

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.

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LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

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GSTIN No: 09AAJFM3951B1ZD

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-0126-812	Date	22-01-2026
Customer Name	KRISHNA KUMAR	Contact No.	8565011471
VIN	MBLHAW149L9F05736	Model	HF DELUXE
Insurance Company		Reg No.	UP31BM4512
HMCGL Card No	1073020520000500	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	77210AAH100RS -RIGHT REAR COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
2	77220AAH100RS -LEFT REAR COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
3	77230ACK000US -CENTER REAR COWL (BL-002M.)	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
4	83600AAH100RS -L SIDE COVER(BLACK NH-1(TYPE-1)	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
5	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
Parts Total												0
Labour Details												0.00
												2,727.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96
Jobs Total											0.00
											1,500.96

Parts Total	2,727.00
Labour Total	1,500.96
SGST (Parts) 9%	207.99
CGST (Parts) 9%	207.99
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	4,227.96

Rupees in Words: Four Thousand Two Hundred Twenty Seven and paise Ninety Six Only

Authorised Signatory

1. 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.

10730 - Main W/S

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

M.F.F.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.	कृष्ण कुमार, 8565011471
2	Vehicle No. / वाहन संख्या	UP31 BM 4512
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/452977
4	Period of Insurance / बीमा अवधि	01/07/2025 से 30/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/2026 5:00 PM.
6	Place of Accident / दुर्घटना का स्थान	संकरा देवी के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	कृष्ण कुमार, 8565011471 UP53 20030655246
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	संकरा देवी के पास पीछे से आली चाले में टक्कर मार दी जिससे मेरी गाड़ी बाईं ओर गिरकर सातमस्त 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.	MOSARRAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERRA, 9151154036

Date / दिनांक : 18/01/2026
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 MEERUT

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

Tel. No.

Period of Insurance 01/07/2025 से 30/06/2026 ⁴⁵²⁹⁷⁷

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 : KRISHNA KUMAR
 (b) Address for correspondence : R/O MO-KAMTA NAGAR PIPARIYA, LAKHIMPUR -
 (c) Telephone : 8565011471 KHERI (UP) 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. <u>HAJESL9F07757</u> Chassis No. <u>MBLHANJ49L9F05736</u>	Registration No. <u>UP31BM</u> <u>4512</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 : KRISHNA KUMAR
(b) Age : 20/08/1975
(c) Address : RIYANTRIK WORKSHOP NEARLY-GORAKHPUR,
273001
(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 : UP53 20030655246
(h) Issuing Authority : 04/01/2025
(i) Date of Expiry : 05/03/2033
(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 5:00PM
(b) Place : सक्का देवी के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : सक्का देवी के पास पीछे से आगे वाले ने टक्कर मार दी
(e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बाँधी और गिरकर सति भस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND LEFT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES, LRD
ROAD 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 18/01/2006

Signature of the insured [Signature]

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 31 BM 451 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/46575/452977

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	
KRISHNA KUMAR	1975-08-20	8565011471	SRI CHANDRIKA PRASAD	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP31BM4512	HA11ESL9F07757	MBLHAW149L9F05736	2020-07-09	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
26000.00	NA	0.00	0.00	0.00	26000.00	
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	2021.86	
Address			City / District	Pin Code	State	
R/O- 24, JAGTIYA TOWN OEL, R/O- 24, JAGTIYA TOWN OEL, PS- KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
BHARTI DEVI	Female	45 Years	WIFE	2025-07-01 15:50	Midnight of 2026-06-30	

Section A, VRC: 469.88 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 469.88
 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
Total with GST(B): 908.60
 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: 170.66 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 30.72 **Total with GST(D): 201.38**
Total(Section A+B+C+D) Offered Price After Discount: 2022

Package Period Covered	2025-07-01 To 2026-06-30	2026-07-01 To 2027-06-30	2027-07-01 To 2028-06-30	2028-07-01 To 2029-06-30	2029-07-01 To 2030-06-30
ADV	26000	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 2025-07-01 until 2026-06-30.

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/- Net. 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 1 lakh 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 2021.86 ON 2025-07-01 from Mr./Ms. KRISHNA KUMAR against the ARN No. INCP00452977
 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



Handwritten signature/initials



GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31BM4512 Registration Date : 09-Jul-2020
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, LRP ROAD, LAKHIMPUR KHERI, , , -
 Owner Name : KRISHNA KUMAR Son/wife/daughter of : SRI CHANDRIKA PRASAD
 Full Address: (Permanent) : R/O- 24, JAGTIYA TOWN OEL, R/O- 24, JAGTIYA TOWN OEL, PS- KHERI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O- 24, JAGTIYA TOWN OEL, R/O- 24, JAGTIYA TOWN OEL, PS- KHERI, KHERI-UTTAR PRADESH-262701

Fitness Up To : 08-Jul-2035 Tax up To : One-Time
 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	Rear HSRP No	: AA2016305070
Front HSRP No	: AA2016747063	Month/Year of Manuf.	: 06/2020
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW149L9F05736
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11ESL9F07757	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: HF DELUXE (SELF-DRUM-CAWHEEL base ST)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: Grey Black	AC Fitted	: NO
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

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

By Manuf.	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	: 01-Jul-2020	Sale Amt	: 56625/-
OTT Date	: 01-Jul-2020	Amount/Rcpt No	: 5663 / UP31D20070000418
TaxUpTo	: One Time	Vehicle Is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 09-Jul-2020

Other State/Transfer/Conversion Details

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

This certificate is valid from 09-Jul-2020 to 08-Jul-2035

Date : 20-Aug-2020 12:56:05

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar
 मोहताबा हसन दिवा 2020
 लखीमपुर खीरी

K 1280678

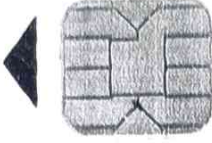
Handwritten signature/initials



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

UP

UP53 20030655246



Issue Date Validity (NT) Validity (TR)
04-01-2025 05-03-2033 05-01-2030



Holder's Signature

Name: **KRISHNA KUMAR**
Date of Birth: **20-08-1975** Blood Group:
Son/Daughter/Wife of: **CHANDRIKA PRASAD**

Organ Donor: **N**

Address:
**YANTRIK WORKSHOP N E RLY
GORAKHPUR 273001**

Date of First Issue 10-02-2003

DL No: UP53 20030655246

UPDL000014966143



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	UP53	10-02-2003	NT			
	LMV	UP53	10-02-2003	NT			
	TRANS	UP53	09-07-2004	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)



भारत सरकार
Government of India



कृष्ण कुमार

Krishna Kumar

जन्म तिथि/ DOB: 20/08/1975

पुरुष / MALE



5042 9481 6470

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:

S/O चन्द्रिका प्रमाद, मो. कामता
नगर पिपरिया, लखीमपुर,
लखीमपुर, खीरी,
उत्तर प्रदेश - 262701

Address:

S/O Chandrika Prasad, Mo.
Kamta Nagar Pipariya,
Lakhimpur, Lakhimpur, Kheri,
Uttar Pradesh - 262701

5042 9481 6470



1947



help@uidai.gov.in

www

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

KRISHNA KUMAR

CHANDRIKA PRASAD

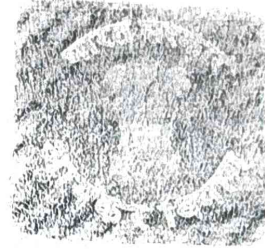
20/08/1975

Permanent Account Number

BKPPK7809H

क्रिष्णा कुमर

Signature



01 102009

क्रिष्णा कुमर