

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/456289

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	
PIYUSH KANT MISHRA	2000-01-01	9918630570	SRI PRATAP NARAYAN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP31BX4559	HA11EANHH02973	MBLHAW175NHH10845	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
46000.00	NA	0.00	0.00	0.00	46000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HDB FINANCIAL SERVICES LIMITED	---	2	1931.90	
Address			City / District	Pin Code	State	
R/O GRANT NO. 12, SHRINAGAR, KHERI SRINAGAR, PS- PHOOLBEHAR, Kheri - 261506				261506	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SURENDRA KUMAR SHUKLA	Male	41 Years	BROTHER	2025-07-17 13:29	Midnight of 2026-07-16	

Section A. VRC: 738.96 TCR: 434.24 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1173.20
 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: 268.39 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.31 Total with GST(D): 316.70
Total(Section A+B+C+D) Offered Price After Discount: 1932

Package Period Covered	2025-07-17 To 2025-07-16	2025-07-17 To 2027-07-16	2027-07-17 To 2028-07-16	2028-07-17 To 2029-07-16	2029-07-17 To 2030-07-16
ADV	46000	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 2027-08-17 (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 mail 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 1931.9 ON 2025-07-17 from Mr./Ms. PIYUSH KANT MISHRA against the ARN No. INCP00456289 acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions* (see 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 : UP31BX4559 Registration Date : 24-Aug-2022
 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 : PIYUSH KANT MISHRA Son/wife/daughter of : SRI PRATAP NARAYAN
 Full Address: (Permanent) : R/O GRANT NO. 12, SHRINAGAR, KHERI SRINAGAR, PS- PHOOLBEHAR, KHERI, UTTAR
 PRADESH-261506
 Full Address: (Temporary) : R/O GRANT NO. 12, SHRINAGAR, KHERI SRINAGAR, PS- PHOOLBEHAR, KHERI-UTTAR
 PRADESH-261506
 Fitness Up To : 23-Aug-2037 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 : AA2058050521
 Front HSRP No : AA2058812972 Month/Year of Manuf. : 08/2022
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW175NHH10845
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11EANHH02973 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1995
 Maker's Classification : SPLENDOR+ XTEC Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : BLACK TORNADO GREY 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 HDB FINANCIAL SERVICE,

SITAPUR, SITAPUR, Sitapur, Uttar Pradesh-261001 w.e.f. 18-Aug-2022.

Purchase dt : 18-Aug-2022 Sale Amt : 75528/-
 OTT Date : 18-Aug-2022 Amount/Rcpt No : 7553 / UP31D22080001331
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Aug-2022
 Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 24-Aug-2022 to 23-Aug-2037

Date : 26-Aug-2022 13:17:54

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 26-Aug-2022

LAKHIMPUR-KHERI

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-0226-861
 Customer Name PIYUSH KANT MISHRA
 VIN MBLHAW175NHH10845
 Insurance Company
 HMCGL Card No 1073025870002514

Date 13-02-2026
 Contact No. 9918630570
 Model SPLENDOR+ XTEC
 Reg No. UP31BX4559
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	61100AAEB00TS -FENDER COMPLETE FRONT (NH-341P)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
3	83600AAE300RS -L SIDE COVER BLACK NH 1 TYPE 1	87141090	Paid	589.83	1	9.00	9.00	0.00	0.00	0.00	0.00	696.00
4	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
5	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
6	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
7	77300AAE300RS -R SIDE COWL BLACK NH 1 TYPE 1	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	77400AAE300RS -L SIDE COWL BLACK NH 1 TYPE 1	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
9	77235AAEB00TS -CENTER REAR COWL (NH-341P)	87141090	Paid	154.24	1	9.00	9.00	0.00	0.00	0.00	0.00	182.00
10	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
11	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
12	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
13	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	12,748.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	1,695.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
Jobs Total											0.00	2,000.10

Parts Total	12,748.00
Labour Total	2,000.10
SGST (Parts) 9%	972.31
CGST (Parts) 9%	972.31
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	14,748.10

