

State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-0126-766	Date	08-01-2026
Customer Name	ATIN AWASTHI	Contact No.	9838351147
VIN	MBLHAW234RHD97563	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CH9695
HMCGL Card No	1165424520000605	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
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	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
6	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
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	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
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
Parts Total											0.00	13,138.00

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	
Jobs Total											0.00	2,000.10

Parts Total	13,138.00
Labour Total	2,000.10
SGST (Parts) 9%	1,002.05
CGST (Parts) 9%	1,002.05
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	15,138.10

Rupees in Words: Fifteen Thousand One Hundred Thirty 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 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

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.	आतिश अक्शरी, 9519356888
2	Vehicle No. / वाहन संख्या	UP31 CH9695
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/497429
4	Period of Insurance / बीमा अवधि	22/11/2025 से 21/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 6:00 PM.
6	Place of Accident / दुर्घटना का स्थान	रुकलीपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अजीत कुमार अक्शरी, 9838351147 UP3120100112882
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	लखीमपुर से फर्रुखाबाद जा रहे थे तभी अचानक रुकलीपुर के पास सामने से आँटो से टक्कर हो गई जिससे मेरी गाड़ी बायीं 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 / फ़ोन नं.	MOSKRAM AUTO SALES, LARROAD LARROAD, LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 08/01/2026
हस्ताक्षर

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

वस्था कर

MOTOR CLAIM FORM

Div. Br. Office Address MEERUT

Certificate/Policy No. MS/2025/7001/01/46575/497429

Tel. No.

Period of Insurance 22/11/2025 से 21/11/2026

Claim No. _____

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

I. INSURED

- (a) Name : ATINAWASTHI
 (b) Address for correspondence : VILL- BHARUNHA, MANIKORA, LAKHIMPUR-KHERI
 (c) Telephone : 9519356888

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HJ11E8RHD65934</u> Chassis No. <u>MBLHANR34RHD97563</u>	Registration No. <u>UP31CH</u> <u>9695</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 : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

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.

अमित भावराव
Signature of the insured

Date 08/01/2016

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. LIP31CH9695 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/-



Signature मिनि अग्रवाल
Occupation
Address

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CH9695
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : M/S SHRI NARAIN AUTO, LMP ROAD GOLA, LAKHIMPUR-KHERI, . . 153-262802
 Owner Name : ATIN AWASTHI
 Full Address: (Permanent) : VILL BHAUNTHA, MANYAURA, LAKHIMPUR, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : VILL BHAUNTHA, MANYAURA, LAKHIMPUR, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 12-Nov-2039
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Relationship with the Nominee : Mother
 Link Vehicle No :
 Nominee Name : RAM DULARI
 Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2117333035
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Chassis No : HA11E8RHD65934
 Rear HSRP No : AA1038653522
 Month/Year of Manuf. : 04/2024
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 AC Fitted : NO
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK GREY STRIPE
 Other Criteria :
 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 LTD, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 08-Nov-2024.

Purchase dt : 08-Nov-2024
 Sale Amt : 76526/-
 OTT Date : 08-Nov-2024
 Amount/Rcpt No : 7653 / UP31D24110003173
 Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Dec-2024

Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Previous RegNo :
 Entry Date :
 Old State :
 Conversion Date :
 Transfer Date :
 This certificate is valid from 13-Nov-2024 to 12-Nov-2039

Date : 21-Dec-2024 10:41:15
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Registering Authority
 लखीमपूर खेरी
 Date : 21-Dec-2024

Q 0910002

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/497429

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	
ATIN AWASTHI	1994-06-10	9838351147	JAINDRA AWASTHI	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CH9695	HA11E8RHD65934	MBLHAW234RHD97563	2024-11-13	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)	
LAKHIMPUR KHERI	Solo	SHIRIRAM FINANCE LIMITED	---	2	1980.99	
Address			City / District	Pin Code	State	
VILL BHAUNTHA, MANYAURA, LAKHIMPUR, KHERI			LAKHIMPUR KHERI	262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAM DULARI	Female*	60	MOTHER	2025-11-22 11:46	Midnight of 2026-11-21	

Section A, VRC: 823.30 TCR: 362.85 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1186.15
 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: 299.02 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 53.82 Total with GST(D): 352.84
Total (Section A+B+C+D) Offered Price After Discount: 1981

Package Period Covered	2025-11-22 To 2026-11-21	2026-11-22 To 2027-11-21	2027-11-22 To 2028-11-21	2028-11-22 To 2029-11-21	2029-11-22 To 2030-11-21
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 2029-11-12 (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 1 lakh 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

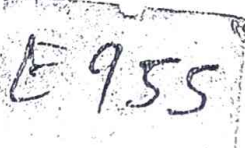
IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject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


Received with Thanks Rs 1980.99 ON 2025-11-22 from Mr./Ms. ATIN AWASTHI against the ARN No. 1NCP00497429
 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




 भारत सरकार
 Government of India


 अतिन अवस्थी
 Atin Awasthi
 जन्म तिथि/DOB: 10/06/1994
 पुरुष/ MALE


 E955



2965 9356 9921
 VID: 9101 7479 8106 1527

मेरा आधार, मेरी पहचान


 भारत सरकार
 Unique Identification Authority of India

पता:
 आसपास: जयिंद्र अवस्थी, बाँठा, मान्यौरा, खैरी,
 उत्तर प्रदेश - 262701

Address:
 S/O: Jaindra Awasthi, BAUNTHA,
 Manyaura, Kheri,
 Uttar Pradesh - 262701

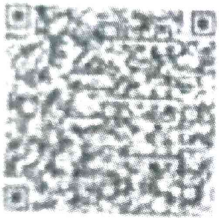

 QR Code with Photograph

2965 9356 9921
 VID: 9101 7479 8106 1527

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

COYPA0510B



नाम / Name
ATIN AWASTHI

पिता का नाम / Father's Name
JAINRA AWASTHI

जन्म की तारीख / Date of Birth
01/01/1997

आतिश अवस्था
हस्ताक्षर / Signature



14122017