

**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-1225-719 Date 24-12-2025  
 Customer Name RAMCHANDRA .. Contact No. 8601953618  
 VIN MBLHAW126LHL79496 Model SPLENDOR +  
 Insurance Company Reg No. UP31BP2016  
 HMCGL Card No 1073025510004923 HMCGL Card Category Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	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
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
5	77400AAE400RS -L SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
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
<b>Parts Total</b>											0.00	<b>4,608.00</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>	4,608.00
<b>Labour Total</b>	2,000.10
<b>SGST (Parts) 9%</b>	351.46
<b>CGST (Parts) 9%</b>	351.46
<b>SGST (Labour) 9%</b>	152.55
<b>CGST (Labour) 9%</b>	152.55
<b>Total</b>	<b>6,608.10</b>

Rupees in Words: Six Thousand Six Hundred Eight 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 handed/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

10. बिमा  
 The Oriental Insurance Co Ltd/  
 ऑरिएण्टल इन्सुरेंस कंपनी लिमिटेड

Subject / विषय: Claim Intimation Letter / दावा सूचना पत्र.

11. नोटिस

As per details below, kindly arrange to depute the Spot / Final surveyor / नीचे  
 दीये 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.	रामचन्द्र, 9121431533
2 Vehicle No. / वाहन संख्या	UP31 BP 2016
3 Policy No. / पॉलिसी संख्या	MS/2024/7001/0/46575/390971
4 Period of Insurance / बीमा अवधि	30/12/2025 से 29/12/2026
5 Date of loss & Time / दुर्घटना का दिनांक & समय	21/12/2025 10:00am.
6 Place of Accident / दुर्घटना का स्थान	उदराहना पुल के पास
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	रामचन्द्र, UP3120210010334 9121431533
8 Estimated Loss / अनुमानित हानि	
9 Cause of Accident / दुर्घटना का कारण	उदराहना पुल के पास सामने से साइ से लम्कर हो गई / जेपसे मेरी गाड़ी बंधी और गिरकर आगे सरुत 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. / सर्विसशॉप का नाम, पता & मोबाइल / फोन नं.	MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 23/12/2025  
 हस्ताक्षर

रामचन्द्र  
 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/2024/700/10/46575/39071

Tel. No.

Period of Insurance 30/12/2024 से 29/12/2025  
 Claim No. \_\_\_\_\_

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

1. INSURED

- (a) Name : RAM CHANDRA  
 (b) Address for correspondence : R/O JAGANNATHPUR SHANKARPUR, KHERI, PS. PHARDHAN  
 (c) Telephone : 9724431533

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>MA11EYLAL 72227</u> Chassis No. <u>MBLHAWL26LHL79496</u>	Registration No. <u>UP 31 BP</u> <u>2016</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 : RAM CHANRA
- (b) Age : 25/05/1981
- (c) Address : VILL JAGANNATHPUR PS-SHANKARPUR PS-  
PHARDWAN, LAKHIMPUR-KHERI UP, 261501
- (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 20210010334
- (h) Issuing Authority : 14/07/2021
- (i) Date of Expiry : 13/07/2031
- (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 : 21/12/2025 10:00am
- (b) Place : उदराहना पुल के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : उदराहना पुल के पास सामने से साइसे टक्कर हो गई जिससे
- (e) If any third party was responsible for this accident give the name and address : कैरी गाड़ी चाली और गिरकर प्रतिग्रस्त हो गई

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 : \_\_\_\_\_
- (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 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 23/12/ 2025

Signature of the insured RIH 25

Issuing Office



The Oriental Insurance Company Limited  
Head Office, A-23/21, Asaf Ali Road, New Delhi-110 002

Received \_\_\_\_\_ Day of \_\_\_\_\_ 2011  
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. UP31B2016 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 or future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

Get Paper  
Financial Stamp  
When Filled  
Pincode No. 110002



Witness  
Name .....  
Signature .....  
Address .....

Signature [Signature]  
Occupation .....  
Address .....

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

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No: MS-2024-7001/O-46575-390971

**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	
RAMCHANDRA	1981-05-25	9721431533	SRI PARDESHI	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
BS SELF DRUM	UP31BP2016	HA11EYLHL72227	MBLHAW126LHL79496	2021-01-12	100	TW
Asset Declared Value (ADV)	Sid: Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
36000.00	NA	0.00	0.00	0.00	36000.00	
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	1303.03	
Address			City / District	Pin Code	State	
R O JAGANNATHPUR SHANKARPUR KHERI,SHANKARPUR,PS PHARDHAN				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MEENA DEVI	Female	38 Years	WIFE	2024-12-30 15:05	Midnight of 2025-12-29	

Section A. VRC: 289.88 TCR: 424.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 86.97 **Total with GST(A) 627.71**

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: 197.73 AHDC, DOT & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 35.59 **Total with GST(D): 233.32**

**Total(Section A+B+C+D) Offered Price After Discount: 1303**

Package Period Covered	2024-12-30 To 2025-12-29	2025-12-30 To 2026-12-29	2026-12-30 To 2027-12-29	2027-12-30 To 2028-12-29	2028-12-30 To 2029-12-29
ADV	36000	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 2025-12-29 (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) Transport of Raw material d) Race 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 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 1303.02 ON 2024-12-24 from Mr./Ms. RAMCHANDRA against the ARN No. INCP00390971**  
 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, Utttar Pradesh, (202001), India**

