

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.

MOSARAM AUTO SALES

ESTIMATE

Estimate No. 10730-03-REST-0226-849
 Customer Name ..MUSHRAF
 VIN MBLHA7152J4F02704
 Insurance Company
 HMCGL Card No 1073022800001489
 Part Details

Date 06-02-2026
 Contact No. 9628920037
 Model HF DELUXE
 Reg No. UP31AZ6882
 HMCGL Card Category Platinum

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	33450KST940S -WINKER ASSY.L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
5	33650KST940S -WINKER ASSY.L RR(BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
6	83500ACK000SS -R. SIDE COVER (BLACK-2) (W/O I3S)	87141090	Paid	476.27	1	9.00	9.00	0.00	0.00	0.00	0.00	562.00
7	18355AAH100S -COVER MUFFLER	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
8	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
9	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
10	83402KST950HS -PANEL INNER	87141090	Paid	49.15	1	9.00	9.00	0.00	0.00	0.00	0.00	58.00
11	37100AAFH00S -METER ASSY COMB	87141090	Paid	1,233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,456.00
12	35010ACK00099S -KIT, LOCKS & KEYS	83012000	Paid	783.90	1	9.00	9.00	0.00	0.00	0.00	0.00	925.00
Parts Total											0.00	7,094.42

Labour Details

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	7,094.42
Labour Total	2,000.10
SGST (Parts) 9%	541.10
CGST (Parts) 9%	541.10
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,094.52

Rupees in Words: Nine Thousand Ninety Four and paise Fifty Two 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 इश्योरेस 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.	सुरारफ, 7310319710
2	Vehicle No. / वाहन संख्या	UP31AZ 6882
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/404173
4	Period of Insurance / बीमा अवधि	09/02/2025 से 08/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/02/2026 5:00 PM.
6	Place of Accident / दुर्घटना का स्थान	नकदा चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मो० जुवेर 9628920037 UP31 20180005105
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	लखीमपुर से इसानगर जा रहे थे तभी अचानक नकदा चौराहे के पास सामने से बाईं ओर से मोटर साइकिल से जोरदार टक्कर हो गई जिससे मेरी गाड़ी दौरी 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, CRPRD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 05/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
हस्ताक्षर



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 09/02/2025 to 08/02/2026
 Claim No. 404173

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 : MUJARRAF
 (b) Address for correspondence : VILL SPO-ISKANAGAR PS-ISKANAGAR KHERI,
 (c) Telephone : 7310379710 UP, 261502.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2018</u>	Engine No. <u>HAJHEM74F02536</u> Chassis No. <u>MBLHA715274F02704</u>	Registration No. <u>UP31AZ</u> <u>6882</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 to 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 : MOHD JUBER
 (b) Age : 01/01/1999
 (c) Address : MOH-KATHA PETHANA J.SANAGAR LAKHIMPUR
 KHERT, DHOURAHARA, UP, 261502.
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : SON
 (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 20180005105
 (h) Issuing Authority : 05/05/2018
 (i) Date of Expiry : 04/05/2038
 (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 : 03/02/2026 5:00PM.
 (b) Place : गण्डा चौराहे के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : गण्डा चौराहे के पास सामने से वरुणी कार से मोटर साइकिल से टक्कर हो गई जिससे मेरी गाड़ी टूटी और गोरकर सातगस्त 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 LEFT AND RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, IRROAD LAKHIMPUR KHERT

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 28/02/2008

Signature of the insured مشرف

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 31A76882 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 مشرف
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31AZ6582
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : MUSA RAM AUTO SALES, R P ROAD, LAKHIMPUR KHERI, ...
Owner Name : MUSHRAF
Full Address: (Permanent) : VILL & PO- ISANAGAR, VIL & PO- ISANAGAR, PS- ISANAGAR, KHERI, UTTAR PRADESH- 261502
Full Address: (Temporary) : VILL & PO- ISANAGAR, VIL & PO- ISANAGAR, PS- ISANAGAR, KHERI-UTTAR PRADESH- 261502
Fitness Up To : 16-Jul-2033
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 : HA11EMJ4F02536
Horse Power(BHP) : 8.24
Maker's Classification : HF DELUXE (KICK-DRUM- ST)
Seating Cap(in all) : 2
Sleeper Cap : 0
Colour : BRD
Other Criteria :

Registration Date : 17-Jul-2018
Purpose For Printing RC : NEW
Son/wife/daughter of : SRI MAULA
Tax Up To : One Time

Link Vehicle No :
Norms : BHARAT STAGE IV
Rear HSRP No :
Month/Year of Manuf. : 06/2018
Chassis No : MBLHA7152J4F02704
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 109
Laden/GV Wt (kgs) : 239
AC Fitted : NO

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 taxation in favour of w.e.f.

