

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-0126-797	Date	18-01-2026
Customer Name	UTTAM KUMAR	Contact No.	7800157291
VIN	MBLHAW238R9G04420	Model	SPLENDOR +
Insurance Company		Reg No.	UP34BY9127
HMCGL Card No	1073024510002770	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
3	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
4	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
5	88110AAFH31ZAS - MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
9	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
10	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
12	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
Parts Total											0.00	7,921.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-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	7,921.00
Labour Total	2,000.10
SGST (Parts) 9%	604.14
CGST (Parts) 9%	604.14
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,921.10

Rupees in Words: Nine Thousand Nine Hundred Twenty One and paise Ten Only Authorised Signatory

1. Terms Cash 10730 - Main W/S
 2. Prices & statutory levies prevailing at the time of delivery shall be charged

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

Oriental Insurance Co Ltd.
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	उत्तम कुमार, 78000157291
2	Vehicle No. / वाहन संख्या	UP34 BY 9127
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/568637
4	Period of Insurance / बीमा अवधि	23/12/2025 से 22/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/2026 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	रिहार चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	उत्तम कुमार, 78000157291 & Mobile No. UP34 2023 0006930
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	रिहार चौराहे के पास सामने से साइड से टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिरकर 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 / फ़ोन नं.	MOSARAM AUTO SALES LRD ROAD, LAKHIMPUR-KHERI 9151154036

Date / दिनांक : 16/01/2026
हस्ताक्षर

उत्तम कुमार
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/2025/7001/0/46575/568632

Tel. No.

Period of Insurance 23/12/2025 to 22/12/2026
 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 : UTTAM KUMAR
 (b) Address for correspondence : R/0134 KUSEBA, SITAPUR, UTTAR PRADESH, 261136
 (c) Telephone : 78000 157291

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HA11E8R96125070</u> Chassis No. <u>MBLHAW238R96104420</u>	Registration No. <u>UP34 BY</u> <u>9127</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 : UTTAM KUMAR
- (b) Age : 01/11/1985
- (c) Address : 134 KUSEPA KUSEBA SITAPUR, UP, 261136
- (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 : UP34 20230006930
- (h) Issuing Authority : 18/07/2023
- (i) Date of Expiry : 17/07/2033
- (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 : 15/01/2026 2:00PM
- (b) Place : रेल चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : रेल चौराहे के पास सामी से साइ से टक्कर हो गई जिसे
- (e) If any third party was responsible for this accident give the name and address : मरी गाड़ी लॉरी ओर में टक्कर मति यस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LRPRAD
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? : 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 Police 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 16/11 2006

Signature of the insured 3-7-21-3-21-12

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. UP34BY9127 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

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS 2025/7001/O/46575/568637

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
UTTAM KUMAR	1985-01-01	7800157291	SRI RAM NARESH	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTFC VX	UP34BY9127	HA1118R9G25070	MBLHAW238R9G04420	2024	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
64000.00	NA	0.00	0.00	0.00	64000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
SITAPUR	Solo	SHRIRAM FINANCE LIMITED	---	2	2043.56	
Address			City / District	Pin Code	State	
R/O 134, KUSEPA, KUSEBA, SITAPUR, PS- LAHARPUR, SITAPUR			SITAPUR	261136	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
VJAY MISHRA	Male	33	BROTHER	2025-12-23 15:57	Midnight of 2026-12-22	

Option A, VRC: 856.77 TCR: 377.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1234.37
 Option 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

Option 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
 Option D, Drive Assure: 311.18 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 56.01 Total with GST(D): 367.19

Total (Section A+B+C+D) Offered Price After Discount: 2044

Package Period Covered	2025-12-23 To 2026-12-22	2026-12-23 To 2027-12-22	2027-12-23 To 2028-12-22	2028-12-23 To 2029-12-22	2029-12-23 To 2030-12-22
Value	64000	NIL	NIL	NIL	NIL
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 2029-10-31 (DETAILS ARE AS DIVIDED BY THE CUSTOMER).

