

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

ESTIMATE

Estimate No. 10730-03-REST-0126-762
 Customer Name PRERNA SRIVASTAVA
 VIN MBLJFW255LGL01776
 Insurance Company
 HMCGL Card No 1073020940012171

Date 08-01-2026
 Contact No. 9984184417
 Model MAESTRO EDGE 125
 Reg No. UP31BQ0525
 HMCGL Card Category Platinum

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|--|----------|--------------|--------|-----|--------|--------|---------|--------|------------|----------|-----------------|
| 1 | 61000AAWC00RS -FENDER FRONT BL-002M | 87141090 | Paid | 859.32 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,014.00 |
| 2 | 88120AAWB01S -MIRROR ASSEMBLY LEFT BACK | 70091090 | Paid | 198.31 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 234.00 |
| 3 | 53175AAW000S -LEVER R STRG.HANDLE | 87141090 | Paid | 83.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 99.00 |
| 4 | 64309AAW000S -FRONT COV. LOWER | 87141090 | Paid | 89.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 106.00 |
| 5 | 64330AAW000ZS -COV. L FLOOR SIDE(MVG(SG-013M)) | 87141090 | Paid | 429.66 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 507.00 |
| Parts Total | | | | | | | | | | | 0.00 | 1,960.00 |

Labour Details

| S No | Job Code | SAC No. | Billing Type | Rate | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount | |
|-------------------|---|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|-----------------|
| 1 | 102032 - ACCIDENTAL LABOUR-MAESTRO EDGE 125 | 998729 | Paid | 1,272.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,500.96 | |
| Jobs Total | | | | | | | | | | | 0.00 | 1,500.96 |

| | |
|------------------|-----------------|
| Parts Total | 1,960.00 |
| Labour Total | 1,500.96 |
| SGST (Parts) 9% | 149.49 |
| CGST (Parts) 9% | 149.49 |
| SGST (Labour) 9% | 114.48 |
| CGST (Labour) 9% | 114.48 |
| Total | 3,460.96 |

Rupees in Words: Three Thousand Four Hundred Sixty and paise Ninety-Six 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
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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 . विषय : Claim Intimation

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। / फाइनल

| | | |
|-----|---|--|
| 1 | Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं. | प्रेरणा श्रीवास्तव, 8601933414 |
| 2 | Vehicle No. / वाहन संख्या | UP31 BQ0525 |
| 3 | Policy No. / पालिसी संख्या | MS/2025/7001/0/46575/409511 |
| 4 | Period of Insurance / बीमा अवधि | 11/03/2025 से 10/03/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 06/01/2026 2:00PM |
| 6 | Place of Accident / दुर्घटना का स्थान | NK हॉस्पिटल के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | शुभमराज श्रीवास्तव, 9984184417 UP31-20090000432 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. | Cause of Accident / दुर्घटना का कारण : | NK वहाँ हॉस्पिटल के पास एक स्कार्पियो वाला अपनी गाड़ी को ब्रेक कर रहा था तभी अचानक मेरी गाड़ी में सामने से टक्कर मार दी जिससे मेरी गाड़ी खींची और 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. | MOSARRAM AUTO SALES, ERP ROAD LAKHIMPUR-KHERI, 9151154036 |

प्रेरणा

Date / दिनांक : 07/01/2026
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

MOTOR CLAIM FORM

Div. Br. Office Address MEERUT

Certificate/Policy No. MS/2025/7001/0/46575/409511

Tel. No.

Period of Insurance 11/03/2025 से 10/03/2026

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 : TRERNA SRIVASTAVA
 (b) Address for correspondence : R/O 99, SIKATIHA, PS-KOTWALI, KHERI, UP, 202701
 (c) Telephone : 8601933414

2. THE INSURED VEHICLE

| | | |
|---|--|--|
| Make & Year <u>HERO</u> <u>2021</u> | Engine No. <u>JF17ELLGL12485</u> Chassis No. <u>MBLTFW255LGL01776</u> | Registration No. <u>UP31BQ</u> <u>0525</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 : _____ N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SHUBHRAT SRIVASTAVA
(b) Age : 02/07/1988
(c) Address : MO-SIKRIHA, LAKHTIMPUR-KHERI, 262701
(d) Is the Driver
1. Owner : NO
2. paid driver? : NO
3. Owner's relative or friend? : HUSBAND
(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 2009 0000432
(h) Issuing Authority : 15/07/2020
(i) Date of Expiry : 27/05/2029
(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 2:00PM
(b) Place : NK वनम हॉस्पिटल के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : NK वनम हॉस्पिटल के पास रुक स्कोपियो वाला अपनी गाड़ी
(e) If any third party was responsible for this accident give the name and address : को ब्रेक कर रहा था लम्बी जंक्शन मेरी गाड़ी में सामने से टक्कर मार दी जिससे मेरी गाड़ी बायाँ और गिरकर शक्ति गस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LLP ROAD
LAKHTIMPUR-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 प्रेरणा

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. UP31BQ0525 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 प्रेरणा
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/409511

