

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-0326-925
 Customer Name RUKMESH KUMAR
 VIN MBLHAC044MHD01059
 Insurance Company
 HMCGL Card No 1073024870001672
 Part Details

Date 10-03-2026
 Contact No. 8953805809
 Model HF DELUXE
 Reg No. UP31BQ7526
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	53200KST950S -STEM COMP.STRG.	87141090	Paid	679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	802.00
3	53100KST870S -PIPE STRG.HANDLE	87141090	Paid	356.78	1	9.00	9.00	0.00	0.00	0.00	0.00	421.00
4	35010AAH100S -KIT, LOCKS & KEYS	83012000	Paid	771.19	1	9.00	9.00	0.00	0.00	0.00	0.00	910.00
5	83600AAH100RS -L SIDE COVER(BLACK NH-1(TYPE-1))	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
6	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
7	83500AAH100SS -R SIDE COVER(BLACK NH-1(TYPE-2))	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY- 141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
10	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
11	33400KST950S -WINKER ASSY.R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
12	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
13	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
14	83400KSTH20ZAS -FR VISOR(BLACK TYPE-1)	87141090	Paid	823.73	1	9.00	9.00	0.00	0.00	0.00	0.00	972.00
Parts Total											0.00	8,223.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	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	8,223.00
Labour Total	2,000.10
SGST (Parts) 9%	627.18
CGST (Parts) 9%	627.18
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	10,223.10

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....MEERUT.....

The Oriental Insurance Co Ltd

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.	रुकमेश कुमार 8953805809
2	Vehicle No. / वाहन संख्या	UP31 BQ 7526
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/428836
4	Period of Insurance / बीमा अवधि	21/04/2025 से 20/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/03/2026 10:00am.
6	Place of Accident / दुर्घटना का स्थान	फत्तेपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रुकमेश कुमार, 8953805809 UP3120230001504
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	फत्तेपुर के पास सामने से साइ से जोस्टिक चकर हो गई जिससे मेरी गाडी 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.	MOSARAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERA, 9151154036

Date / दिनांक : 10/03/2026
हस्ताक्षर

रुकमेश 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 MEERUT

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

Tel. No.

Period of Insurance 21/04/2025 से 20/04/2026
 Claim No. 428836

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 : ROKMESH KUMAR
 (b) Address for correspondence : VILLAGE- SADHAUNA PS- KHERI
 (c) Telephone : 8953805809

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HA11ERMHD01111</u> Chassis No. <u>MBLHAEO44MH0A1059</u>	Registration No. <u>UP31BQ</u> <u>7526</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 : RUKMESH KUMAR
 (b) Age : 05/07/1993
 (c) Address : R/O 28, Vill- Sadrauna, Sankhaura, KHERI.
 (d) Is the Driver UP, 262721
 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 20230001504
 (h) Issuing Authority : 20/02/2023
 (i) Date of Expiry : 04/07/2033
 (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 : 08/03/2026 10:00am.
 (b) Place : फक्टोर के पास
 (c) Speed of vehicle at the time of accident : 30-40km/h.
 (d) Give a short description of the accident : फक्टोर के पास सामने से साइ से जोरदार टक्कर
 (e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी बँधी और गिरकर क्षतिग्रस्त हो गई.

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LLP
ROAD, 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? : _____

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 10/03/ 2026

Signature of the insured रामेश 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 WORDS RUPEES _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP31BQ7526 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 राकेश कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index 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.

1. Full Name and Address of the declarant RUKMESH KUMAR S/O
SRI RADHESHYAM R/D VILL S PO- SADHUANA,
RS- KHERI, UP, 262724

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, RUKMESH KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 10/03/2026

Place KHERI

रुकमेश कुमार
Signature of the declarant

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

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) 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 deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/428836

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	
RUKMESH KUMAR	1993-07-05	8953805809	SRI RADHESHYAM	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
KICK START	UP31BQ7526	HA11ERMHD01111	MBLHAC044MHD01059	2021-05-11	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
28000.00	NA	0.00	0.00	0.00	28000.00	
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	1420.38	
Address			City / District	Pin Code	State	
VILL & PO- SADHAUNA PS- KHERI				262721	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KHUSBU	Female	22 Years	WIFE	2025-04-21 14:01	Midnight of 2026-04-20	

Section A, VRC: 459.17 TCR: 330.40 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 107.10 Total with GST(A) 682.47

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: 250.77 AHDC, DOC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 GST (CGST @9% + SGST @9%): 45.14 Total with GST(D): 295.91

Total (Section A+B+C+D) Offered Price After Discount: 1420

Package Period Covered	2025-04-21 To 2026-04-20	2026-04-21 To 2027-04-20	2027-04-21 To 2028-04-20	2028-04-21 To 2029-04-20	2029-04-21 To 2030-04-20
ADV	28000	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 2026-04-20 (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 Phone No.: 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 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 jurisdiction of the courts at Aligarh.



#: Received with Thanks Rs 1420.39 ON 2025-04-20 from Mr./Ms. RUKMESH KUMAR against the ARN No. INCP00428836

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: LMT - 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 : UP31BQ7526 Registration Date : 11-May-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 : RUKMESH KUMAR Son/wife/daughter of : SRI RADHESHYAM
 Full Address: (Permanent) : VILL & PO- SADHAUNA, VILL & PO- SADHAUNA, PS- KHERI, KHERI, UTTAR PRADESH-262721
 Full Address: (Temporary) : VILL & PO- SADHAUNA, VILL & PO- SADHAUNA, PS- KHERI, KHERI-UTTAR PRADESH-262721
 Fitness UpTo : 10-May-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 : AA2034903725 Rear HSRP No : AA1014115935
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2021
 No of Cylinders : 1 Chassis No : MBLHAC044MHD01059
 Engine No : HA11ERMHD01111 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (KICK-DRUM-CA Wheel base : 1235
 ST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 110
 Colour : Grey Black Laden/GV Wt (kgs) : 240
 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 : 21-Apr-2021 Sale Amt : 51900/-
 OTT Date : 21-Apr-2021 Amount/Rcpt No : 5190 / UP31D21040003154
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 11-May-2021

Other State/Transfer/Conversion Details

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

This certificate is valid from 11-May-2021 to 10-May-2036

Date : 21-Jun-2021 10:56:55

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 मोटर वाहन विभाग
 लखीमपूर-खीर
 Date: 21-Jun-2021

M 2776591

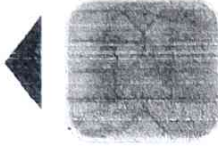
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Government of Uttar Pradesh Government of Uttar Pradesh Governme



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20230001504



Issue Date Validity (NT) Validity(TR)*
 20-02-2023 04-07-2033 _____



Holder's Signature

Date of First Issue (20-02-2023)

Name: **RUKMESH KUMAR**
 Date of Birth: **05-07-1993** Blood Group: _____ Organ Donor: **Y**
 Son/Daughter/Wife of: **RADHESHYAM**
 Address:
28 Village Sadhauna Sanhauna Kheri Uttar Pradesh 262721

DL No: UP31 20230001504

UPDL000010297051



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	20-02-2023	NT			
	LMV	UP31	20-02-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 Licensing Authority
UP31 LAKHIMPUR KHERI

