

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-0226-862
 Customer Name ANUP KUMAR
 VIN MBLHAW127MHE80454
 Insurance Company
 HMCGL Card No 1073021820000630
 Part Details

Date 13-02-2026
 Contact No. 7379253183
 Model SPLENDOR +
 Reg No. UP31BR3126
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	64311KCC860S -BRACKET COMPLETE FRONT NUMBER PLATE	87141090	Paid	27.12	1	9.00	9.00	0.00	0.00	0.00	0.00	32.00
5	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
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	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
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	46544AAHF00S -RR BRAKE PEDAL & ROD SUB ASSY	87141090	Paid	710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	838.00
12	77400ADH700CS -REAR COWL LEFT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
13	77300ADH700CS -REAR COWL RIGHT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
14	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
15	33701KST930S -UNIT TAIL LIGHT (W/O BULB)	85122010	Paid	305.08	1	9.00	9.00	0.00	0.00	0.00	0.00	360.00
16	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
Parts Total											0.00	10,915.00

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												10,915.00
Labour Total												2,000.10
SGST (Parts) 9%												832.50
CGST (Parts) 9%												832.50

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	अनूप कुमार, 7379253183
2	Vehicle No. / वाहन संख्या	UP31 BR 3126
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/412957
4	Period of Insurance / बीमा अवधि	04/03/2025 से 03/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/02/2026 11:00am.
6	Place of Accident / दुर्घटना का स्थान	फूलवट्टे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रितिक कुमार, 6307832235 UP31 20240007032
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : फूलवट्टे के पास सामने से मोटर साइकिल से टक्कर हो गई। तभी पीछे आ रहे मोटर साइकिल वाले ने पीछे से टक्कर मार दी जिससे मेरी गाड़ी बाँधी और गिरकर सतिमस्त 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, LRPR ROAD LAKHIMPUR-KHERI, 9151 354036

Date / दिनांक : 11/02/2026
हस्ताक्षर

अनूप 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 MFRUT

Certificate/Policy No. MS/2025/7001/0/46575/41

Tel. No.

Period of Insurance 04/03/2025 से 03/03/2026 ²⁹⁵⁷
 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 : ANUP KUMAR
 (b) Address for correspondence : RIOVILL SPS - PHOOLBEHAR, KHERI, UP, 262701.
 (c) Telephone : 7379253183

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HAIJFYMHF64996</u> Chassis No. <u>MBLHANJ27MHE80454</u>	Registration No. <u>UP31 BR</u> <u>3126</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 : RIK KUMAR
- (b) Age : 01/02/2004
- (c) Address : PHOOLBHAR KHERI, UP, 22701.
- (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 : UP 31 20240007032
- (h) Issuing Authority : 10/06/2024
- (i) Date of Expiry : 30/11/2044
- (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 : 09/02/2026 11:00am.
- (b) Place : फूलवट्टे के पास
- (c) Speed of vehicle at the time of accident : 30-40 Kmph.
- (d) Give a short description of the accident : फूलवट्टे के पास सामान से मोटरसाइकिल से टक्कर हो गई
- (e) If any third party was responsible for this accident give the name and address : को नमी पीछे आ रहे मोटरसाइकिलवाले ने सीधे से टक्कर मारी है जिससे मरी जाई बायल और गिरकर भतिवरत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND BACK AND LEFT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP ROAD 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 11/02/2006

Signature of the insured अशोक कुमार

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. UP31 BR3126 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 [Handwritten Signature]
Occupation
Address

Bank Account Number
Name of the Bank

Package Contract No.: MS/2025/7001/O/46575/412957

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
ANUP KUMAR	1966-06-15	7379253183	SRI BADRI PRSAD	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
BS SELF DRUM	UP31BR3126	HA11EYMHE64996	MBLHAW127MHE80434	2021-06-15	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
43500.00	NA	0.00	0.00	0.00	TW
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Total ADV
	5000			2	43500.00
Address			City / District	Pin Code	Offered Payment (incl. GST)
VILL & PO- PHOOLBEHAR, VILL & PO- PHOOI BEHAR, PS- PHOOLBEHAR, Kheri, Uttar Pradesh, 262701				262701	1911.99
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
RITIK KUMAR	Male	1 Years	SON	2025-03-04 14:01	Midnight of 2026-03-03

Section A, VRC: 669.68 TCR: 513.30 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1182.98
 Section B, EC: 0.00 EC Service: 0.00 FCPD: 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): 273.58 MS Services(D): 0.00 MS Service, P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00

Section D, Drive Assure: 213.73 AHDC, DOC & Additio : External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 43.78 Total with GST(D): 287.01

Total(Section A+B+C+D) Offered Payment After Discount:	42				
Package Period Covered	2025-03-04 To 2026-03-03	2026-03-04 To 2027-03-03	2027-03-04 To 2028-03-03	2028-03-04 To 2029-03-03	2029-03-04 To 2030-03-03
ADV	43500	NIL	NIL	NIL	NIL
MS Services Period Covered (C)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE IS COVERED BY THE POLICY. THE POLICY HOLDER HAS A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2026-05-30 (DETAILS ARE PROVIDED BY THE CUSTOMER).

DRIVER: Any person 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 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 111 of 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. The amount shall be estimated based on Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com.

