

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-0126-780
 Customer Name ABDUL KHALIF..
 VIN MBLJAW369PHB00701

Date 13-01-2026
 Contact No. 8543053664
 Model PASSION XTEC
 Reg No. UP31BZ9097
 HMCGL Card Category

Insurance Company
 HMCGL Card No
 Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300AACB00RS -RIGHT FRONT COWL R-195C	87141090	Paid	350.85	1	9.00	9.00	0.00	0.00	0.00	0.00	414.00
2	61400AACB00RS -LEFT FRONT COWL R-195C	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
3	33100AACB01S -LIGHT ASSY HEAD	85122010	Paid	3,029.66	1	9.00	9.00	0.00	0.00	0.00	0.00	3,575.00
4	6410AAACB00S -WIND SCREEN SUB ASSY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
5	83402AACB00S -PANEL INNER	87141090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
6	61100AACB00RS -FENDER COMPLETE FRONT R-195C	87141090	Paid	1,073.73	1	9.00	9.00	0.00	0.00	0.00	0.00	1,267.00
7	3345BAAC80099S -WINKER ASSY L FR	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
Parts Total											0.00	6,346.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PASSION 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	6,346.00
Labour Total	2,000.10
SGST (Parts) 9%	484.02
CGST (Parts) 9%	484.02
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	8,346.10

Rupees in Words: Eight Thousand Three Hundred Fourty Six 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.
 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
.....M.E.E.R.U.T.....

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.	अब्दुल खालिक . 8 543053664
2	Vehicle No. / वाहन संख्या	UP31 BZ 9097
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/431319
4	Period of Insurance / बीमा अवधि	27/04/2025 से 26/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/2026 12:40 PM.
6	Place of Accident / दुर्घटना का स्थान	पतरासी के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अब्दुल खालिक, 8543053664 UP31C20240008021
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : पतरासी के पास सामने से एक अप जाड़ी से टक्कर हो गई जिससे मेरी जाड़ी बॉयी और गिस्कर सने मस्त 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.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR- KHERI, 9151154036

Date / दिनांक : 11/01/2026
हस्ताक्षर

अब्दुल खालिक
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 MEEERUT

Certificate/Policy No. MS/2025/7001/0/46575/43131

Tel. No.

Period of Insurance 27/04/2025 से 26/04/2026⁹

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

1. INSURED

- (a) Name : ABDUL KHALIQ
 (b) Address for correspondence : RIOMO-MANIHAR WARD TIWARI TOLA, DHAURAHRA,
 (c) Telephone : 8543053664 PS-DHAURAHARA KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>JA06ABPHB00883</u> Chassis No. <u>MBLJAW369PHB00701</u>	Registration No. <u>UP 31BZ</u> <u>9097</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 : ABDUL RASHID
(b) Age : 05/08/2000
(c) Address : MANIHAR WARD DHANRAHARA, KHERI,
(d) Is the Driver UP 262723
1. Owner : NO
2. paid driver? : NO
3. Owner's relative or friend? : 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 20240008021
(h) Issuing Authority : 27/06/2024
(i) Date of Expiry : 04/08/2040
(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 : 07/01/2026 12:40PM
(b) Place : पतरासी के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : पतरासी के पास सामने से टिकअप गाड़ी से टकराए
(e) If any third party was responsible for this accident give the name and address : जिस जिरामेरी गाड़ी बॉस और मोरकर सविश्रुत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
(b) Estimated cost of repairs : MOSRAM AUTO SALES, LRP ROAD
(c) When and where can the damaged vehicle be inspected : 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 : 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 11/01/2006

Signature of the insured अबुल खालिफ

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. UP31B79097 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 अरुण खान
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

आयकर विभाग

INCOME TAX DEPARTMENT

ABDUL KHALIK

ABDUL RAUF

14/04/1996

Permanent Account Number

EOFPK1083G

अब्दुल खालिक

Signature



भारत सरकार

GOVT. OF INDIA



02092016



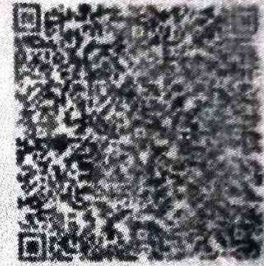
भारत सरकार
GOVERNMENT OF INDIA



अब्दुल खालिक
Abdul Khalik

जन्म वर्ष / Year of Birth : 1996
पुरुष / Male

6680 9617 7110



आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : S/O अब्दुल रहूफ,
मोहल्ला-मनिहार वार्ड तिवारिन टोला,
धौरहरा, धौरहरा, खीरी, उत्तर प्रदेश,
262723

