

**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-0226-888 Date 26-02-2026  
 Customer Name SURJEET KUMAR Contact No. 9450190363  
 VIN MBLHAW133NGB02499 Model HF DELUXE  
 Insurance Company Reg.No. UP31BW1929  
 HMCGL Card No 1073025510002721 HMCGL Card Category 30 Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83600AAHF00RS -L SIDE COVER BLACK NH-1(T1)	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	590.00
2	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
3	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
4	77220AAH100RS -LEFT 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
5	77230AAHF00RS -CENTER REAR COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
6	88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
<b>Parts Total</b>											0.00	<b>2,465.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,695.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

Parts Total	2,465.00
Labour Total	2,000.10
SGST (Parts) 9%	188.01
CGST (Parts) 9%	188.01
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>4,465.10</b>

Rupees in Words: Four Thousand Four Hundred Sixty Five and paise Ten Only

Authorised Signatory

1. Terms Cash
  2. Prices & statutory levies prevailing at the time of delivery shall be charged
  3. Vehicles in this workshop are handled/driven and kept at owner's risk.
  4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
  5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
  6. Actual amount may vary from estimate
  7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
  8. 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

The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	सुरजीत कुमार, 9450190363
2	Vehicle No. / वाहन संख्या	UP31BW1929
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/428436
4	Period of Insurance / बीमा अवधि	27/04/2025 से 26/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/02/2026 * 12:00 PM.
6	Place of Accident / दुर्घटना का स्थान	पं० दीनदयाल इण्टर कॉलेज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुरजीत कुमार, 9450190363 UP31 20140000024.
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण	पं० दीनदयाल इण्टर कॉलेज के पास पीछे से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी ढीली और 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.	MOSARRAM AUTO SALES, LRPR ROAD LAKHIMPUR-KHERI, 915154036

Surjeet Kumar

Date / दिनांक : 26/02/2026  
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/2025/7001/0/46575/4284

Tel. No.

Period of Insurance 27/04/2025 से 26/04/2026 <sup>36</sup>  
 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 : SURJEET KUMAR  
 (b) Address for correspondence : R/O VIII- PIPRA KARAM CHAND, PIPRA, PO-  
 (c) Telephone : 9450190363 LAKESAR, PS-PHARDHAN

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HALLFWNG1B01418</u> Chassis No. <u>MBLHAN133 NG1B02499</u>	Registration No. <u>UP31BW</u> <u>1929</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? N/A  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried

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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SURJEEET KUMAR
- (b) Age : 07/08/1988
- (c) Address : VILL-PTIPRA KARAM CHANDRA, THANA-PHARDHAM  
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 20140000024
- (h) Issuing Authority : 03/11/2014
- (i) Date of Expiry : 02/11/2034
- (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 24/02/2026 12:00 PM
- (b) Place : पब वॉलवॉल इण्टर कॉलेज के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h
- (d) Give a short description of the accident : पब वॉलवॉल इण्टर कॉलेज के पास पीछे से मोटरसाइकिल
- (e) If any third party was responsible for this accident give the name and address : से टक्कर हो गई जिससे मेरी गाड़ी बर्त और गिरकर क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES, IRP 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? : \_\_\_\_\_
  - (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 26/2/ 2016

Signature of the insured Sarjeet kumar

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. UP31BW1929 insured under Policy No. \_\_\_\_\_ of \_\_\_\_\_  
the said company and accident which occurred on or about \_\_\_\_\_ /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 Sujeet Kumar  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/428436

**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: 017941050643

Email: [info@motorsathi.com](mailto:info@motorsathi.com)

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SURJEET KUMAR	1988-08-07	9450190363	SRI RAKESH KUMAR	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP31BW1929	HA11EWNGB01418	MBLHAW133NGB02499	2022-05-04	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
39000.00	NA	0.00	0.00	0.00	39000.00	
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	1621.87	
Address			City / District	Pin Code	State	
VILL- PIPRA KARAM CHNAD PIPRA PO- LAKESAR PS- PHARDHAN				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SANDHYA DEVI	Female	31 Year.	WIFE	2025-04-27 17:32	Midnight of 2026-04-26	

Section A, VRC: 600.41 TCR: 322.14 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 922.55

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: 218.07 AHDC, DOC & Additional External Tyre Cover(AFIC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 39.25 Total with GST(D): 257.32

Total(Section A+B+C+D) Offered Price After Discount: 1622

Package Period Covered	2025-04-27 To 2026-04-26	2026-04-27 To 2027-04-26	2027-04-27 To 2028-04-26	2028-04-27 To 2029-04-26	2029-04-27 To 2030-04-26
ADV	39000	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 2027-04-26 (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](http://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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:7941050643 email id: [info@motorsathi.com](mailto: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 1621.87 ON 2025-04-18 from Mr./Ms. SURJEET KUMAR against the ARN No. INCP00428436