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 | |
| PRERNA SRIVASTAVA | 1993-07-25 | 9984184417 | W/O SRI SHUBHRAT SRIVASTAVA | Hero Motocorp | MAESTRO EDGE | |
| Sub Model | Vehicle Regn. No. | Engine No. | Chassis No. | Year of Mfg | Cubic Capacity | Vehicle Type |
| 125 NEW | UP31BQ0525 | JF17ELGL12485 | MBLJFW255LGL01776 | 2021-03-16 | 125 | TW |
| Asset Declared Value (ADV) | Side Car ADV | Non-Electrical Accessories ADV | Electrical Accessories ADV | CNG/LPG/Bi-Fuel ADV | Total ADV | |
| 46500.00 | NA | 0.00 | 0.00 | 0.00 | 46500.00 | |
| 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 | 2013.37 | |
| Address | | | City / District | Pin Code | State | |
| R/O- 99, SIKATIHA, R/O- 99, SIKATIHA, PS- KOTWALI, Kheri, Uttar Pradesh, 262701 | | | | 262701 | Uttar Pradesh | |
| Nominee Name | Nominee Gender | Nominee Age | Nominee Relation | Package Start Date | Package End Date | |
| SHUBHRAT SRIVASTAVA | Male | 36 Years | HUSBAND | 2025-03-11 15:51 | Midnight of 2026-03-10 | |

Section A, VRC: 715.87 TCR: 548.70 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1264.57

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: 260.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%)**: 46.80 **Total with GST(D)**: 306.80

Total(Section A+B+C+D) Offered Price After Discount: 2013

| Package Period Covered | 2025-03-11 To 2026-03-10 | 2026-03-11 To 2027-03-10 | 2027-03-11 To 2028-03-10 | 2028-03-11 To 2029-03-10 | 2029-03-11 To 2030-03-10 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ADV | 46500 | 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 2026-03-10 (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 2013.37 ON 2025-02-23 from Mr./Ms. PRERNA SRIVASTAVA against the ARN No. INCP00409511
 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, Allgarh, Uttar Pradesh, (202001), India



शुभ्रत



GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31BQ0525 Registration Date : 16-Mar-2021
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, , , -
Owner Name : PRERNA SRIVASTAVA Son/wife/daughter of : W/O SRI SHUBHRAT SRIVASTAVA
Full Address: (Permanent) : R/O- 99, SIKATIHA, R/O- 99, SIKATIHA, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O- 99, SIKATIHA, R/O- 99, SIKATIHA, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
Fitness UpTo : 15-Mar-2036 Tax UpTo : One Time
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 : AA2034925817 Rear HSRP No : AA2030742777
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2020
No of Cylinders : 1 Chassis No : MBLJFW255LGL01776
Engine No : JF17ELLGL12485 Fuel : PETROL
Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
Maker's Classification : MAESTRO EDGE 125 (DISC CAST) Wheel base : 1261
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : PANTHER BLACK Laden/GV Wt (kgs) : 242
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 w.e.f. .

Purchase dt : 11-Mar-2021 Sale Amt : 72350/-
OTT Date : 11-Mar-2021 Amount/Rcpt No : 7235 / UP31D21030001403
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 16-Mar-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 16-Mar-2021 to 15-Mar-2036

Date : 10-Apr-2021 15:10:55

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
मोटर वाहन विभाग
लखीमपुर खेरी
Signature of Registering Authority
Date : 10-Apr-2021

M 2575250

प्ररणा

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20090000432

Issue Date: 15-07-2020 Validity (NT): 27-05-2029 Validity (TR): _____

Name: **SHUBHRAT SRIVASTAVA**

Date of Birth: 02-07-1988 Blood Group: _____ Organ Donor: **N**


Son/Daughter/Wife of: **RAJESH KUMAR SRIVASTAVA**

Address: **MOH SIKATIHA LAKHIMPUR KHERI
 LAKHIMPUR, KHERI 262701**




S

Date of First Issue: (28-05-2009)

DL No: UP31 20090000432 UPDL 0000032-13202

 Invalid Carriage (Regn Numbers)*

_____ Hazardous Validity* _____ Hill Validity*

| Class of Vehicle | Code | Issued By | Date of Issue | Vehicle Category | Badge Number* | Badge Issued Date* | Badge Issued By* |
|---|-------|-----------|---------------|------------------|---------------|--------------------|------------------|
|  | BICWG | UP31 | 28-05-2009 | NT | | | |
|  | LMV | UP31 | 28-05-2009 | NT | | | |
|  | | | | | | | |
| MVSD | | | | | | | |

Emergency Contact Number _____

Licensing Authority
 UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)

Shub
 9904104417



भारत सरकार
GOVERNMENT OF INDIA



Issue Date: 31/03/2015



प्रेरणा श्रीवास्तव
Prerana Srivastava
जनम तिथि / Date of Birth 25/11/1986
सिकटिहा / SIKATIHA



2677 9749 2509

मेरा आधार, मेरी पहचान

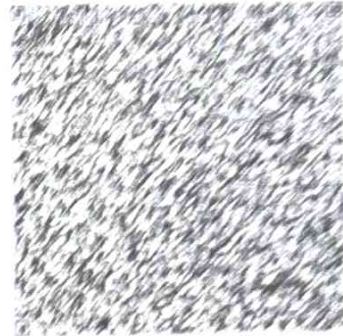


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date 09/11/2021

पता द्वारा: शुभ्रत श्रीवास्तव, सिकटिहा,
बखीमपुर, लखीमपुर, खीरी, उत्तर प्रदेश, 262701
Address: C/O: Shubhrat Srivastava,
SIKATIHA, LAKHIMPUR, Lakhimpur, Kheri,
Uttar Pradesh, 262701



2677 9749 2509



1947



help@uidai.gov.in



www.uidai.gov.in

प्रेरणा
0601933414

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

PRERNA SRIVASTAVA

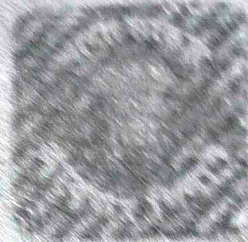
SHARAD SRIVASTAVA

25/07/1993

Permanent Account Number
ENKPS7129P

Prerna Srivastava

Signature



12120012

12120012