

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.

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ESTIMATE

Estimate No.	10730-03-REST-0126-759	Date	08-01-2026
Customer Name	TUSHAR VINDU MAURYA ..	Contact No.	6394121994
VIN	MBLJAW401R9E08811	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CF9914
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.5	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
2	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.5	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
3	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
4	3340BAAF401S -WINKER ASSY R FR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
5	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
6	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
7	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
8	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
9	K50508AANNB00S -KIT ENGINE GUARD	87149100	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
10	18355AAGA02S -COVER MUFFLER	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
Parts Total											0.00	7,234.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	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	7,234.00
Labour Total	2,000.10
SGST (Parts) 9%	551.75
CGST (Parts) 9%	551.75
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,234.10

Rupees in Words: Nine Thousand Two Hundred Thirty Four 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
 5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- 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.	शुभार विन्दु मोर, 8604269 563
2	Vehicle No. / वाहन संख्या	UP 31CF 9914
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/461766
4	Period of Insurance / बीमा अवधि	16/08/2025 से 15/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/01/2026 5:00PM
6	Place of Accident / दुर्घटना का स्थान	कौशल केशोर नगर कॉलोनी लखीमपुर खेरी
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शुभार विन्दु मोर, 8604269563 UP31 20140008789
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	कौशल केशोर नगर कॉलोनी में नहर वाले रास्ते पर अचानक से सामने कुछ कुत्तों का झुण्ड सामने आ गया जिसे बचाने में चक्कर में उसी से रोक कुत्तों से चक्कर हो गई और दाहिनी तरफ गाड़ी तेज़ रगड़कर पिछते इंस सामने पत्यर से चक्कर गई जिससे मेरी गाड़ी अतिग्रस्त 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, LPPRONI LAKHIMPUR-KHERI, 9151154036

Signature of Insured / बीमाधारक के

Date / दिनांक : 07/01/2026
हस्ताक्षर



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 MEE RUT

Certificate/Policy No. MS/2025/7001/0/46575/461766

Tel. No.

Period of Insurance 16/08/2025 to 15/08/2026

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 : TUSHAR VINOD MAURYA
 (b) Address for correspondence : R/O SHRI RAM NAGAR COLONY, BARKHERWA, RITA SARANI,
 (c) Telephone : 8604269563. LAKHTMPUR- KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>TA07AMR9E11267</u> Chassis No. <u>MBLJAW401R9E08811</u>	Registration No. <u>UP31CF9914</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 to 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 : TUSHAR VINDU MAURYA
 (b) Age : 21/06/1993
 (c) Address : MOH-SURT RAM NAGAR COLONY, BARKHERWA, LAKHIMPUR-KHERI
 (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 : UP 31 20140008789
 (h) Issuing Authority : 18/08/2014
 (i) Date of Expiry : 15/08/2034
 (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 5:00 PM
 (b) Place : मोरा केशोर नगर कॉलोनी लखीमपुर नहर वाले रास्ते पर
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : मोरा केशोर नगर कॉलोनी लखीमपुर नहर वाले रास्ते पर अचानक सामने से कुछ कुत्तों का झुण्ड सामने आ गया जिन्हें बचाने के चक्कर में एक कुत्ते से टक्कर हो गई जिससे भारी गाड़ी बाईं तरफ से गड़ी
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

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

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 Kraunje

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. UP31CF9914 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 Kraungh
Occupation
Address
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001(O)/46575-461766

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	
TUSHAR VINDU MAURYA	1993-06-21	6394121994	S/O SRI TRIBHUVAN NATH MAURYA	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DISK SELE	UP31CF9914	JA07AMR9E11267	MBLJAW401R9E08811	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		---	2	2143.72	
Address			City / District	Pin Code	State	
R.O SHRIRAM NAGAR COLONY BARKHERWA,, RITA SADAN LAKHIMPUR KHURI, PS- KOTWALI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
TRIBHUVAN NATH MAURYA	Male	60 Years	FATHER	2025-08-16 15:43	Midnight of 2026-08-15	

Section A, VRC: 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, 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: **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	2025-08-16 To 2026-08-15	2026-08-16 To 2027-08-15	2027-08-16 To 2028-08-15	2028-08-16 To 2029-08-15	2029-08-16 To 2030-08-15
ADV	65500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODI.)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-08-15 (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 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 2143.72 ON 2025-08-13 from Mr./Ms. TUSHAR VINDU MAURYA against the ARN No. INCP00461766
 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 : **UP31CF9914** Registration Date : 19-Aug-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 : TUSHAR VINDU MAURYA Son/wife/daughter of : S/O SRI TRIBHUVAN NATH MAURYA

Full Address: (Permanent) : R/O SHRIRAM NAGAR COLONY BARKHERWA, RITA SADAN LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O SHRIRAM NAGAR COLONY BARKHERWA, RITA SADAN LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 18-Aug-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 : AA1035627072 Rear HSRP No : AA2105487163
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2024
 No of Cylinders : 1 Chassis No : MBLJAW401R9E08811
 Engine No : JA07AMR9E11267 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Seen in trail
CRNO35125 डिनिमिड
 ए० सी० जे० एम० सं०-०४
 जनपद-खीरी
 24/11/24

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 : 16-Aug-2024 Sale Amt : 81761/-
 OTT Date : 16-Aug-2024 Amount/Rcpt No : 8177 / UP31D24080001784
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Aug-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-Aug-2024 to 18-Aug-2039

Date : 31-Aug-2024 10:20:39

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 31-Aug-2024

P 9451772

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



UP31 20140008789


 जारी करने की तिथि / Date of Issue: 16/08/2014
 वैधता / Validity: 15/08/2034
 जन्म तिथि / Date of Birth: 21/06/1993
 Blood Group: Unknown

नाम / Name: **TUSHAR VINDU MAURYA**
 पिता/पति का नाम / Son/Daughter/Wife of: **TRIBHUVAN NATH MAURYA**



UP31 20140008789 UP01533819MT

 LMV 15/08/2014
 MCWG 16/08/2014


पता / Address: **MOH. SHRI RAM NAGAR COLONY
BARKHERWA
LAKHIMPUR KHERI -**


जारीकर्ता / Issuing Authority Sign: *[Signature]*
LAKHIMPUR KHERI

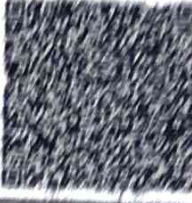
Form 7 Rule 16(2)

Khawaja

8604269562


~~संयुक्त राज्य~~
~~GOVERNMENT OF INDIA~~



तुषार विन्दु मौर्य
Tushar Vinu Maurya
जन्म तिथि / DOB : 21/06/1993
पुरुष / MALE



3882 7810 4640

मेरा आधार, मेरी पहचान


Tushar Vinu Maurya



आधार


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता:
S/O त्रिभुवन नाथ मौर्य, रीता सदन,
श्रीराम नगर कॉलोनी बरखेरवा,
लखीमपुर, खीरी,
उत्तर प्रदेश - 262701

Address
S/O Tribhuvan Nath Maurya
Shriram Nagar-colony
Barkherwa Rita Sadan
Lakhimpur Kheri Kheri Uttar
Pradesh - 262701



 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DJTPM2089C

भारत
सरकार

नाम / Name
TUSHAR HINDU MAURYA

पिता का नाम / Father's Name
TRIBHUVAN NATH MAURYA

जन्म की तारीख / Date of Birth
21/06/1993

Tushar

हस्ताक्षर / Signature



23012017

Tushar