DISCLAIMER: The policy shall be cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

ANTI-MONEY LAUNDERING: 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 account holder shall provide the prior written consent of the company. The AMI package is available in all our operating offices as well as Company website.

TO RESELLER REQUEST: THIS PACKAGE IS AVAILABLE WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7941050643

WARRANTY: 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 shall be subject to the terms and conditions in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the jurisdiction of the court at the place of registration of the vehicle.

CLAIMS: The amount payable shall be subject to the company's assessment of loss. 100% - & Depreciation is applicable as per terms & conditions*
 *For details of the policy, please refer to the policy document. For details of the policy, please refer to the policy document.
 Contact us at: Phone: +91 79410 50643 Email: info@motorsathi.com Visit the help section of www.motorsathi.com



Transport Department Lakhimpur Kheri
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BR3126 Registration Date : 15-Jun-2021
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, , , -
Owner Name : ANUP KUMAR Son/wife/daughter of : SRI BADRI PRSAD
Full Address: (Permanent) : VILL & PO- PHOOLBEHAR, VILL & PO- PHOOLBEHAR, PS- PHOOLBEHAR, KHERI, UTTAR
PRADESH-262701
Full Address: (Temporary) : VILL & PO- PHOOLBEHAR, VILL & PO- PHOOLBEHAR, PS- PHOOLBEHAR, KHERI-UTTAR
PRADESH-262701

Fitness UpTo : 14-Jun-2036 Tax UpTo : 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
Front HSRP No : AA2041172018 Rear HSRP No : AA1015302428
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2021
No of Cylinders : 1 Chassis No : MBLHAW127MHE80454
Engine No : HA11EYMHE64996 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR +(I3S-SELF-DRU Wheel base : 1236
M-CAST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK-SILVER STR Laden/GV Wt (kgs) : 242
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 w.e.f.

Purchase dt : 31-May-2021 Sale Amt : 65860/-
OTT Date : 31-May-2021 Amount/Rcpt No : 6586 / UP31D21060000560
TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED Date of Approval : 15-Jun-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 15-Jun-2021 to 14-Jun-2036

Date : 19-Jul-2021 10:45:42

Particulars - Advance Registration Mark Fee Details

पंजीयन अधिकारी
मोटर वाहन विभाग
लखीमपुर-खेरी
Signature of Registering Authority
Date : 19-Jul-2021

M 2906879



Indian Union Driving Licence
Issued by Uttar Pradesh

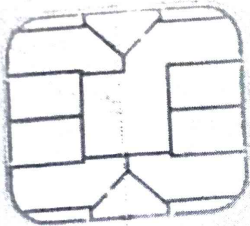
UP

UP31 20240007032

Issue Date	Validity (NT)	Validity (TR)*
10-06-2024	30-11-2044	



Holder's Signature



Name: **RITIK KUMAR**
Date of Birth: **01-12-2004**
Son/Daughter/Wife of:

Blood Group:
ANUP TIWARI

Organ Donor: **N**

Address:
**PHOOLBEHAR PHOOL BEHAR KHERI UTTAR
PRADESH 262701**

10-06-2024
Date of First Issue

DL No: UP31 20240007032

UPDL000013575630



Invalid Carriage (Regn Numbers)*

Hazardous Validity# Hill Validity*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP31	10-06-2024	NT			
	LMV	UP31	10-06-2024	NT			
MVSD							

Licensing Authority
UP31 LAKHIMPUR KI IERI

Emergency Contact Number

भारत सरकार
GOVERNMENT OF INDIA

अनूप कुमार

Anup Kumar

जन्म तिथि/ DOB: 15/06/1966

पुरुष / MALE



7685 7321 9239

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

संतोशिव, बट्टी प्रसाद,
फूलबहेर, फूल बहार, खेरी,
उत्तर प्रदेश - 262701

Address:

S/O: Badri Prasad, PhoolBehad,
Phool Behar, Khari,
Uttar Pradesh - 262701

7685 7321 9239

MEERA AADHAAR, MERI PEHACHAN

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name

ANUP KUMAR

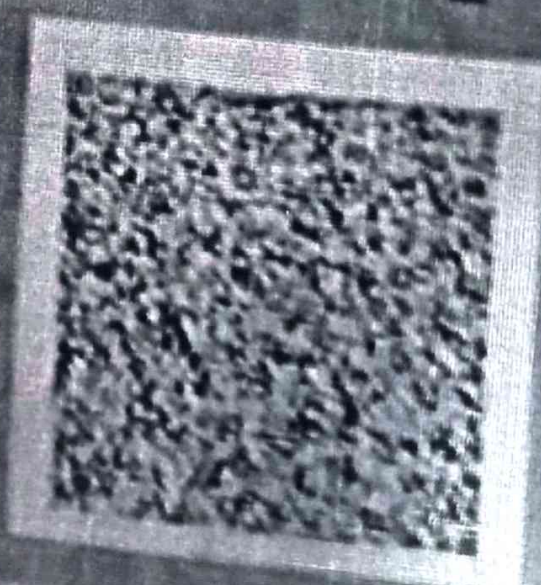
पत्रिका क्रमांक / Card
Permanent Account Number Card

KEHPK4619P

पत्रिका क्रमांक / Card
BADRI PRSAD

जन्म तिथि / Date of Birth
15/08/1966

हस्ताक्षर / Signature



2003