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.	PIYUSH KANT MISHRA 9919419995
2	Vehicle No. / वाहन संख्या	UP31BX4559
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/456289
4	Period of Insurance / बीमा अवधि	17/07/2025 to 16/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/02/2026, 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	सैदापुर के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHIV OM, 9918630570 UP3120050006986
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	सैदापुर के पास पीछे से वाइबू वाले बुल्लेकार मार कर जिससे मैं आगे बढ़े आगे से तबकार हुए यहीना और गिरकर मेरी गाड़ी हातिभंग हो गयी ।
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 LRP ROAD MKNIMPUR KHERT, 9151154036

Date / दिनांक : 10/02/2026
हस्ताक्षर

सिपुल कान्त
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 MEEROT

Certificate/Policy No. MS/2025/7001/0146575/4562

Tel. No.

Period of Insurance 17/07/2025 @ 16/07/2026
 Claim No. 89

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 : PIYUSH KANT MISHRA
 (b) Address for correspondence R/O: GRANT No. 12, SHRI NAGAR, MEEROT, PS-PHOOLEHAR
 (c) Telephone : 9919419995

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HAIIRANHH02973</u> Chassis No. <u>MBLHAW175NHH10845</u>	Registration No. <u>UP31BX</u> <u>4559</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 : SHIV OM
 (b) Age : 10/02/1982
 (c) Address : BADAGAON LAKHTIMPUR KHERI-261506
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : RELATIVE
 (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 : UP3120050006986
 (h) Issuing Authority : 18/07/2025
 (i) Date of Expiry : 17/07/2035
 (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, 7:00PM
 (b) Place : सैमदापुर के पास
 (c) Speed of vehicle at the time of accident : 38-45
 (d) Give a short description of the accident : सैमदापुर के पास पीड़ित वाहन चालक ने रफ्तार से चलते हुए बाईं आले ले रफ्तार से टुक शोल्डर और गिरकर मेरी गाड़ी
 (e) If any third party was responsible for this accident give the name and address : हरिमहन ठेगानी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK/RIGHT/FRONT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD LAKHTIMPUR 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 : 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? : _____
- (b) If yes, give full details : _____

N/A

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? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

N/A

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? : _____
- (g) When? : _____
- (h) Which Police Station? : _____
- (i) C.R. diary Number : _____

N/A

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 10/02/2006

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. UP318X4559 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

Register number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act. 1962. Person who does not have either permanent account number of general index

1. Full Name and Address of the declarant पिपुष कान्त बिन्हा, S/O: प्रताप नारायण
R/O: Gaganat No. 12, Shringar Kheri, UP-261506

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, पिपुष कान्त बिन्हा do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 10/02/2026

