

**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

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-0126-767  
 Customer Name RAM SAGAR  
 VIN MBLHAR208HGD11389  
 Insurance Company  
 HMCGL Card No 1073024830002409  
 Part Details

Date 08-01-2026  
 Contact No. 6392622020  
 Model HF DELUXE  
 Reg No. UP31AR5833  
 HMCGL Card Category Platinum

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	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
3	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
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
6	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
7	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
8	18355AAH100S -COVER MUFFLER	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
Parts Total											0.00	5,782.42

**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	5,782.42
Labour Total	2,000.10
SGST (Parts) 9%	441.03
CGST (Parts) 9%	441.03
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>7,782.52</b>

Rupees in Words: Seven Thousand Seven Hundred Eighty Two 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

10730 - Main W/S

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

Sir / महोदय, Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र. पत्र संख्या : Claim Intimation

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.	राम सागर, 6392622020
2	Vehicle No. / वाहन संख्या	UP31 AR 5833
3	Policy No. / पालिसी संख्या	MSR025/7001/0/46575/463583
4	Period of Insurance / बीमा अवधि	27/08/2025 से 26/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026, 4:30 PM
6	Place of Accident / दुर्घटना का स्थान	खंडौपुर के पास दुर्घटना का स्थान
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMSAGAR, 6392622020 UP31 20170008620
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	लखीमपुर से अपने घर वा रहे थे तभी अचानक खंडौपुर के पास धामने सांड से टक्कर हो गई जिससे गाड़ी दायी ओर गिरकर हारिगस्त 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.	MASARAM AUTO SALES LRPRAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 07/01/2026  
हस्ताक्षर

राम सागर  
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/2025/7001/046575/4635

Tel. No.

Period of Insurance 27/08/25 to 26/08/26  
Claim No. 83

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

I. INSURED

- (a) Name : RAM SAGAR
- (b) Address for correspondence : VILL/PO - BARKHERWA PS - PHARDMAN LAKHIMPUR KHARI
- (c) Telephone : 6392622020

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2017</u>	Engine No. <u>HAIENHGD11523</u> Chassis No. <u>MBLHAR208HGD11389</u>	Registration No. <u>UP31AR</u> <u>5833</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? N/A
- (c) Was trailer attached? N/A
- (d) If a Motor Cycle/scooter
  - 1. Was a side-car attached
  - 2. Was a pillion rider carried

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 SAGAR
- (b) Age : 01/01/1991
- (c) Address : VILL - BARKHERWA PO FTHANA - PHARDHAN LAKHIMPUR KHURI
- (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 20170008620
- (h) Issuing Authority : 08/08/2017
- (i) Date of Expiry : 07/08/2037
- (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 : 05/01/2026 11:30PM
- (b) Place : वाकशपुर के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : वाकशपुर के पास सामने साइड से टक्कर हो गई जिससे
- (e) If any third party was responsible for this accident give the name and address : जाड़ी घाटी डोर गिरकर हातिवतल हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MUSARAM AUTO SALES LRP ROAD
- (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHURI, 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? : \_\_\_\_\_
- NIA**

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_
- (b) If yes, give full details : \_\_\_\_\_ N/A

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 07/01/2006

Signature of the insured शम सवार

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. UP31ARS833 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 राम सागर  
Occupation .....  
Address .....

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

**RAM SAGAR AUTO WHEELER PACKAGE**

Package Contract No.: MS/2025/7001/O/46575/463583

**Motorsathi Care Private Limited**  
 D-27, Shastri Nagar, Meerut, Utttar Pradesh, (250004) India  
 Contact us at:  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>
RAM SAGAR	1991-01-01	6392622020
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>
SELF E20	UP31AR5833	HAI1ENHGD11523
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>
19000.00	NA	0.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>
	Solo	
<b>Address</b>		
VILL & PO- BARKHERWA, PS-PHARDHAN, LAKHIMPUR KHERI		
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>
LAXMI DEVI	Female	40 Years

<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>	
SRI LALE	Hero Motocorp	HF DELUXE	
<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>	<b>Vehicle Type</b>
MBLHAR208HGD11389	2017-04-27	100	TW
<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>	
0.00	0.00	19000.00	
<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>	
---	2	1892.93	
<b>City / District</b>	<b>Pin Code</b>	<b>State</b>	
	262701	Utttar Pradesh	
<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>	
WIFE	2025-08-27 12:23	Midnight of 2026-08-26	

Section A, VRC: 419.68 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 90.84 **Total with GST(A) 328.84**  
 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: 180.92 AHDC, DOC & Additional External Tyre Cover(AFTC): 32.57 **Total with GST(D): 213.49**  
 Personal Accident Cover for Pillion Riders Other Discount: 0.00 **GST (CGST @9% + SGST @9%): 32.57 Total with GST(D): 213.49**  
**Total(Section A+B+C+D) Offered Price After Discount: 1893**

<b>Package Period Covered</b>	2025-08-27 To 2026-08-26	2026-08-27 To 2027-08-26	2027-08-27 To 2028-08-26	2028-08-27 To 2029-08-26	2029-08-27 To 2030-08-26
<b>DV</b>	19000	NIL	NIL	NIL	NIL
<b>S Services Period Covered (NODL)</b>	1 Year	NIL	NIL	NIL	NIL

The vehicle covered in this contract have a valid TP coverage from 2025-08-27 until 2026-08-26.

