

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-0126-774	Date	11-01-2026
Customer Name	HAR GOBIND	Contact No.	9628972510
VIN	MBLJAW132NHB01002	Model	PASSION PRO
Insurance Company		Reg No.	UP31BV4677
HMCGL Card No	1073022850002815	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310BAAC20099S -LIGHT ASSY HEAD (W/O BULB)	85122010	Paid	593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	700.00
2	64303AAL510S -FRONT GRILL CHROME GARNISH	87141090	Paid	311.02	1	9.00	9.00	0.00	0.00	0.00	0.00	367.00
3	64100AAC800S -WIND SCREEN	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
4	83400KWAH40ZDS -FR VISOR (VIB)	87141090	Paid	843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	995.00
5	3345BAAC201S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
6	88120AAC201US -MIRROR ASSEMBLY LEFT BACK (R-321)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	50803ABA000S -GUARD LEG	87141090	Paid	331.36	1	9.00	9.00	0.00	0.00	0.00	0.00	391.00
8	50400AAT000US -GRIP REAR (BLACK NH-1)	87141090	Paid	780.51	1	9.00	9.00	0.00	0.00	0.00	0.00	921.00
9	18355AAC200S -COVER MUFFLER	87141090	Paid	171.19	1	9.00	9.00	0.00	0.00	0.00	0.00	202.00
10	53100KWA940S -PIPE STRG HNDL	87141090	Paid	411.86	1	9.00	9.00	0.00	0.00	0.00	0.00	486.00
11	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
12	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
Parts Total											0.00	7,732.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PASSION PRO	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	7,732.00
Labour Total	2,000.10
SGST (Parts) 9%	589.73
CGST (Parts) 9%	589.73
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,732.10

Rupees in Words: Nine Thousand Seven Hundred Thirty Two and paise Ten Only

Authorised Signatory

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	हर गोविन्द. 9628972510
2	Vehicle No. / वाहन संख्या	UP 31 BV 4677
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/416710.
4	Period of Insurance / बीमा अवधि	16/03/2025 से 15/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/2026 4:00 PM.
6	Place of Accident / दुर्घटना का स्थान	वैल गाँव के पास दुर्घटना का स्थान
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	हर गोविन्द. 9628972510 UP 31 20110009028
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	वैल गाँव के पास पीछे से दाईं ओर से मोटर साइकिल वाले ने टक्कर मार दी जिससे मेरी बाईं ओर रगड़कर सलियस्ता 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 / फोन नं.	MOSARRAM AUTO SALES LPPROKD LAKHIMPUR KHERI, 9151154036

हर गोविन्द

Date / दिनांक : 09/01/2026
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 MEE RUT

Certificate/Policy No. MS/2025/7001/0/46575/4167

Tel. No.

Period of Insurance 16/03/2025 to 15/03/2026
 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
- (b) Address for correspondence
- (c) Telephone

HAR GOBIND
R/O BEL KHURD, KOTTHIYA, KHERI, UP, 262726
9628 972510

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>JAO6EWNHBO3763</u> Chassis No. <u>MBLJAN132NHBO1002</u>	Registration No. <u>UP31BV</u> <u>4677</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? N/A
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried

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 : HAR GOVIND
- (b) Age : 01/07/1960
- (c) Address : BELAKHURD, PS- KOTHIYA, LAKHIMPUR-KHERI, 262736
- (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 : UP31 20110009028
- (h) Issuing Authority : 18/09/2023
- (i) Date of Expiry : 17/09/2028
- (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 4:00 PM
- (b) Place : बेल गंज के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : बेल गंज के पास बाई से बॉल आउ से मोटर साइकिल वाले
- (e) If any third party was responsible for this accident give the name and address : बाइ और गोरकार सति गुरु ए जेडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT AND LEFT
- (b) Estimated cost of repairs : MOSARRAM AUTO SALES, LPP 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
- (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 : _____

No
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? : _____
- (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.

