

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-0126-821
 Customer Name INDRA KUMAR
 VIN MBLHAW14XRHE12478
 Insurance Company
 HMCGL Card No 1073024880001817
 Part Details

Date 25-01-2026
 Contact No 7310194247
 Model HF DELUXE
 Reg No UP31CF2221
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
2	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
4	33400KST950S -WINKER ASSY.R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
5	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
6	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	3,196.42

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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	3,196.42
Labour Total	2,000.10
SGST (Parts) 9%	243.80
CGST (Parts) 9%	243.80
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	5,196.52

Rupees in Words: Five Thousand One Hundred Ninety Six and paise Fifty Two 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
MEERUT

ब्रान
Oriental Insurance Co Ltd
ऑरिएण्टल 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.	इन्द्र कुमार 7310194247
2	Vehicle No. / वाहन संख्या	UP31CF 2221
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/445994
4	Period of Insurance / बीमा अवधि	04/06/2025 से 03/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/01/2026 10:00am.
6	Place of Accident / दुर्घटना का स्थान	रामपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	आभेष्क वमा: 7897438013 UP31 20190014333
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : रामपुर के पास सामने से कार से टक्कर हो गई जिससे मेरी गाडी लॉकी और 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, LPP ROAD, LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 24/10/2026
हस्ताक्षर

इन्द्र 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/2025/7001/0146575/459

Tel. No.

Period of Insurance 04/06/2025 से 03/06/2026⁹⁴
 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 : JADRA KUMAR
 (b) Address for correspondence : R/O BEL, KHERI, PS- PHARDHAN, 261501.
 (c) Telephone : 7310194247

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HAIJECRHE15129</u> Chassis No. <u>MBLHAN14XRHE12478</u>	Registration No. <u>UP31CF</u> <u>2221</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 : ABHISHEK VERMA
- (b) Age : 20/01/1997
- (c) Address : VILL-BHUL BHULTYA PS-BEL PS-FARDHAN,
LAKHIMPUR-KHERI, UP, 261501
- (d) Is the Driver
1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : Nephew.
- (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 : UP3120190011333
- (h) Issuing Authority : 23/09/2019
- (i) Date of Expiry : 09/01/2031
- (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 : 22/01/2026 10:00 am.
- (b) Place : राहीपुर के पास
- (c) Speed of vehicle at the time of accident : 30-40 Km/h
- (d) Give a short description of the accident : राहीपुर के पास सामने से कार से टक्कर हो गई जिससे
- (e) If any third party was responsible for this accident give the name and address : मेरी गाड़ी दौरी और गिस्कर सतिमस्त 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 : MOSARAM AUTO SALES, UPPROAD
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 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 24/01/2006

Signature of the insured S A S J T

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 UP31CF2221 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 S.S.S. 8/12
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/445994

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	
INDRA KUMAR	1990-01-01	9664885993	S/O SRI AMAR SINGH	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
E20 I3S	UP31CF2221	HA11ECRHE15129	MBLHAW14XRHE12478	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
57000.00	NA	0.00	0.00	0.00	57000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD .	---	2	1583.11	
Address			City / District	Pin Code	State	
R/O BEL ,KHERI, BEL,R/O BEL ,KHERI, BEL,PS- PHARDHAN,261501				261501	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MANJU	Female	34 Years	WIFE	2025-06-04 14:13	Midnight of 2026-06-03	

Section A, VRC: 763.06 TCR: 269.04 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 218.02 Total with GST(A) 814.08

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: 277.14 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.89 Total with GST(D): 327.03

Total(Section A+B+C+D) Offered Price After Discount: 1583

Package Period Covered	2025-06-04 To 2026-06-03	2026-06-04 To 2027-06-03	2027-06-04 To 2028-06-03	2028-06-04 To 2029-06-03	2029-06-04 To 2030-06-03
ADV	57000	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 UPTO 2029-06-03 (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 1583.1 ON 2025-06-03 from Mr./Ms. INDRA KUMAR against the ARN No. INCP00445994
 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 : UP31CF2221 Registration Date : 06-Jun-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 : INDRA KUMAR Son/wife/daughter of : S/O SRI AMAR SINGH
 Full Address: (Permanent) : R/O BEL ,KHERI, BEL, R/O BEL ,KHERI, BEL, PS- PHARDHAN, KHERI, UTTAR
 PRADESH-261501
 Full Address: (Temporary) : R/O BEL ,KHERI, BEL, R/O BEL ,KHERI, BEL, PS- PHARDHAN, KHERI-UTTAR
 PRADESH-261501

Fitness UpTo : 05-Jun-2039 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Lin: Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2103306114
 Front HSRP No : AA2103555722 Month/Year of Manuf. : 05/2024
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW14XRHE12478
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11ECRHE15129 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1235
 Maker's Classification : HF DELUXE (DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : BLACK GREY STRIPE 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.	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 HERO FINCORP LTD, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 04-Jun-2024.

Purchase dt : 04-Jun-2024 Sale Amt : 67383/-
 OTT Date : 04-Jun-2024 Amount/Rcpt No : 6739 / UP31D24060000465
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-Jun-2024

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 06-Jun-2024 to 05-Jun-2039

Date : 02-Jul-2024 12:18:53
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date 02 Jul 2024
 लखीमपूर

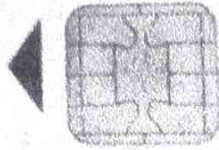
P 8581746



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20190011333



Issue Date: **23-09-2019** Validity (NT): **09-01-2037** Validity (TR): _____



Abhishek Verma
 Holder's Signature

Name: **ABHISHEK VERMA**
 Date of Birth: **10-01-1997** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **PRADEEP KUMAR**
 Address:
VILL- BHULBHUESY & POST- BEL PS FAHMAN
Lakhimpur, Kheri, UP 226154

DL No: UP31 20190011333 UP31 20190011333

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	23-09-2019	NT				
LMV	UP31	23-09-2019	NT				
MVSD							

Licensing Authority
UP31 LAKHIMPUR KHERI

Emergency Contact Number
8630053330



भारत सरकार

Government of India



इन्द्र कुमार

Indra Kumar

जन्म तिथि / DOB : 01/01/1990

पुरुष / Male



5697 1896 6379

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: अमर सिंह, बेल, खीरी, बेल,
उत्तर प्रदेश, 261501

Address:

S/O: Amar Singh, Bel, Kheri, Bel,
Uttar Pradesh, 261501

5697 1896 6379



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या
Permanent Account Number
OIWPK0663K

नाम / Name
Indra Kumar

जन्म तिथि / Date of Birth
01/01/1990

हस्ताक्षर / Signature

