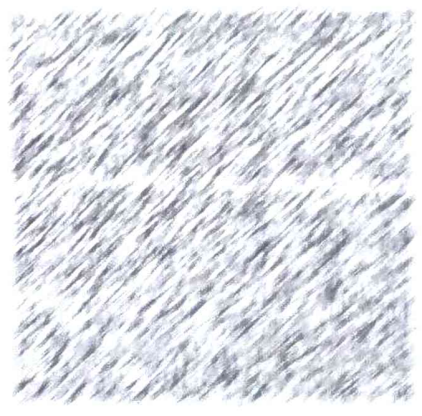
सिवाय पायाय  
GOVT OF INDIA



सिवाय पायाय

सिवाय पायाय

सिवाय पायाय



12/13/2025