

**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-0126-772 Date: 10-01-2026  
 Customer Name RAVINDER KUMAR Contact No: 9839974208  
 VIN MBLJAW179L9L68273 Model SUPER SPLENDOR  
 Insurance Company HMCGL Card No UP31BP6544  
 Part Details HMCGL Card Category

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	88120AANH01ZAS - MIRROR ASSEMBLY LEFT BACK(BLACK NH-1)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
3	50803KTC900S -GUARD LEG	87141090	Paid	573.73	1	9.00	9.00	0.00	0.00	0.00	0.00	677.00
4	K50506KTCF900LS -KIT STEP	87141090	Paid	175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	207.00
5	83600AAG500TS -L SIDE COVER	87141090	Paid	1,269.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,498.00
6	51104AAGA00S -STEP PILLION WOMEN	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
7	77250AAG500TS -LEFT BODY COWL TYPE-3	87141090	Paid	624.58	1	9.00	9.00	0.00	0.00	0.00	0.00	737.00
Parts Total											0.00	4,934.00

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	4,934.00
Labour Total	2,000.10
SGST (Parts) 9%	376.32
CGST (Parts) 9%	376.32
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>6,934.10</b>

Rupees in Words: Six Thousand Nine Hundred Thirty Four and paise Ten Only

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.

Authorised Signatory

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.	रवीन्द्र कुमार . 9839974208
2	Vehicle No. / वाहन संख्या	UP31 BP 6544
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/403903
4	Period of Insurance / बीमा अवधि	09/02/2025 से 08/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/12/2025 4:00PM.
6	Place of Accident / दुर्घटना का स्थान	तेहरामोड़ के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रवीन्द्र कुमार . 9839974208 UP31 20050002143
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	लखीमपुर से लखीमपुर आ रहे थे तभी अचानक तेहरामोड़ के पास सामने से गाड़ी से टक्कर हो गयी जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त हो गयी।
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.	MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERI, 9151154036

Ravindra

Signature of Insured / बीमाधारक के

Date / दिनांक : 26/12/2025  
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 Meerut

Certificate/Policy No. MS/2025/7001/0/46575/403

Tel. No.

Period of Insurance 09/02/25 से 08/02/26 03  
 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 : रवीन्द्र कुमार  
 (b) Address for correspondence : VILL- LABEDPUR PO- RAMJABEHAR, PS-DHAURAHRA, KHER  
 (c) Telephone : 9839974208

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>JA07ABL9 L04513</u> Chassis No. <u>MBLJAWJ79L9L68273</u>	Registration No. <u>UP31BP</u> <u>6544</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 trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ravindra Kumar  
(b) Age : 04/08/1970  
(c) Address : LAVEDPUR PO - RAMPIYA BEHAR DHAURAHARA LAKHIMPUR  
(d) Is the Driver :  
1. Owner :  
2. paid driver? : Yes  
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 : UP312005002143  
(h) Issuing Authority :  
(i) Date of Expiry : 18/07/2022  
(j) Was the licence temporary/permanent : 03/08/2030 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 : 25/12/2025, 4:00 PM  
(b) Place : बहाराबाउ के पास  
(c) Speed of vehicle at the time of accident : 30-40  
(d) Give a short description of the accident : बहाराबाउ के पास सामने से गाप से टक्कर हो गयी जिससे  
(e) If any third party was responsible for this accident give the name and address : मेरी माँ की बाप की ओर गिरकर हातिमरुत 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 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 :  
(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? : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (d) If yes, to which Police Station? : \_\_\_\_\_
- (e) Date and Diary No. : \_\_\_\_\_

N/A

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? : \_\_\_\_\_
- (g) When? : \_\_\_\_\_
- (h) Which Police Station? : \_\_\_\_\_
- (i) C.R. diary Number : \_\_\_\_\_

N/A

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 26/12/2005

Signature of the insured Ravindra

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. UP81BP6544 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 ..... Ravindra  
Occupation .....  
Address .....

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

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/403903

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 79110 50643

Email: info@motorsathi.com

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAVINDRA KUMAR	1976-08-04	9839974208	SRI KANHAIYA LAL	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELE CAST	UP31BP6544	JA07ABL9L04513	MBLJAW179L9L64273	2021-02-15	125	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
47000.00	NA	0.00	0.00	0.00	42000.00	
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	1649.45	
Address			City / District	Pin Code	State	
VILL-LABEDPUR PO- RAMIABEHAR, VILL-LABEDPUR PO- RAMIABEHAR, PS-DH AURAHRA, Kheri, Uttar Pradesh, 262724				262724	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHIVAM VERMA	Male	25 Years	SON	2025-02-09 17:10	Midnight of 2026-02-08	

Section A, VRC: 307.76 TCR: 495.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (15%): 50.73 Total with GST(A) 752.63

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: 385.44 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 69.38 Total with GST(D): 454.82

Package Period Covered	2025-02-09 To 2026-02-08	2026-02-09 To 2027-02-08	2027-02-09 To 2028-02-08	2028-02-09 To 2029-02-08	2029-02-09 To 2030-02-08
ADV	42000	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 2026-02-08 (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) Police Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Cycle.

**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/ Not The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package documents which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) / 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 to 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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050 email id: [info@motorsathi.com](mailto: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 amount payable 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 Aligarh.