**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

**RIVER:** 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.

**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 Meerut.



Received with Thanks Rs 1892.93 ON 2025-08-24 from Mr./Ms. **RAM SAGAR** against the ARN No. **INCP00463583**  
 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, Utttar Pradesh, (250004), India

TRANSPORT DEPARTMENT UTTAR PRADESH

परिवहन विभाग उत्तर प्रदेश

FORM 23 (SEE CMV RULE 48) प्रपत्र २३ (के.मो.वा. नियमावली नियम ४८)

FORM OF CERTIFICATE OF REGISTRATION INDIA पंजीकरण प्रमाण पत्र का फार्म भारत

Registration Number (पंजीकरण संख्या) ASSISTANT REGIONAL TRANSPORT OFFICE, ARTO LAKHIMPUR

Owner's Name & Address (वाहन स्वामी का नाम एवं पता) **UPSTAR5833**  
 RAM SAGAR  
 Son/wife/daughter of: SRI JALE  
 Full Address: (Permanent) VILL & PO- BARKHERWA  
 PS-FARDHAN  
 LAKHIMPUR KHERI - 262701

Full Address: (Current) VILL & PO- BARKHERWA  
 PS-FARDHAN

Dealer's Name & Address (विक्रेता का नाम) LAKHIMPUR KHERI - 262701  
 MUSA RAM AUTO SALES  
 LRP ROAD  
 LAKHIMPUR KHERI

Vehicle Class (श्रेणी) MOTOR CYCLE

Chassis Number (चेसिस संख्या) MBL-AP-208HGD11389

Engine Number (इंजन संख्या) HA11E JHGD11523

Type of Body (गाड़ी का प्रकार) HA11E JHGD11523

Maker's Name (निर्माता का नाम) SOLO  
 HF DELUXE

HP / Lease Agreement with (हाइपोथिकेट/लीज समझौता किससे) HERO MOTOR CORP LTD

Registration Date (पंजी. तिथि) 27-Apr-2017

Owner's Serial (वाहन विमा सं. क्र.) 1

Manufacturing Year (निर्माण का वर्ष) 04/2017

No. of Cylinders (सिलेन्डर की संख्या) 1

Unladen Weight (खाली भार) 109 kgs

Laden Weight (भरा हुआ भार) 239 kgs

Seating Capacity (सीट क्षमता) 2 (including driver)

Colour (रंग) RBK

Horse Power (अश्व शक्ति) 8.02 HP / 97.02 CC

Fuel Used (इंधन) PETROL

Tax paid upto (कर भुगतान) Life Time

Tax Rate (कर दर) Fitness Valid upto-life Time (RT- Rs. 4870/- )

(पंजीयन की वैधता) Wheel Base 26-Apr-2032

(व्हील बे) 1235

Description and Size of Tyres (टायरों का विवरण एवं आकार)

- (a) Front Axle (फ्रंट एक्सल)
- (b) Rear Axle (रियर एक्सल)
- (c) Any other Axle (अन्य कोई एक्सल)
- (d) Tandem Axle (टैंडम एक्सल)

Registered Axle Weight (पंजीकृत एक्सल भार)

- (a) Front Axle (फ्रंट एक्सल)
- (b) Rear Axle (रियर एक्सल)
- (c) Any other Axle (अन्य कोई एक्सल)
- (d) Tandem Axle (टैंडम एक्सल)

See in file  
 A-C J. M-5  
 Kheri  
 26-03-25

Vehicle Registered Against NEW VEHICLE Case  
 Air Conditioner (A.C.) Fitted-No  
 Standing Capacity - 0 Sleeper Capacity - 0  
 Entered By: MARCH 15-MAY-2017

Sr. No. (क्र.सं.) RC.-Z 0057688

Specimen Signature of the Owner (वाहन स्वामी के हस्ताक्षर)

Specimen Signature of Financier (वित्त पोषक के हस्ताक्षर)

पंजीवन अधिकारी  
 Signature of Registration Authority (पंजीकरण अधिकारी के हस्ताक्षर)

UNION OF INDIA Driving Licence



UP31 20170008620



जारी करने की तिथि  
Date of Issue

08/08/2017

वैधता / Validity

07/08/2037

जन्म तिथि  
Date of Birth

01/01/1991

Blood Group

Unknown



नाम / Name

RAM SAGAR

पिता/पति का नाम / Son/Daughter/Wife of

SHRI LALE

राम सागर

6392622020

UP31 20170008620

UP05617574MT



LMV  
08/08/2017



MCWG  
08/08/2017



Form 7 Rule 16(2)

पता / Address

VILL BARKHERWA POST BARKHERWA  
THANA PHARDHAN  
LAKHIMPUR KHERI -

राम सागर  
Holder's Signature

जारीकर्ता / Issuing Authority Sign  
lakhimpur kheri



भारत सरकार

Government of India



राम सागर  
Ram Sagar

जन्म तिथि / DOB : 01/01/1991  
पुरुष / Male



3282 6452 2246

आधार - आम आदमी का अधिकार

राम सागर



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: लाले, ऐंठापुर,  
लखीमपुर, बरखेरवा, खीरी, लखीमपुर,  
उत्तर प्रदेश, 262701

Address: S/O: Lale, AINTHAPUR,  
Lakhimpur, Barkherwa, Khen, Lakhimpur,  
Uttar Pradesh, 262701

3282 6452 2246

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in

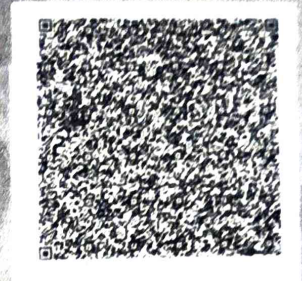
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
**QBAPS8137K**



नाम / Name  
**RAM SAGAR**

पिता का नाम / Father's Name  
**LALE**

जन्म की तारीख / Date of Birth  
**01/01/1991**

हस्ताक्षर / Signature

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