

MUSARAM 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.

MUSARAM AUTO SALES

ESTIMATE

ESTIMATE

Estimate No. 10730-03-REST-0126-790
 Customer Name ATUL KUMAR
 VIN MBLJAR034J9C55959

Date 16-01-2026
 Contact No. 9415705864
 Model SL SUPER SPLENDOR
 Reg No. UP31AX8769
 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
Parts Total												0
Labour Details												0.00
												1,433.00

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	448.00	9.00	9.00	0.00	0.00	0.00	0.00	528.64	
Jobs Total												0.00
												528.64

Parts Total	
Labour Total	1,433.00
SGST (Parts) 9%	528.64
CGST (Parts) 9%	109.30
SGST (Labour) 9%	109.30
CGST (Labour) 9%	40.32
Total	40.32
	1,961.64

Rupees in Words: One Thousand Nine Hundred Sixty One and paise Sixty Four Only

Authorised Signatory

10730 - Main W/S

- Terms Cash
- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- 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.

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
MEERUT

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र

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.	अतुल कुमार 7236088021
2	Vehicle No. / वाहन संख्या	
3	Policy No. / पालिसी संख्या	UP31 AX 8769
4	Period of Insurance / बीमा अवधि	MS/2025/7001P/46515/399301
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/2025 से 26/01/2026 14/01/2026 11:00AM
6	Place of Accident / दुर्घटना का स्थान	रोडवेज बस स्टैंड के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अतुल कुमार UP31 2008003663-5 7236088021
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	रोडवेज बस स्टैंड के पास सामने से मीटर साइडकेल से टक्कर हो गई जिससे मेरी गाड़ी क्षतिग्रस्त 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.	MDSARHAM AUTO SALES, IAP ROAD, LAKHIMPUR-KHERI 9151154036

Date / दिनांक : 15/01/2026
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 MEEFRUT

Tel. No.

Certificate/Policy No. MS/2025/7001/0/46575/399
301

Period of Insurance 27/01/2025 से 26/01/2026

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 : ATUL KUMAR
 (b) Address for correspondence : Ps-BIJUA SONAKHURD PO-BHIRADIS-KHERI, UP.
 (c) Telephone : 7236088021
262901

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2018</u>	Engine No. <u>JN05A6796755850</u> Chassis No. <u>MBLTAR034T9C55959</u>	Registration No. <u>UP31AX</u> <u>8769</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 : ATUL KUMAR
- (b) Age : 12/09/1984
- (c) Address : VILL- SAUNA KHURDPS BITUA, 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 : UP31 2008 0036635
- (h) Issuing Authority : 17/01/2008
- (i) Date of Expiry : 16/01/2028
- (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 : 14/01/2026 11:00am.
- (b) Place : रोडवेज बस स्टैण्ड के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : रोडवेज बस स्टैण्ड के पास सामने से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी गतिमत्त हो गई।
- (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 DAMAGE
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected : MOSRAM AUTO SALES, 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

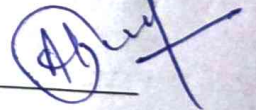
- (a) Date and Time
- (b) Place
- (c) What was stolen?
- (d) Estimated cost of replacement?
- (e) By whom discovered and reported?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

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 15/01 2006

Signature of the insured



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. UP31 AX8769 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

[See third provision to of Rule 114B]
Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the Income Tax Act, 1962.

1. Full Name and Address of the declarant ATUL KUMAR s/o OM PRAKASH
PS-BIJUA, SONAKHURD, PS-BHTRA, DIST-KHERI U.P
262901

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

- i) Details of Ward / Circle / Range where the last return of income was filed.
- ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, ATUL KUMAR s/o OM PRAKASH do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 15/01/2026

Place KHERI



Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/CM46375/399301

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
ATUL KUMAR	1984-09-12	9415705864	SRI OM PRAKASHI	Hero Motocorp	SUPER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF CAST BLA	UP31AXR769	JA05E0J9C55850	MBLJAR03AJC55959	2018-04-27	125 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
37000.00	NA	0.00	0.00	0.00	37000.00
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	1988.76
Address			City / District	Pin Code	State
R/O BIJUA SONAKHURD BHIRA, R/O BIJUA SONAKHURD BHIRA, PS- BHIRA, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
NEETU PANDEY	Female	31 Years	WIFE	2025-01-27 17:28	Midnight of 2026-01-26
Section A, VRC: 297.94 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) : 297.94					
Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total : 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B) : 770.00 GST (CGST @9% + SGST @9%) (B) : 138.60					
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: 288.32 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%) : 51.90 Total with GST(D) : 340.22					
Total(Section A+B+C+D) Offered Price After Discount : 1989					
Package Period Covered	2025-01-27 To 2026-01-26	2026-01-27 To 2027-01-26	2027-01-27 To 2028-01-26	2028-01-27 To 2029-01-26	2029-01-27 To 2030-01-26
ADV	37000	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 from 2025-01-27 until 2026-01-26.

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. 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 jurisdiction of the courts at Aligarh.

* Received with Thanks Rs 1988.76 ON 2025-01-24 from Mr./Ms. ATUL KUMAR against the ARN No. INCP00399301.

