

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA. 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-0226-868	Date	17-02-2026
Customer Name	RISHI KANT VERMA	Contact No.	9454942453
VIN	MBLHAW126NHJ31820	Model	SPLENDOR +
Insurance Company		Reg No.	UP31BX6924
HMCGL Card No	1073022890004978	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWVHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	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
3	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
4	37100AAEH00S -METER ASSY COMB	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	0.00	0.00	1,175.00
5	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	4,893.00

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	4,893.00
Labour Total	2,000.10
SGST (Parts) 9%	373.19
CGST (Parts) 9%	373.19
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	6,893.10

Rupees in Words: Six Thousand Eight Hundred Ninety Three and paise Ten Only

Authorised Signatory

- Terms Cash
- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- 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

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.	RISHI KANT VERMA 9454942453
2	Vehicle No. / वाहन संख्या	UP31BX6924
3	Policy No. / पालिसी संख्या	MS/2025/700110/46575/472091
4	Period of Insurance / बीमा अवधि	07/10/2025 से 06/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/02/2026, 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	सलेमपुर कोन के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RISHI KANT VERMA, 9454942453 UP3120130005902
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	धौरहरा से सलेमपुर आ रहे थे तभी अचानक सलेमपुर कोन के पास वाहन से गाय आ गयी जिससे मुझे ब्रेक लगाया पडा जिससे वही गाडी अनियंत्रित होकर बायीं ओर गिरकर हतिगृहक 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 LRP ROAD NAKHTIMPUR KNERI, 9151154036

Date / दिनांक : 17/02/2026
हस्ताक्षर


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/2025/7001/046575/4720
91

Tel. No.

Period of Insurance 07/10/25 to 06/10/26
Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name : RISHI KANT VERMA
 (b) Address for correspondence NO : GANGOTRI NAGAR, LAKHIMPUR KHATI, UP-262701
 (c) Telephone : 9754942453

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>NAJ1EDNHJ55523</u> Chassis No. <u>MBLHAW126NHJ31820</u>	Registration No. <u>UP318X</u> <u>6924</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

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 17/02/2026

Signature of the insured

Kishi

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. UP31BX 6924 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. _____



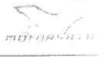
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Kishi
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/472091

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	
RISHI KANT VERMA	1991-07-15	9454942453	SRI DESH RAJ VERMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
13S SELF DRUM	UP31BX6924	HAI1EDNHJ55523	MSLHAW126NHJ31820	2022-10-05	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45000.00	NA	0.00	0.00	0.00	45000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1899.51	
Address			City / District	Pin Code	State	
R/O GANGOTRI NAGAR, LAKHIMPUR KHERI, PS-KOTWALI, KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NEETU VERMA	Female	31 Years	WIFE	2025-10-07 10:40	Midnight of 2026-10-06	

Section A, VRC: 722.90 TCR: 424.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1147.70

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: 262.55 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 47.26 Total with GST(D): 309.81

Total(Section A+B+C+D) Offered Price After Discount: 1900

Package Period Covered	2025-10-07 To 2026-10-06	2026-10-07 To 2027-10-06	2027-10-07 To 2028-10-06	2028-10-07 To 2029-10-06	2029-10-07 To 2030-10-06
ADV	45000	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 UP TO 2027-09-30 (DETAILS ARE 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 baggage) 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/- Net. 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 MOTOR SATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone: +91 79410 50643 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 of 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 Meerut.



#: Received with Thanks Rs 1899.51 ON 2025-10-07 from Mr./Ms. RISHI KANT VERMA against the ARN No. INCP00472091
 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



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BX6924 Registration Date : 05-Oct-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 : RISHI KANT VERMA Son/wife/daughter of : SRI DESH RAJ VERMA
 Full Address: (Permanent) : R/O GANGOTRI NAGAR, LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O GANGOTRI NAGAR, LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness Up To : 04-Oct-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
 Front HSRP No : AA2061840548 Rear HSRP No : AA2060659097
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2022
 No of Cylinders : 1 Chassis No : MBLHAW126NHJ31820
 Engine No : HA11EDNHJ55523 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (I3S-SLF-DR-C Wheel base : 1236
 ST)SS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : FORCE SILVER 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. : 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 : 01-Oct-2022 Sale Amt : 73501/-
 OTT Date : 01-Oct-2022 Amount/Rcpt No : 7351 / UP31D22100000414
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 06-Oct-2022

Other State/Transfer/Conversion Details

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

This certificate is valid from 05-Oct-2022 to 04-Oct-2037

Date : 31-Oct-2022 11:03:23

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 Date : 31-Oct-2022
 लखीमपुर-खीरी