Signature of the insured हरिजीव

Date 09/01/2006

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. UP 31BV4677 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
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BV4677 Registration Date : 20-Mar-2022
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
 Owner Name : HAR GOBIND Son/wife/daughter of : S/O SRI RAMNATH
 Full Address: (Permanent) : R/O BEL KHURD, KOTTHIYA, KOTHIA, R/O BEL KHURD, KOTTHIYA, KOTHIA, KHERI, KHERI, UTTAR PRADESH-262726
 Full Address: (Temporary) : R/O BEL KHURD, KOTTHIYA, KOTHIA, R/O BEL KHURD, KOTTHIYA, KOTHIA, KHERI, KHERI-UTTAR PRADESH-262726

Fitness UpTo : 19-Mar-2037 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 : AA2052367279 Rear HSRP No : AA2052155986
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2022
 No of Cylinders : 1 Chassis No : MBLJAW132NHB01002
 Engine No : JA06EWNHB03763 Fuel : PETROL
 Horse Power(BHP) : 9.02 Cubic Capacity : 113.20
 Maker's Classification : PASSION PRO DISC-SELF-CAST-S Wheel base : 1270
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 118
 Colour : BLACK Laden/GV Wt (kgs) : 248
 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)
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- 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 : 15-Mar-2022 Sale Amt : 74490/-
 OTT Date : 15-Mar-2022 Amount/Rcpt No : 7449 / UP31D22030002044
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Mar-2022

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 20-Mar-2022 to 19-Mar-2037

Date : 01-Sep-2025 14:52:50

Taxation Particulars : Advance Registration, Mark Fee Details

Signature of Registering Authority

Date : 01-Sep-2025

Q 5162210

हरीश चंद्र

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/0/46575/416710

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
HAR GOBIND	1960-01-01	9628972510	S O SRI RAMNATH	Hero Motocorp	PASSION
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
PASSION PLUS 135 SELF	UP31BV4677	JA06EWNHB03765	MBLJAW132NHH01002	2022-03-20	113 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
47500.00	NA	0.00	0.00	0.00	47500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo	STATE BANK OF INDIA		2	1833.59
Address			City / District	Pin Code	State
R/O BEL KHURD, KOTTHIYA, KOTTHIA, R/O BEL KHURD, KOTTHIYA, KOTTHIA, KHERI, Kheri, Uttar Pradesh, 202726				262726	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
SUDHEER KUMAR	Male	43 Years	SON	2025-03-16 14:11	Midnight of 2026-03-15

Section A, VRC: 699.47 TCR: 392.35 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) : 0.00 Total with GST(A): 1091.82
 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%) (C): 67.12 Total MS Services with GST(C): 442.00
 Section D, Drive Assure: 254.04 ATIDC, DOC & Additional External Tyre Cover(ATETC) Over Discount: 0.00 GST (CGST @ 9% + SGST @ 9%) : 45.73 Total with GST(D): 299.77

Total (Section A+B+C+D) Offered Price After Discount: 1834

Package Period Covered	2025-03-16 To 2026-03-15	2026-03-16 To 2027-03-15	2027-03-16 To 2028-03-15	2028-03-16 To 2029-03-15	2029-03-16 To 2030-03-15
ADV	47500	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 UP TO 2027-03-14 (DETAILS ARE 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 Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs. 100000. 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 (including the conditions) request for refund or 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.

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 dispute 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 1833.59 ON 2025-03-16 from Mr./Ms. HAR GOBIND against the ARN No. INCP00416710
 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



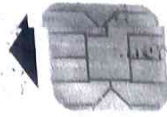
हस्ताक्षर



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20110009028



Issue Date: 18-09-2023
Validity (NT): 17-09-2028
Validity (TRV):



Holder's Signature

(01-03-2011)

Date of First Issue

Name: **HARGOVIND**
Date of Birth: **01-07-1960** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **RAMNATH**
Address:
**BELA KHURD POST KOTHIYA
LAKHIMPUR, LAKHIMPUR KHERI 262726**

DL No: UP31 20110009028

UPDL000011781484



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	01-03-2011	NT			
	LMV	UP31	01-03-2011	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI



भारत सरकार
Government of India



हर गोबिंद
Har Gobind
जन्म तिथि / DOB : 01/01/1960
पुरुष / Male



2389 4932 9812

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: रामनाथ, बेल खुर्द, कोठिया,
खीरी, कोठिया, उत्तर प्रदेश, 262726

Address:
S/O: Ramnath, bel khurd,
Kotthiya, Kheri, Kothia, Uttar
Pradesh, 262726

2389 4932 9812

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

हर गोबिंद

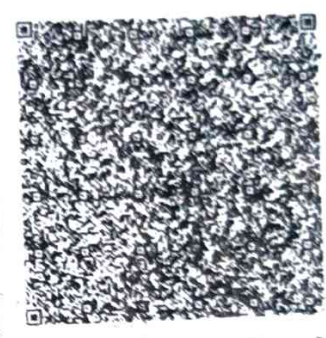
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DKXPG3915A



नाम / Name
HAR GOBIND

पिता का नाम / Father's Name
RAMNATH

जन्म की तारीख / Date of Birth
01/01/1960

हर गोविन्द
हस्ताक्षर / Signature

03476