

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/484072

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	
NIYAMAT ALI	1990-06-30	9580033200	S/O SRI FAREED	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CB3614	HA11E8PHG61784	MBLHAW231PHGA4838	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
52000.00	NA	0.00	0.00	0.00	52000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	SHRIRAM FINANCE LIMITED	---	2	1990.29	
Address			City / District	Pin Code	State	
R.O Bhandaria Bhandaria, Lakhimpur Kheri, Ps-Kotwali, Kheri, Uttar Pradesh,				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AYAT MANSOORI	Female	11 Years	DAUGHTER	2025-10-24 16:13	Midnight of 2026-10-23	
Section A, VRC: 783.14 TCP: 429.52 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1212.66						
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 IAC: 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: 284.43 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 51.29 Total with GST(D): 335.63						
Total(Section A+B+C+D) Offered Price After Discount: 1990						
Package Period Covered	2025-10-24 To 2026-10-23	2026-10-24 To 2027-10-23	2027-10-24 To 2028-10-23	2028-10-24 To 2029-10-23	2029-10-24 To 2030-10-23	
ADV	52000	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 2028-08-08 (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 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 Bl: 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 dispute arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut.



#: Received with Thanks Rs 1990.29 ON 2025-10-24 from Mr./Ms. NIYAMAT ALI against the ARN No. INCP00484072
 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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

**Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION**

Registration No : **UP31CB3614** Registration Date : **11-Aug-2023**
 Description of Vehicle : **M-CYCLE/SCOOTER** Purpose For Printing RC : **NEW**
 Dealer's Name & Address : **MUSA RAM AUTO SALES, L R ROAD, LAKHIMPUR KHERI, , 153-262701**
 Owner Name : **NIYAMAT ALI** Son/wife/daughter of : **S/O SRI FAREED**
 Full Address: (Permanent) : **R/O BHANDSARIA BHANDSARIA, LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR
 PRADESH-262701**
 Full Address: (Temporary) : **R/O BHANDSARIA BHANDSARIA, LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR
 PRADESH-262701**
 Fitness UpTo : **10-Aug-2038**

Detailed Description Owner Serial No : **1**
Class of Vehicle : **M-CYCLE/SCOOTER** Link Vehicle No :
Ownership : **INDIVIDUAL** Norms : **BHARAT STAGE VI**
Maker's Name : **HERO MOTOCORP LTD**
Front HSRP No : **AA2076978526** Rear HSRP No : **AA2080357805**
Type of Body : **SOLO WITH PILLION** Month/Year of Manuf. : **07/2023**
No of Cylinders : **1** Chassis No : **MBLHAW231PHGA4838**
Engine No : **HA11E8PHG61784** Fuel : **PETROL**
Horse Power(BHP) : **7.91** Cubic Capacity : **97.20**
Maker's Classification : **SPLENDOR+ (DRS)** Wheel : **1236**
Seating Cap(in all) : **2** Standing Cap : **0**
Sleeper Cap : **0** Unladen Wt (kgs) : **109**
Colour : **BLACK GREY STRIPE** Laden/GV Wt (kgs) : **239**
Other Criteria : AC Fitted : **NO**
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 **SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, Kanpur Nagar, Uttar Pradesh-208002** w.e.f. **09-Aug-2023**.

Purchase dt : **09-Aug-2023** Sale Amt : **74341/-**
 OTT Date : **09-Aug-2023** Amount/Rcpt No : **7435 / UP31D23080000922**
 Vehicle is Govt./ Pvt. : **PRIVATE** Tax Exempted or Not : **NOT EXEMPTED**
 Date of Approval : **14-Aug-2023**
Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from **11-Aug-2023 to 10-Aug-2038**

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर खेरी
 Signature of Registering Authority
 Date : **19-Aug-2023**

Date : **19-Aug-2023 11:09:59**
 Taxation Particulars / Advance Registration Mark Fee Details

P 37A7721

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

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-0226-853
 Customer Name NIYAMAT ALI ...
 VIN MBLHAW231PHGA4838
 Insurance Company
 HMCGL Card No

Date 07-02-2026
 Contact No. 9580033200
 Model SPLENDOR +
 Reg No. UP31CB3614
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3340AKCC830S -WINKER ASSY.R FR.(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
2	3345AKCC830S -WINKER ASSY.L FR.(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
3	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
6	3360AKCC830S -WINKER ASSY.R RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
7	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
8	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
9	51500KWHY01S -FORK ASSY L FRONT	87141090	Paid	1,538.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,816.00
10	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
11	35010AAEH00S -KIT, LOCKS & KEYS	83012000	Paid	766.95	1	9.00	9.00	0.00	0.00	0.00	0.00	905.00
12	33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
Parts Total											0.00	14,546.00