Purchase dt : 11-Jul-2018
OTT Date : 11-Jul-2018
TaxUpTo :
Tax Exempted or Not : NOT EXEMPTED
Other State/Transfer/Conversion Details
Previous Owner
Old State
Transfer Date
This certificate is valid from 17-Jul-2018 to 16-Jul-2033

Sale Amt : 39500/-
Amount/Rcpt No : 2765 / UP31D18070001946
Vehicle is Govt/ Pvt : PRIVATE
Previous RegNo
Entry Date
Conversion Date

Date : 17-Jul-2018 16:02:09
Taxation Particulars / Advance Registration Mark Fee Details

पंजीकरण अधिकारी
 Signature of Registration Authority
 तारीख - 17-Jul-2018

9628920037

C 542678

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025-7001/O/46575/404173

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	
MUSHRAF	1973-01-01	9628920037	SRI MAULA	Hero MotoCorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
KICK START	UP31AZ6882	HA11EMJ4F02536	MBLHA7152J4F02704	2018-07-17	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
23500.00	NA	0.00	0.00	0.00	23500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo				1869.45	
Address				City	District	Pin Code
VILL & PO- ISANAGAR, VILL & PO- ISANAGAR, PS- ISANAGAR, Khera, Uttar Pradesh, 201502						201502
State				Uttar Pradesh		
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SAKIRA	Female	17 Years	WIFE	2025-02-09 12:29	Midnight of 2026-02-08	

Section A. VRC: 211.94 TCIC: 0.00 Lock Handle/apped Discount: 0.00 For Area 2nd % Discount: 0.00 TAX (RONE) S (0%) : 0.00 **Total with GST(A): 211.94**
 Section B. EC: 061.00 EC Service: 106.00 ECP1: 0.00 **Sub Total: 778.94** Tax: 0.00 ETR: 0.00 M/ PD: 0.00 **Total(B): 778.94** 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%) : 0.00 **Total MS Services with GST(C): 374.58**
 Section D. Drive Assure: 260.09 A1110: 1100 A: Additional External Test Charge After 01/01/2025: 0.00 GST (CGST @ 9% + SGST @ 9%): 16.87 **Total with GST(D): 306.91**
Total (Section A+B+C+D) Offered Price After Discount: 1869.45

Package Period Covered	2025-01-09 To 2026-02-08	2025-01-09 To 2027-02-08	2025-01-09 To 2028-02-08	2025-01-09 To 2029-02-08	2025-01-09 To 2030-02-08
ADV	23500	23500	NIL	NIL	NIL
MS Services Period Covered (NOH)	1 Year	2 Year	NIL	NIL	NIL

*The vehicle covered in this contract have a valid 10% coverage from 2025-01-09 to 2026-02-08.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than (a) Hire or Rental for Carriage of goods (other than samples or personal luggage) (b) Organized Racing (c) Pace Making (d) Speed Testing (e) Reliability Trials for any purpose in connection with Motor Cycle.

DRIVER: Any person including covered individual. Provided that a person driving holds an appropriate 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 Learner's 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 liability for damage of any one request or series of requests arising out of an event. Up to Rs. 100000/ Note: The amount mentioned is estimated breakage. Actual costs and Terms & Conditions are subject to the contract which can be viewed on the authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company reserves the right to cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure 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 at all our operating offices as well as Company website.