N 4184026

Uttar Pradesh Government Uttar Pradesh Government Uttar Pradesh C
 Uttar Pradesh Government Uttar Pradesh Government Uttar Pradesh C



Driving License

NAME : RISHI KANT VERMA

License No. : UP31 20130005902

Authorization to : LMV,MCWG
Drive

Date of Issue : 2013-06-07

DOB : 1991-07-15

S/W/D : DESH RAJ VERMA

BLOOD GROUP : -

Date of Expiry : 2033-06-06

Permanent Address : VILL & POST CHAKAT
THANA SARDA NAGAR,

LAKHIMPUR KHERI

Present Address : VILL & POST CHAKAT
THANA SARDA NAGAR,

LAKHIMPUR KHERI

Rishi

9454942453



Tap to Zoom



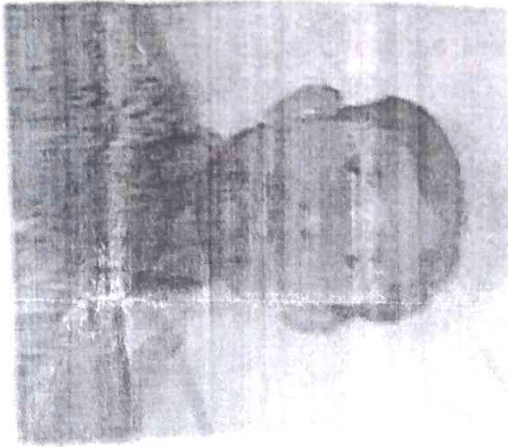


भारत सरकार

Government of India



Issue Date: 26/08/2020



रुषि कान्त वर्मा
Rishi Kant Verma
जन्म तिथि/DOB: 15/07/1991
पुरुष/ MALE

Rishi

Download Date: 14/09/2020

8425 0459 1921

VID : 9184 2310 4895 2582

भारत आभार, भरी पहचान

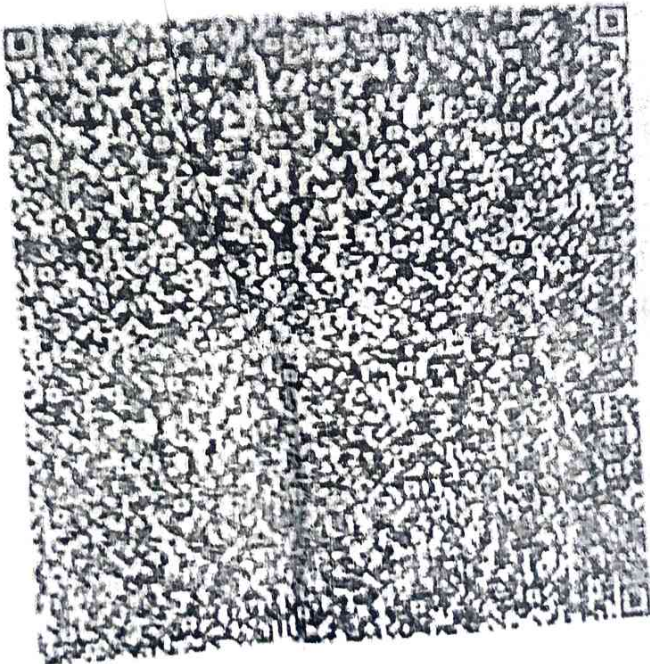


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पत्नी: देश राज वर्मा, गंगोत्री नगर, लखीमपुर, खीरी,
उत्तर प्रदेश - 262701

Address:
C/O: Desh Raj Verma, Gangotri Nagar,
Lakhimpur, Kheri,
Uttar Pradesh - 262701



8425 0459 1921

VID : 9184 2310 4895 2582



1947



help@uidai.gov.in



www.uidai.gov.in

सिस्टम

INCOME TAX DEPARTMENT
INDIAN BUREAU OF REVENUE

मिथि कान्त वेरमा

DESH RAJ VERMA

9810714991

परमाणु अकाउंट नम्बर

AYZPW0414G

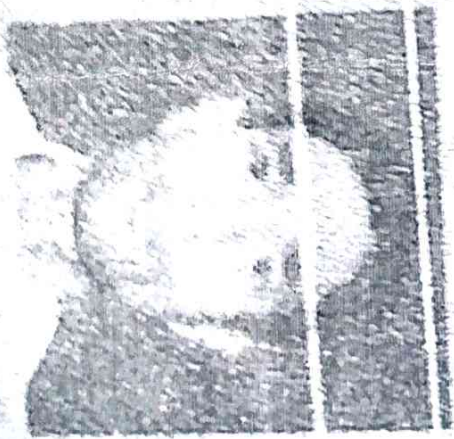
Signature

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भारत सरकार
GOVT. OF INDIA



अस्य
13/08/2011