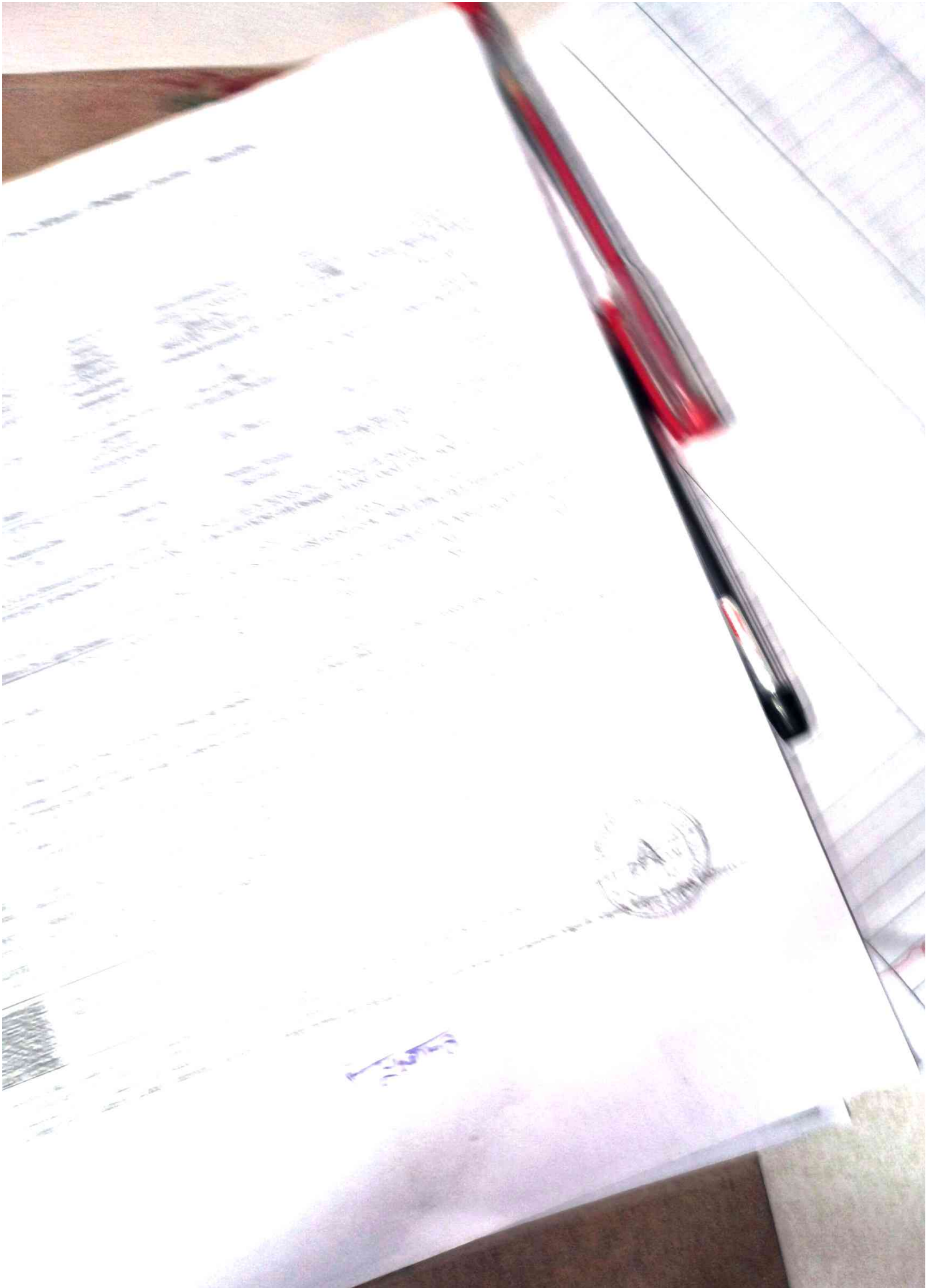
Place KHERI

पिपुष कान्त बिन्हा
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- Any other documentary evidence in support of his address given in the declaration.


Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time



Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20050006986

Issue Date: 18-07-2025 Validity (NT): 17-07-2035 Validity (TR):

Name: SHIV OM Holder's Signature: 

Date of Birth: 10-02-1982 Blood Group: Organ Donor:


Son/Daughter/Wife of: SHITAL PRASAD




Address:
 BADAGAON LAKHIMPUR KHERI
 LAKHIMPUR, KHERI 261506

Date of First Issue: 04-07-2005

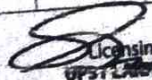
UP31-20050006986
9918630570

DL No: UP31 20050006986 UPDL311000018165

 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	04-07-2005	NT			
	LMV	UP31	04-07-2005	NT			
	MVSD						

Emergency Contact Number

 Licensing Authority
 UP31 LAKHIMPUR KHERI

Form 7 (Rule 16(2))



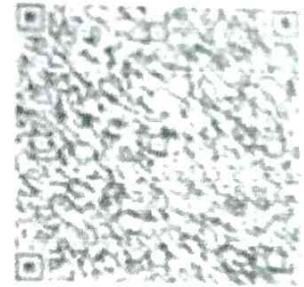
भारत सरकार

Government of India



पियूष कान्त मिश्रा
Piyush Kant Mishra

जन्म तिथि / DOB: 01/01/2000
पुरुष / Male



4871 8868 9982

भाधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आर्यभट्ट प्रताप नारायण
घट्ट नं. 12, श्रीनगर, श्रीनगर, खीरी
उत्तर प्रदेश, 261505

Address: Aryabhatt
Narayan Pratap
Shrinagar, Khiri, Shravan
Uttar Pradesh, 261505

4871 8868 9982



1947
1/00 300 1947



help@uidai.gov.in



www.uidai.gov.in