GOVERNMENT OF UTTAR PRADESH

Transport Department, Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BP2016  
 Description of Vehicle : M CYCLE/SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ... -  
 Owner Name : RAMCHANDRA  
 Full Address (Permanent) : R/O JAGANNATHPUR SHANKARPUR KHERI, SHANKARPUR, PS PHARDHAN, KHERI, UTTAR PRADESH-262701  
 Full Address (Temporary) : R/O JAGANNATHPUR SHANKARPUR KHERI, SHANKARPUR, PS PHARDHAN, KHERI- UTTAR PRADESH-262701

Registration Date : 12-Jan-2021

Purpose For Printing RC : NEW

Son/wife/daughter of : SRJ PARDESHI

Tax Up To : One Time

Fitness Up To : 11-Jan-2036

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER

Ownership : INDIVIDUAL

Maker's Name : HERO MOTOCORP LTD

Front HSRP No : AA2026840689

Type of Body : SOLO WITH PILLION

No of Cylinders : 1

Engine No : HA11EYLHL72227

Horse Power(BHP) : 7.91

Maker's Classification : SPLENDOR +(13S-SELF-DRU

Seating Cap(in all) : 2

Sleeper Cap : 0

Colour : BLACK-SILVER STR

Other Criteria

Vehicle Purchase As : Fully Built

Link Vehicle No Norms : BHARAT STAGE VI

Rear HSRP No : AA2028100798

Month/Year of Manuf. : 11/2020

Chassis No : MBLHAW126LHL79496

Fuel : PETROL

Cubic Capacity : 97.20

Wheel base : 1236

Standing Cap : 0

Unladen Wt (kgs) : 112

Laden/GV Wt (kgs) : 242

AG 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 : 31-Dec-2020

OTT Date : 31-Dec-2020

Tax Up To : One Time

Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion Details

Previous Owner

Old State

Transfer Date

This certificate is valid from 12-Jan-2021 to 11-Jan-2036

Date : 22-Jan-2021 12:21:23

Taxation Particulars / Advance Registration Mark Fee Details

Sale Amt : 65110/-

Amount/Rcpt No : 6511 / UP31D21010000602

Vehicle is Govt./ Pvt. : PRIVATE

Date of Approval : 12-Jan-2021

Previous RegNo

Entry Date

Conversion Date

Signature of Registering Authority

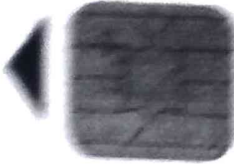
Date : 22-Jan-2021

M 1162088



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP31 20210010334



Issue Date: 14-07-2021    Validity (MT): 03-07-2021    Validity (TY):



Licence Holder's Signature

(14-07-2021)  
Date of First Issue

Name: **RAM CHANDRA**  
Date of Birth: 25-05-1981    Blood Group:  
Son/Daughter/Wife of: **PARESH**

Organ Donor:

Address:  
VILL. BILAMPUR POST SHAMBAPUR PS  
Pratapnagar Lakhimpur Jhansi Dist, UP  
201501

DL No: UP31 20210010334

UPDL000005002573



Invalid Carriage (Vign Numbers)

Hazardous Validity    Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
MC	MCBS	UP31	14-07-2021	MT			
LMV	LMV	UP31	14-07-2021	MT			

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
Licensing Authority  
UP31 LAKHIMPUR KHEDA


भारत सरकार  
Government of India




Issue Date 11/04/2015



रामचंद्र  
Ramchandra  
जन्म तिथि/DOB: 25/05/1981  
पुरुष/ MALE

**5482 7587 0505**  
**VID : 9139 2047 4593 8315**

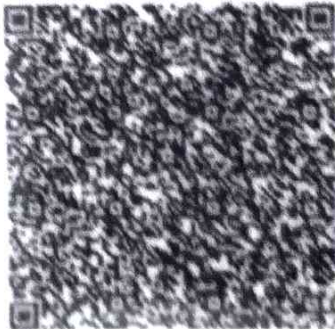
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India





Download Date: 07/08/2022

पता:  
आत्मज: परदेशी, जगन्नाथपुर, शंकरपुर, खीरी,  
उत्तर प्रदेश - 261501

**Address:**  
S/O: Pardeshi, Jagannathpur, Shankarpur,  
Kheri,  
Uttar Pradesh - 261501



**5482 7587 0505**  
**VID : 9139 2047 4593 8315**

 1047 | 
 help@uidai.gov.in | 
 www.uidai.gov.in

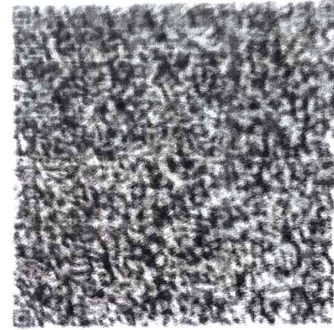
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
FXAPR6378Q



नाम / Name  
RAMCHANDRA

पिता का नाम / Father's Name  
PARDESHI

जन्म की तारीख /  
Date of Birth  
25/05/1981

रामचंद्र  
हस्ताक्षर / Signature

05062022