Address: S/O Abdul Rahuf,
Mohalla-manihar Ward Tiwari
Tola, Dhaurahara,
Dhaurahara, Kheri, Uttar
Pradesh, 262723



1947
1800 120 1947



help@uidai.gov.in

www

www.uidai.gov.in

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



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20240008021

Issue Date 27-06-2024 Validity (NT) 04-08-2040

Validity (TR)*



Holder's Signature

Organ Donor: N

Name

ABDUL RASHID

Date of Birth 05-08-2000

Blood Group:

Son/Daughter/Wife of

ABDUL RAUF

Address

MANHAR WARD DHAURAHARA DHAURAHARA
DHAURAHARA KHERI UTTAR PRADESH 262723

Date of First Issue 27-06-2024

DL No: UP31 20240008021



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
MCWG	UP31	UP31	27-06-2024	NT			
LMV	UP31	UP31	27-06-2024				
MVSD							

Form: 1 (High) 1/22

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Emergency Contact Number

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/431319

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: 91-79410-30643
 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
ABDUL KHALIK	1996-04-14	8543053664	ABDUL RAHUF	Hero Motocorp	PASSION
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
XTEC E20 DRUM SELF	UP31BZ9097	JA06ABPIH00883	MBI JAW369PIH00701	2023	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
55000.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	Solo			2	55000.00
Address					
R/O MOHALLA MANIHAR WARD TIWARI TOLA DHAURAHARA PS-DHAURAHARA Kheri Uttar Pradesh 262723					
City / District					
City / District					
Pin Code					
262723					
State					
Uttar Pradesh					
Package Start Date					
2025-04-27 11:36					
Package End Date					
Midnight of 2026-04-26					
Offered Payment (incl. GST)					
1962.13					
Nominnee Name					
RAIS AHMAD					
Nominnee Gender					
Male					
Nominnee Age					
33 Years					
Nominnee Relation					
BROTHER					
Section A, VRC: 791.51 TCR: 389.40 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1180.91					
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: 287.47 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 51.75 Total with GST(D): 339.22					
Total(Section A+B+C+D) Offered Price After Discount: 1962					
Package Period Covered					
ADV	2025-04-27 To 2026-04-26	2026-04-27 To 2027-04-26	2027-04-27 To 2028-04-26	2028-04-27 To 2029-04-26	2029-04-27 To 2030-04-26
MS Services Period Covered (NODL)	55000	NIL	NIL	NIL	NIL
	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-04-20 (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 1962.13 ON 2025-04-27 from Mr./Ms. ABDUL KHALIK against the ARN No. INCP00431319
 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 : UP31BZ9097
 Description of Vehicle : M CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, 1 R P ROAD, LAKHIMPUR KHERI, ... -
 Owner Name : ABDUL KHALIK
 Full Address: (Permanent) : R/O MOHALLA MANIHAR WARD, TIWARI TOLA DHAURAHARA, PS-DHAURAHARA, KHERI, UTTAR PRADESH-262123
 Full Address: (Temporary) : R/O MOHALLA MANIHAR WARD, TIWARI TOLA DHAURAHARA, PS-DHAURAHARA, KHERI UTTAR PRADESH-262123
 Registration Date : 26-Apr-2023
 Purpose For Printing RC : NEW
 Son/wife/daughter of : ABDUL RAHUF
 Fitness Up To : 25-Apr-2038
 Owner Serial No : 1

Detailed Description
 Class of Vehicle : M CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2074061830
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA06ABPHB00883
 Horse Power(BHP) : 9.02
 Maker's Classification : PASSION XTEC DS
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : CANDY BLAZING RED
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2073080728
 Month/Year of Manuf. : 02/2023
 Chassis No : MBLJAW369PHB00701
 Fuel : PETROL
 Cubic Capacity : 113.20
 Wheel base : 1263
 Standing Cap : 0
 Unladen Wt (kgs) : 119
 Laden/GV Wt (kgs) : 249
 AC Fitted : NO

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 : 21-Apr-2023
 OTT Date : 21-Apr-2023
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 29-Apr-2023
 Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 26-Apr-2023 to 25-Apr-2038

Date : 08-May-2023 11:34:42
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Licensing Authority
 Date : 08-May-2023

P 2484522