APPLICATIONS 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 driving 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 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: 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.

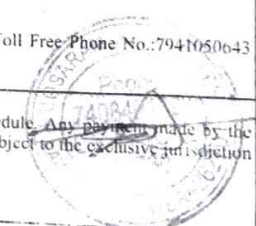
CLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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.

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 Meerut.



Received with Thanks Rs 2043.56 ON 2025-12-23 from Mr./Ms. UTTAM KUMAR against the ARN No. INCP00568637
 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, 15
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

UTTAM KUMAR

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34BY9127 Registration Date : 01-Nov-2024
 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, . . 153-262701
 Owner Name : UTTAM KUMAR Son/wife/daughter of : SRI RAM NARESH
 Address: (Permanent) : R/O 134, KUSEPA,, KUSEBA, SITAPUR, PS- LAHARPUR, SITAPUR, UTTAR PRADESH-261136
 Address: (Temporary) : R/O 134, KUSEPA,, KUSEBA, SITAPUR, PS- LAHARPUR, SITAPUR-UTTAR PRADESH-261136
 Date of Issuance : 01-Oct-2039 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
 HSRP No : AA1036694106 Rear HSRP No : AA1036446597
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2024
 No of Cylinders : 1 Chassis No : MBLHAW238R9G04420
 Engine No : HA11E8R9G25070 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Gear Cap : 0 Unladen Wt (kgs) : 109
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239
 Registration Criteria AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Qty	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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 29-Oct-2024.

Purchase dt : 29-Oct-2024 Sale Amt : 76156/-
 Reg Date : 29-Oct-2024 Amount/Rcpt No : 7616 / UP34D24110000025
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 31-Dec-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 01-Nov-2024 to 31-Oct-2039

Date: 18-Jan-2025 14:12:01

Registering Authority
 Motor Vehicle Department
 Signature of Registering Authority
 Date: 18-Jan-2025

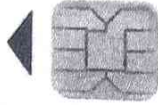
Q 1049286



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



UP34 20230006930



Issue Date **18-07-2023** Validity (NT) **17-07-2033** Validity (TR)^a _____



(18-07-2023)

Name: **UTTAM KUMAR**
 Date of Birth: **01-01-1985** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **RAM NARESH**
 Address:
**134 Kusepa Kuseba Sitapur
 Uttar Pradesh 261136**

Holder's Signature

Date of First Issue

DL No: UP34 20230006930

UPDL000011346488



Invalid Carriage (Regn Numbers)^a _____

Hazardous Validity^a _____ Hill Validity^a _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
MCWG	UP34	UP34	18-07-2023	NT			
LMV	UP34	UP34	18-07-2023	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP34 SITAPUR

Handwritten signature

Handwritten number: 7900159291



भारत सरकार
GOVERNMENT OF INDIA



उत्तम कुमार
Uttam Kumar
जन्म तिथि/ DOB: 01/01/1985
पुरुष / MALE



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: राम नरेश, 134,
कुसेबा, कुसेबा, सीतापुर,
उत्तर प्रदेश - 261136

Address:

S/O: Ram Naresh, 134, Kuseba,
Kuseba, Sitapur,
Uttar Pradesh - 261136

4961 5748 7399

4961 5748 7399

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

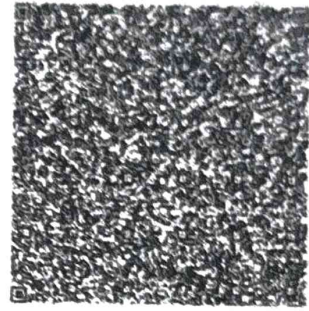
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
JNLPK0354Q



नाम / Name

UTTAM KUMAR

पिता का नाम / Father's Name

RAM NARESH

जन्म की तिथि / Date of Birth

01/01/1985

उत्तम कुमार
हस्ताक्षर / Signature

00000

उत्तम कुमार