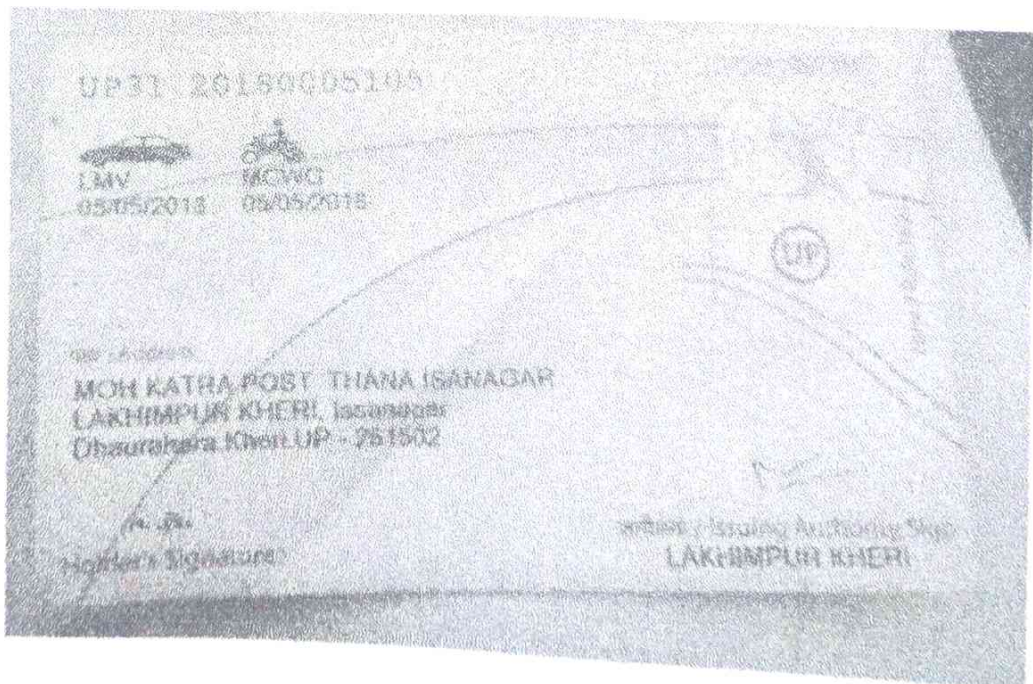
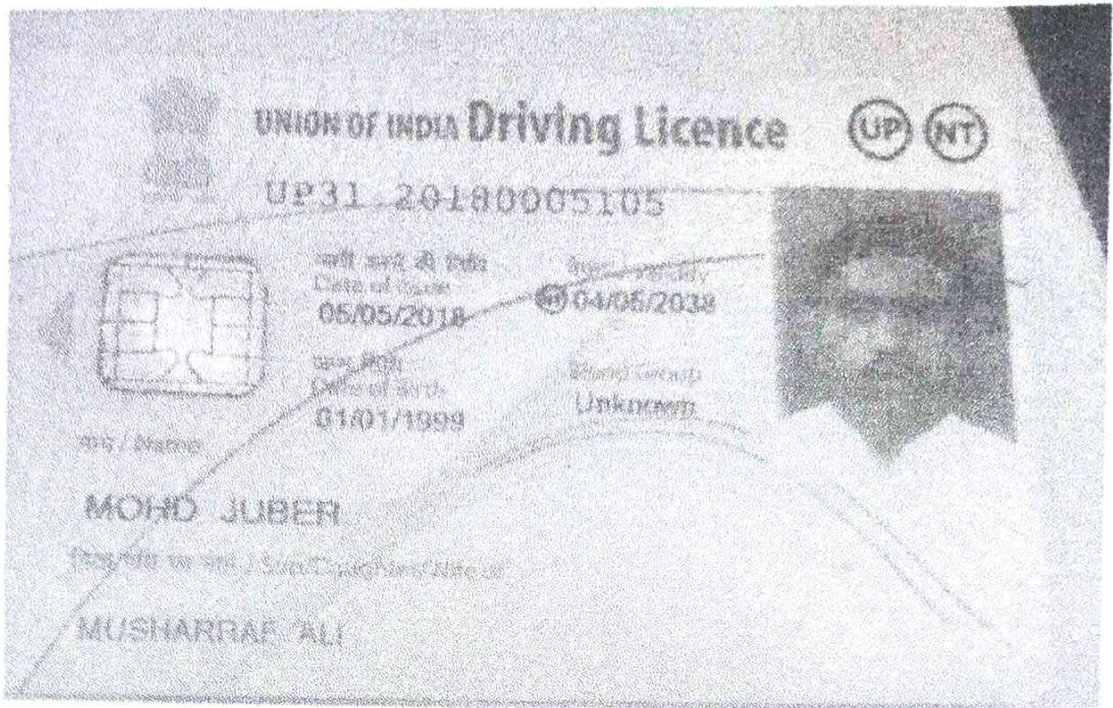
TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



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 1869.45 ON 2025-02-09 from Mr./Ms. MUSHRAF against the MS No. INCP00404173
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions.
 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, India

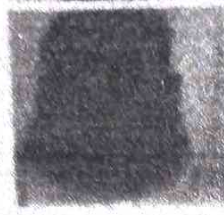




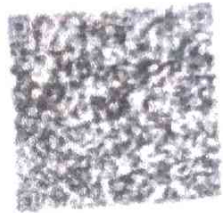
भारत सरकार
Government of India



मुशरफ
Mushraf



जन्म तिथि / DOB 01/01/1973
पुंलिंग / Male



8091 2562 2219

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:
आदिमज. माया, इमानगर, उत्तर प्रदेश,
इमानगर, खीरी, धौराहरा, उत्तर प्रदेश,
261502

Address
S/O Maula, Isanagar, Isanagar
Isanagar, Khen, Dhaurahara, Uttar
Pradesh, 261502

8091 2562 2219



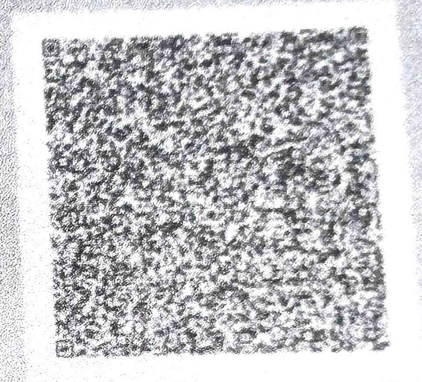
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
JYRPM8829M



नाम / Name
MUSHRAF

पिता का नाम / Father's Name
MAULA

जन्म की तारीख / Date of Birth
01/01/1973

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

01996