Received with Thanks Rs 1649.44 ON 2025-02-08 from Mr./Ms. RAVINDRA KUMAR against the PAN No. INCP00403903  
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

*Ravindra*



# GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP31BP6544 Registration Date : 15-Feb-2021  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : DUP  
 Dealer's Name & Address : MUSA RAM AUTO SALES, LR P ROAD, LAKHIMPUR, KHERI, ...  
 Owner Name : RAVINDRA KUMAR Son/wife/daughter of : SRI KANHAJI LAL  
 Full Address: (Permanent) : VILL-LABEDPUR PO- RAMABEHAR, VILL-LABEDPUR PO- RAMABEHAR, PS-  
 DHAURAHRA, KHERI, UTTAR PRADESH-262724  
 Full Address: (Temporary) : VILL-LABEDPUR PO- RAMABEHAR, VILL-LABEDPUR PO- RAMABEHAR, PS-  
 DHAURAHRA, KHERI-UTTAR PRADESH-262724

Fitness Up To : 14-Feb-2036 Tax Up To : One Time

Owner Serial No

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 : AA2030276560 Rear HSRP No : AA1012452820  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2020  
 No of Cylinders : 1 Chassis No : MBLJAW179L9L68273  
 Engine No : JA07ABL9L04513 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
 Maker's Classification : SUPER SPLENDOR-DRUMS Wheel base : 1273  
 ELF-CAST  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 122  
 Colour : BLACK Laden/GV Wt (kgs) : 252  
 Other Criteria : AC Fitted : NO  
 Vehicle Purchase As : Fully Built

Additional Particulars of an passenger 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 : 09-Feb-2021 Sale Amt : 70150/-  
 OTT Date : 09-Feb-2021 Amount/Rcpt No : 7015 / UP31D21020001383  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 15-Feb-2021  
 Other State/Transfer/Conversion Details  
 Previous Owner : Previous RegNo :  
 Old State : Entry Date :  
 Conversion Date :

This certificate is valid from 15-Feb-2021 to 14-Feb-2036

Date : 04-Aug-2021 12:12:54

Taxation Particulars / Advance Registration Mark Fee Details

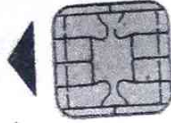
Signature of Registrar  
 Lakhimpur Kheri  
 2021-22



**Indian Union Driving Licence  
Issued by Uttar Pradesh**

UP

**UP31 20050002143**



Issue Date **18-07-2022** Validity (NT) **03-08-2030** Validity(TR)<sup>9</sup> \_\_\_\_\_



Holder's Signature

(18-02-2005)

Date of First Issue

Name: **RAVINDRA KUMAR**  
 Date of Birth: **04-08-1970** Blood Group: \_\_\_\_\_ Organ Donor: **N**  
 Son/Daughter/Wife of: **KANHAIYA LAL**  
 Address:  
**LAVED PUR POST RAMYA BEHAR DHAURAHARA  
 LAKHIMPUR KHERI DHAURAHARA, LAKHIMPUR  
 KHERI 262724**

**DL No: UP31 20050002143**

UPDL000008793651



Invalid Carriage (Regn Numbers)<sup>7</sup> \_\_\_\_\_

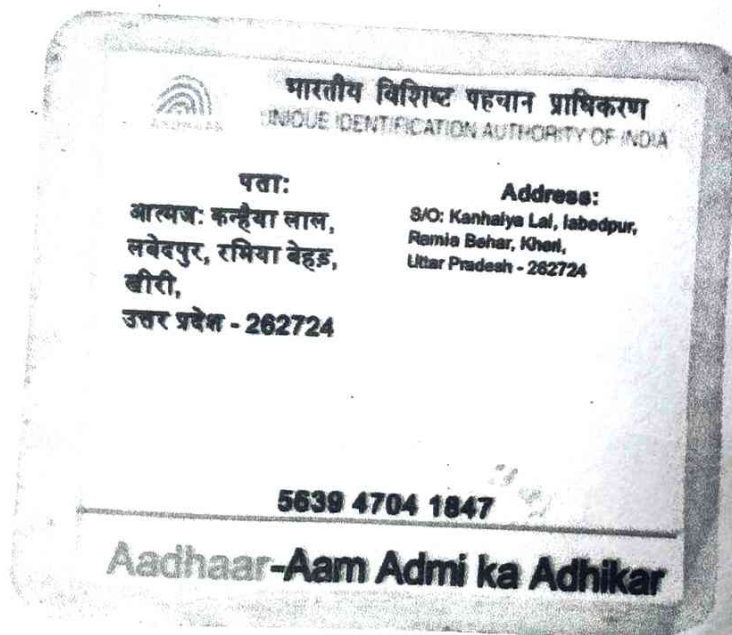
Hazardous Validity<sup>8</sup> \_\_\_\_\_ Hill Validity<sup>8</sup> \_\_\_\_\_

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>6</sup>	Badge Issued Date <sup>6</sup>	Badge Issued By <sup>6</sup>
MCWG	MCWG	UP31	18-02-2005	NT			
LMV	LMV	UP31	18-02-2005	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
 Licensing Authority  
**UP31 LAKHIMPUR KHERI**



आयकर विभाग  
INCOME TAX DEPARTMENT

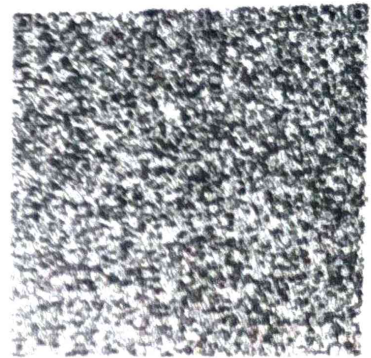


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BKIPK3039G**



नाम / Name  
**RAVINDRA KUMAR**

पिता का नाम / Father's Name  
**KANHAIYA LAL**

जन्म की तारीख /  
Date of Birth  
**04/08/1976**

हस्ताक्षर / Signature

07122019