

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-0126-769	Date	09-01-2026
Customer Name	SANJEEV KUMAR	Contact No.	8707235172
VIN	MBLJAW346PGE01091	Model	SUPER SPLENDOR
Insurance Company		Reg No.	UP31CF0789
HMCGL Card No	1073024880001723	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300AAG100RS -FRONT COWL(NH-1 (TYPE-1))	87141090	Paid	1,214.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,433.00
2	61000AAGA00RS -FRONT FENDER NH-1	87141090	Paid	921.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,087.00
3	3310AAAAGH20S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
4	61303AAGA00S -FRONT COWL CHROME	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
5	6410AAAG300S -WIND SCREEN SUB ASSY	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
6	50803KTC900S -GUARD LEG	87141090	Paid	573.73	1	9.00	9.00	0.00	0.00	0.00	0.00	677.00
7	17520AAGA00RS -FUEL TANK BLACK NH 1	87141090	Paid	7,761.0	1	9.00	9.00	0.00	0.00	0.00	0.00	9,158.00
8	77240AAG500TS -R BODY COWL	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
9	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
10	53200KTCA20S -STEM COMP STRG	87141090	Paid	1,175.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,387.00
11	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
12	88110AANH01ZAS -MIRROR ASSEMBLY RIGHT BACK (BLACK NH-1)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
13	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
14	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	432.20	1	9.00	9.00	0.00	0.00	0.00	0.00	510.00
15	50500AAF400S -STAND COMP MAIN	87141090	Paid	593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	700.00
Parts Total											0.00	19,751.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER 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	19,751.00
Labour Total	2,000.10
SGST (Parts) 9%	1,506.43
CGST (Parts) 9%	1,506.43
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55

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.	संजीव कुमार : 9628619671
2	Vehicle No. / वाहन संख्या	UP31CF0789
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/468029
4	Period of Insurance / बीमा अवधि	24/09/2025 से 23/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 3:00PM
6	Place of Accident / दुर्घटना का स्थान	राजी फार्म के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राजेश कुमार : 9984134146 UP3120140000356
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	राजी फार्म के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी दाहिनी ओर गिरकर सन्निक्रम 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.	MOSARRAM AUTO SALES, LRP ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 07/01/2026
हस्ताक्षर

संजीव कुमार

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/2025/7001/0/46575/4630

Tel. No.

Period of Insurance 24/09/2025 से 23/09/2026 29

Claim No. _____

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 : SANJEEV KUMAR
 (b) Address for correspondence : RTO PAHAR KHAN PURWA, OFAL, KHERI PS-KHERI.
 (c) Telephone : 9628619671 262725

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>JAO 7ABPG E01134</u> Chassis No. <u>MBL JAW3HGPG E01091</u>	Registration No. <u>UP31CF</u> <u>0789</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 trailor attached? N/A
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RATESH KUMAR
 (b) Age : 22/01/1972
 (c) Address : VILL- PURWA PAHAR KHAN PS OELAKHIMPUR
 (d) Is the Driver :
 1. Owner :
 2. paid driver? : NO
 3. Owner's relative or friend? : NO
BHAI
 (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 20/40000356
 (h) Issuing Authority :
 (i) Date of Expiry : 23/03/2023
 (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 : 06/01/2026 3:00 PM.
 (b) Place : रानीकाम के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : रानीकाम के पास सामने से साइ से से टक्कर हो गई
 (e) If any third party was responsible for this accident give the name and address : जिससे भेरी जाड़ी बायीं ओर गिरकर भाते फलत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LR ROAD
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 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 संजीव कुमार

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. UP31CF0789 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 सिता गमाज
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025-7001/O-46575-468029

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact Us on:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 A member of the group of companies: motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SANJEEV KUMAR	1975-01-01	9628619671	S/O SRI SURJAN SINGH	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUMSELF CAST E20	UP31CF0789	JA07ABPGE01134	MBLJAW346PGE01091	2024	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
65500.00	NA	0.00	0.00	0.00	65500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD	---	2	2143.72	
Address			City / District	Pin Code	State	
R/O PAHAR KHAN PURWA, OEL, KHRI, OEL, PS- KHRI, 262725				262725	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHIVANSHU YADAV	Male	21 Years	NEPHEW	2025-09-24 14:28	Midnight of 2026-09-23	