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: 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 : UP31BW1929 Registration Date : 04-May-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 : SURJEET KUMAR Son/wife/daughter of : SRI RAKESH KUMAR  
 Full Address: (Permanent) : VILL- PIPRA KARAM CHNAD PIPRA, PO- LAKESAR, PS- PHARDHAN, KHERI, UTTAR  
 PRADESH-262701  
 Full Address: (Temporary) : VILL- PIPRA KARAM CHNAD PIPRA, PO- LAKESAR, PS- PHARDHAN, KHERI-UTTAR  
 PRADESH-262701  
 Fitness UpTo : 03-May-2037 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 : AA2051867872 Rear HSRP No : AA2053302279  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2022  
 No of Cylinders : 1 Chassis No : MBLHAW133NGB02499  
 Engine No : HA11EWNGB01418 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : HFDELUXE-BLK(SLF-DR-CA Wheel base : 1235  
 ST)SS  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Red Black 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	: 27-Apr-2022	Sale Amt	: 63390/-
OTT Date	: 27-Apr-2022	Amount/Rcpt No	: 6339 / UP31D22050000529
TaxUpTo	: One Time	Vehicle is Govt./ Pvt.	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Approval	: 05-May-2022

## Other State/Transfer/Conversion Details

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

This certificate is valid from 04-May-2022 to 03-May-2037

Date : 28-May-2022 11:24:19

Signature of Registering Authority

Taxation Particulars / Advance Registration Mark Fee Details


Date: 28-May-2022

N 3138280

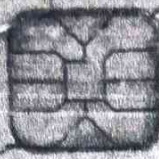
17 of 20

5/28/2022, 11:24


Uttar Pradesh Government Uttar Pradesh Government Uttar Pradesh  
Uttar Pradesh Government Uttar Pradesh Government Uttar Pradesh

UNION OF INDIA **Driving Licence** 

UP31 20140000024




 जारी करने की तिथि / Date of Issue: 03/01/2014  
 वैधता / Validity: 02/01/2034  
 जन्म तिथि / Date of Birth: 07/08/1988  
 Blood Group: Unknown

नाम / Name: **SURJEET KUMAR**  
 पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of: **RAKESH KUMAR**




*Surjeet Kumar*

UP31 20140000024 UP00776399MT

 **LMV** 03/01/2014  
 **MCWG** 03/01/2014

पता / Address: **VILL PIPRA KARAM CHANDRA  
 THANA FARDHAN  
 LAKHIMPUR KHERI**

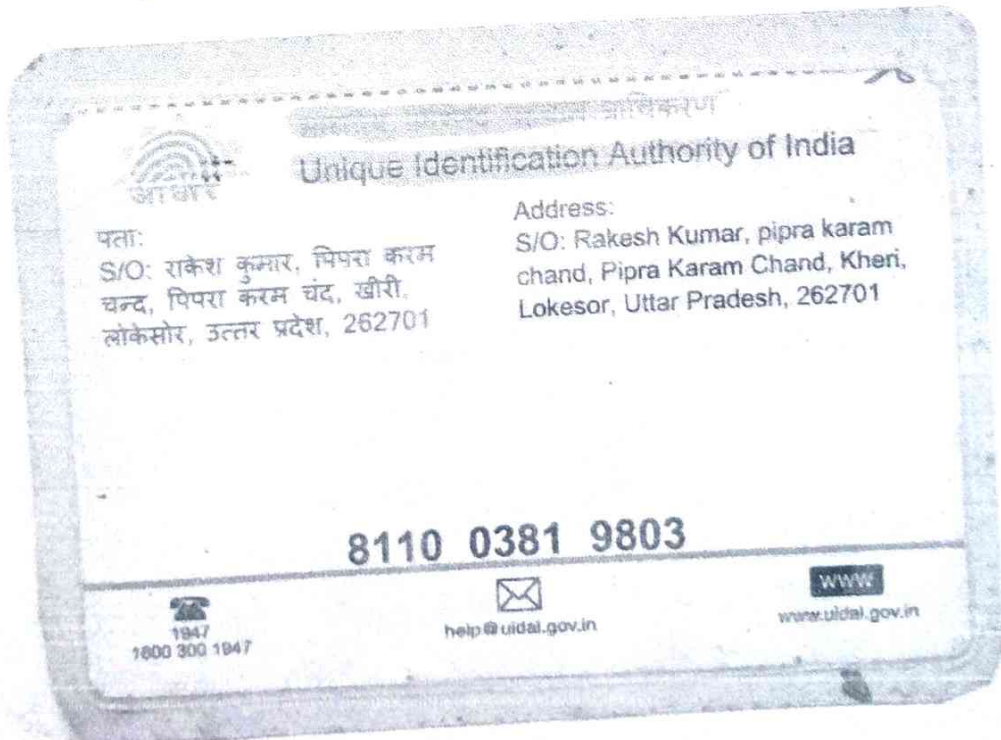
जारीकर्ता / Issuing Authority Sign: **LAKHIMPUR KHERI**  
 Holder's Signature: *[Signature]*



Form 7 Rule 11



*Surjeet Kumar*



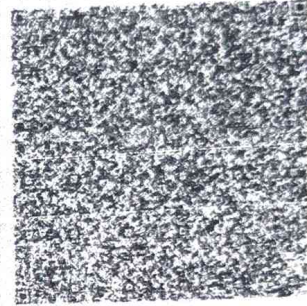
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
IIEPK4565C



नाम / Name  
SURJEET KUMAR

पिता का नाम / Father's Name  
RAKESH KUMAR

जन्म की तारीख  
Date of Birth  
07/08/1988

*Surjeet Kumar*  
हस्ताक्षर / Signature

05042019

*Surjeet Kumar*