The acknowledgement is subject to a compulsory excess of Rs. 1000/- & Depreciation is applicable as per terms & conditions. (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IN 1/22, 7/2, To

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 : UP31AX8769
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI,
 Owner Name : ATUL KUMAR
 Full Address: (Permanent) : R/O BIJUA SONAKHURD BHIRA, R/O BIJUA SONAKHURD BHIRA, PS- BHIRA, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O BIJUA SONAKHURD BHIRA, R/O BIJUA SONAKHURD BHIRA, PS- BHIRA, KHERI, UTTAR PRADESH-262701

Registration Date : 27-Apr-2018

Purpose For Printing IC : HPT

Son/wife/daughter of : SRI OM PRAKASH

Fitness Up To : 26-Apr-2023

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No :
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JAGEGJ9G55850
 Horse Power(BHP) : 9.00
 Maker's Classification : SUPER SPLENDOR(DRUM-STEEL CAST)
 Seating Cap(In all) : 2
 Sleeper Cap : 0
 Colour : GB
 Other Criteria :
 Vehicle Purchase As : Full Built

Link Vehicle No :
 Norms : BHARAT STAGE IV
 Rear HSRP No :
 Month/Year of Manuf. : 03/2018
 Chassis No : MBLJAR034J9C55850
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1265
 Standing Cap : 0
 Unladen Wt (kgs) : 121
 Laden/GV Wt (kgs) : 251
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gr. is 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

Purchase dt : 06-Apr-2018
 OTT Date : 06-Apr-2018
 Tax Up To : One Time
 Tax Exempted or Not : NOT EXEMPTED
 Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Sale Amt : 56246/-
 Amount/Rcpt No : 5625 / UP31D18040003296
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 27-Apr-2018
 Previous RegNo :
 Date :
 Conversion Date :

This certificate is valid from 27-Apr-2018 to 26-Apr-2033

Date : 27-Dec-2020 16:27:23
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 22-Dec-2020
 लखीमपुर-खीरी

M 1333375



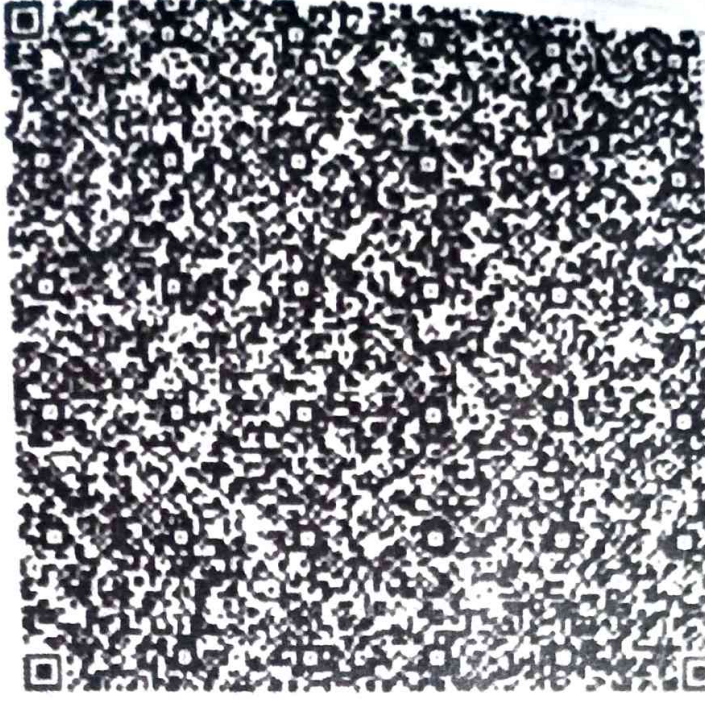
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता:
S/O ओम प्रकाश, पोस्ट- बिजुआ, सोनाखुर्द, भीरा, खीरी,
उत्तर प्रदेश - 262901

Address:
S/O Om Prakash, POST- BIJUA, Sonakhurd,
PO: Bhira, DIST: Kheri,
Uttar Pradesh - 262901



2685 7231 3554

VID : 9157 0416 4352 3623



1947



help@uidai.gov.in



www.uidai.gov.in

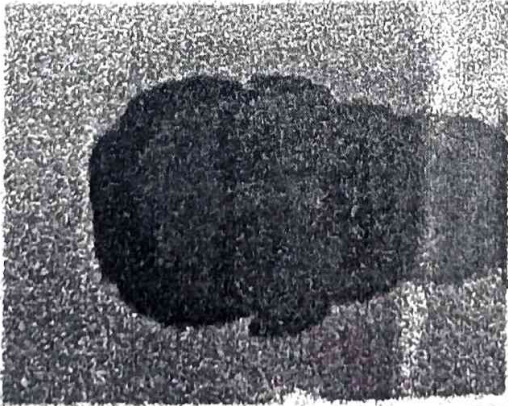


भारत सरकार

Government of India



Aadhaar no. issued: 11/12/2011



अतुल कुमार

Atul Kumar

जन्म तिथि/DOB: 12/09/1984

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।

इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

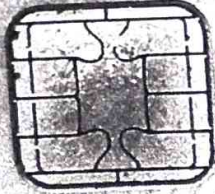
2685 7231 3554

मेरा आधार, मेरी पहचान

UNION OF INDIA **Driving Licence**

UP NT

UP31 20080036635



जांसी करने की तिथि
Date of Issue
17/01/2008

वैधता / Validity
16/01/2028

जन्म तिथि
Date of Birth
12/09/1984

Blood Group
Unknown



नाम / Name

ATUL KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

OM PRAKASH

DUPLICATE

UP31 20080036635

UP03172363MT



LMV
17/01/2008



MCWG
17/01/2008

पता / Address

VILL SAUNA KHURD POST BIJUA
LAKHIMPUR KHERI

Holder's Signature

जारीकर्ता / Issuing Authority Sign
lakhimpur kheri

Form 7 Rule 16(2)