Section A: ARC 920.69 TCR 386.45 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1307.14
 Section B: LC 0.00 ET Service: 0.00 FCPD: 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 334.39 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%): 60.19 Total with GST(D)**: 394.58
Total Section A+B+C+D Offered Price After Discount: 2144

Package Period Covered	2025-09-24 To 2026-09-23	2026-09-24 To 2027-09-23	2027-09-24 To 2028-09-23	2028-09-24 To 2029-09-23	2029-09-24 To 2030-09-23
ADV	65500	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 2029-05-21 (DETAILS ARE PROVIDED TO 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) 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 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 Dishonored cheque, non-disclosure 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 shall 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.

FOR REG. STER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7941050643



IMPORTANT NOTE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any claim by the company by reason of order 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 2143.72 ON: 2025-09-24 from Mr./Ms. SANJEEV KUMAR against the ARN No. INC P00468029
 The amount is subject to compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 For details Consulted Stamp Duty Paid Endorsements IMI - 27, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CF0789 Registration Date : 24-May-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 : SANJEEV KUMAR Son/wife/daughter of : S/O SRI SURJAN SINGH
Full Address: (Permanent) : R/O PAHAR KHAN PURWA, OEAL, KHERI, OEL, PS- KHERI, KHERI, UTTAR PRADESH-
262725
Full Address: (Temporary) : R/O PAHAR KHAN PURWA, OEAL, KHERI, OEL, PS- KHERI, KHERI-UTTAR PRADESH-
262725
Fitness UpTo : 23-May-2039 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2102489109 Rear HSRP No : AA2102079801
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2023
No of Cylinders : 1 Chassis No : MBLJAW346PGE01091
Engine No : JA07ABPGE01134 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classi : SUPER SPLENDOR DR Wheel base : 1267
Seating Cap : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 252
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 HERO FINCORP LTD, PUNE, PUNE, . Pune, Maharashtra-411009 w.e.f. 22-May-2024.

Purchase dt : 22-May-2024 Sale Amt : 80248/-
OTT Date : 22-May-2024 Amount/Rcpt No : 8025 / UP31D24050003771
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 24-Jun-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-May-2024 to 23-May-2039

Date : 26 Jun 2024 11:41:24

Taxation Particulars : Loanance Registration Mark Fee Details

पजीय मोटर
Signature of Registering Authority
Date : 26-Jun-2024

P 0145087

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20140000356

Issue Date 23-03-2022 Validity (NT) 01-01-2032



Name RAJESH KUMAR

Date of Birth 02-01-1972 Blood Group

Son/Daughter/Wife of SURJAN SINGH

Address
VILL PALERWA PAMAR KODAN POST CHEI
LACHIMPUR, LACHIMPUR ROHARI 262725



Holder's Signature

Organ Donor N

Date of First Issue (09-01-2014)

DL No: UP31 20140000356



Invalid Carriage (Region Number)

Hazardous Validity

Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
Auto Rickshaw	MCPS	UP31	09-01-2014	MT			
Auto Rickshaw	LAV	UP31	09-01-2014	MT			
MVSO							

Emergency Contact Number

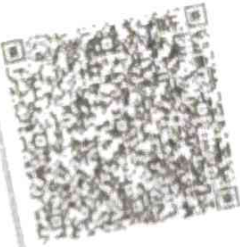


Form 7 Rule 16(2)



भारत सरकार
Government of India

सर्वीर कुमार
Sarveen Kumar
जन्म तिथि DOB 01/01/1975
पुरुष Male



9097 0355 2571
आत्म आदमी का अधिकार



भारत सरकार
Unique Identification Authority of India

पुरुष
सर्वीर सुजान सिंह, पता नं
पुर्व, गीवाल, खीरी, गीवाल, जिला
पंजाब, 262725

Address
S/O Sarjan Singh Jagan Dhar
Gurva, Gwal Khan Dist Jhar
Punjab, 262725

9097 0355 2571

1800 300 1947

help@uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FINPK4214G



नाम/ Name
SANJEEV KUMAR

पिता का नाम/ Father's Name
SURJAN SINGH

जन्म की तारीख/ Date of Birth
01/01/1975

संजीव कुमार
हस्ताक्षर/ Signature



19052017