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

Parts Total	14,546.00
Labour Total	2,000.10
SGST (Parts) 9%	1,109.44
CGST (Parts) 9%	1,109.44
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	16,546.10

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस 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.	नियामत अली, 9580033200
2	Vehicle No. / वाहन संख्या	UP31CB3614
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/484072
4	Period of Insurance / बीमा अवधि	24/10/2025 से 23/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/02/2026 10:00PM
6	Place of Accident / दुर्घटना का स्थान	भैसाड़िया क्रॉसिंग के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	नियामत अली 9580033200 UP31 20140012011
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	भैसाड़िया क्रॉसिंग के पास सामने बायो और से मोटरसाइकिल की जोरदार 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.	MOSAKRAM AUTO SALES, LRPRAD LAKHIMPUR, KHERI, 9151154036

नियामत अली

Signature of Insured / बीमाधारक के

Date / दिनांक : 06/02/2026
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/2025/7003/10/46575/

Tel. No.

Period of Insurance 24/10/2025 to 23/10/2026 ⁴⁸⁴⁰⁷²
 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 : NIYAMAT ALI
 (b) Address for correspondence : R/O BHANSARIA, LAKHIMPUR, KHERI, Ps. KOTWALI,
 (c) Telephone : 9580033200 KHERI, UP

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HAIJE8PHG6J784</u> Chassis No. <u>MBLHAN231PHGA4838</u>	Registration No. <u>UP31CB</u> <u>3614</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

NIA

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

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : NIYAMAT ALI
- (b) Age : 30/06/1990
- (c) Address : BHANSARTYA PS-UDAYPUR MAHEWA, 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 20140012077
- (h) Issuing Authority : 11/12/2014
- (i) Date of Expiry : 30/12/2034
- (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 other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 05/02/2026 10:00PM.
- (b) Place : मोसाइया क्रॉसिंग के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : मोसाइया क्रॉसिंग के पास सामने बायां ओर से मोटरसाइकिल से जोरदार टक्कर हो गई जिससे मेरी गाड़ी दाईं ओर फिरकर चली गई।
- (e) If any third party was responsible for this accident give the name and address : सविज्ञान एच.एस.

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 : MOSARRAM AUTO SALES, LAPROAD 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? : 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 06/02/ 2006

Signature of the insured निमाजत अली

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. UP31CB3614 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 arising directly/indirectly in res

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-



Witness
Name
Signature
Address

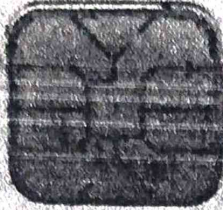
Signature [Handwritten Signature]
Occupation
Address

Bank Account Number
Name of the Bank

UNION OF INDIA Driving Licence



UP31 20140012077



जारी करने की तिथि
Date of Issue

11/12/2014

वैधता / Validity

10/12/2034

जन्म तिथि
Date of Birth

30/06/1990

Blood Group

Unknown

नाम / Name

YAMAT ALI

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

FAREED

UP31 20140012077

UP01970517MT



MC-3
11/12/2014

पता / Address

BHANSA IN A POST ODAYPUR MAHEWA
T. A KOTWALL
LAKHIMPUR KHERI

Holder's Signature

जारीकर्ता / Issuing Authority Sign
LAKHIMPUR KHERI



Form 7 Rule 16(2)



भारत सरकार
Government of India



Issue Date: 15/04/2014



नियामत अली
Niyamat Ali
जन्म तिथि / DOB : 30/06/1990
पुरुष / Male



7325 1030 7413



7325 1030 7413

मेरा आधार, मेरी पहचान

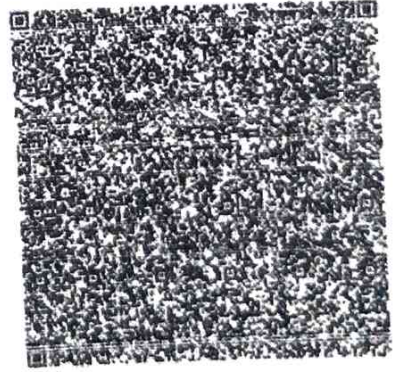


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 14/02/2022

पता: भंडसरिया, भंडसरिया, खीरी, उत्तर प्रदेश,
262701
Address: bhandsaria, Bhandsaria, Kheri,
Uttar Pradesh, 262701



7325 1030 7413



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

NIYAMAT ALI

FAREED

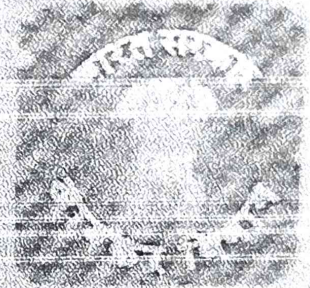
30/06/1990

Permanent Account Number

BMZPA3018C

नियामत अली

Signature



10062014