

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-0326-941
 Customer Name MITHILESH KUMAR
 VIN MBLHAW231RHFB6259
 Insurance Company
 HMCGL Card No 1165424510000168

Date 18-03-2026
 Contact No. 7348395204
 Model SPLENDOR +
 Reg No. UP34BY6116
 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	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
3	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
4	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
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	53200AAE200SR -STEM COMP. STEERING	99990000	Paid	414.06	1	14.00	14.00	0.00	0.00	0.00	0.00	530.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	K50506KCCA900LS -KIT, STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
10	17520AAE3054S -FULL 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
Parts Total											0.00	14,276.00

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	14,276.00
Labour Total	2,000.10
SGST (Parts) 14%	57.97
SGST (Parts) 9%	1,048.42
CGST (Parts) 14%	57.97
CGST (Parts) 9%	1,048.42
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	16,276.10

Rupees in Words: Sixteen Thousand Two Hundred Seventy Six 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

10730 - Main W/S

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.	मिथलेश कुमार, UP34BY6116
2	Vehicle No. / वाहन संख्या	UP34 BY 6116
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/471616
4	Period of Insurance / बीमा अवधि	07/10/2025 से 06/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/03/2026 @ 3:30 PM.
6	Place of Accident / दुर्घटना का स्थान	गोमती इण्टर कॉलेज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	धनीप शुकला, 945313695 UP3120060016779
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	गोमती इण्टर कॉलेज के पास सामने से साइ के आ जाने के कारण मुझे ब्रेक लगाना पड़ा जिससे मेरी गाड़ी डिस्बेलेस होकर बाँधी ओर गिरकर सातग्रस्त 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.	MOSARRAM AUTO SALES, LRPURAB LAKHIMPUR-KHERI, 9151154036.

Date / दिनांक : 14/03/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के
मिथलेश कुमार



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/2025/7001/01/46575/

Tel. No.

Period of Insurance 07/10/2025 से 06/10/2026
 Claim No. 471616

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 : MITHLESH KUMAR
 (b) Address for correspondence : RIO BHARDE SIYA, SHIV THANA, SITAPUR, UP,
 (c) Telephone : 7348 395204 261201

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HA11E8 RHF58682</u> Chassis No. <u>MBLHA W 231 RHF86259</u>	Registration No. <u>UP34BY</u> <u>6116</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 : PRADEEP SHUKLA
 (b) Age : 39 Years
 (c) Address : MO-MOTTNAGAR COLONY, LAKHIMPUR-KHERI
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : BHAI
 (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 : UP3120060016779
 (h) Issuing Authority : 29/04/2006
 (i) Date of Expiry : 28/04/2026
 (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 : 12/03/2026 2:30 PM
 (b) Place : गोमती इंटर कॉलेज के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : गोमती इंटर कॉलेज के पास सामने से साइकिल के आगे से
 (e) If any third party was responsible for this accident give the name and address : के कारण मुझे ब्रेक लगाया पड़ा जिससे मेरी गाड़ी टिसके टिके होकर बायीं ओर गिरकर शक्तिपार्वती रोड पर गड़ी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES, 2RPRDAD
 (c) When and where can the damaged vehicle be inspected : 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 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 14/03/2006

Signature of the insured मिफतेश 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 UP34BV6116 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 मिथेश कुमार.....
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/471616

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	
MITHILESH KUMAR	1979-04-14	7408069198	MOOL CHANDRA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP34BY6116	HA11E8RHF58682	MBLHAW231RHFB6259	2024-10-08	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	*Total ADV	
63000.00	NA	0.00	0.00	0.00	63000.00	
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	1395.80	
Address			City / District	Pin Code	State	
BHADESIYA, SHIV THANA SITAPUR, Sitapur, Uttar Pradesh, 261201				261201	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANCHIT SHUKLA	Male	18 Years	SON	2025-10-07 13:03	Midnight of 2026-10-06	

Section A, VRC: 885.55 TCR: 371.50 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 240.97 Total with GST(A): 1016.28

Section B, FC: 0.00 FC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 FNC: 0.00 FDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 321.63 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 57.89 Total with GST(D): 379.52

Total(Section A+B+C+D) Offered Price After Discount: 1396

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	63000	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 2029-10-06 (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 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 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 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 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 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability 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: 1800-101-1115 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 disputes arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut



Rs. Received with Thanks Rs 1395.8 ON 2025-10-05 from Mr./Ms. MITHILESH KUMAR against the ARN No. INCP00471616
 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 Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34BY6116 Registration Date : 08-Oct-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M/S SHRI NARAIN AUTO, LMP ROAD GOLA, LAKHIMPUR-KHERI, , 153-262802
 Owner Name : MITHILESH KUMAR Son/wife/daughter of : MOOL CHANDRA
 Full Address: (Permanent) : BHADESIYA, SHIV THANA SITAPUR, , SITAPUR, UTTAR PRADESH-261201
 Full Address: (Temporary) : BHADESIYA, SHIV THANA SITAPUR, , SITAPUR-UTTAR PRADESH-261201
 Fitness UpTo : 07-Oct-2039 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : RENU DEVI
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1036695161 Rear HSRP No : AA1036447656
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024
 No of Cylinders : 1 Chassis No : MBLHAW231RHF6259
 Engine No : HA11E8RHF58682 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 : 07-Oct-2024 Sale Amt : 76156/-
 OTT Date : 07-Oct-2024 Amount/Rcpt No : 7616 / UP34D24100000627
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 01-Dec-2024
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 08-Oct-2024 to 07-Oct-2039

Date : 02-Dec-2024 13:25:52

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority



Signature of Registering Authority

Date: 02-Dec-2024


SITAPUR (U.P.)

Q 0289701

भारत सरकार
Government of India

Issue Date: 14/09/2018





मिथिलेश कुमार
Mithlesh Kumar
जन्म तिथि/DOB: 14/04/1979
पुरुष/ MALE

4981 2777 1151

VIC : 9184 6968 9251 5631

मेरा आधार, मेरी पहचान





1947

help@uidai.gov.in | www.uidai.gov.in


4981 2777 1151

VID : 9184 6968 9251 5631




Address:
S/O: Mool Chandra, Bhadesiya, Shiv Thana,
Salapur,
Uttar Pradesh - 261201

पता: मूल चंद्रा, भिहडिया, शिव थाना,
सलपुर,
उत्तर प्रदेश - 261201



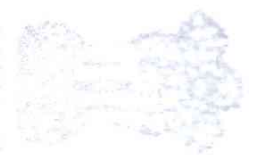
Unique Identification Authority of India



Download Date: 04/07/2023

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA



नाम / Name

MITHILESH KUMAR

पिता का नाम / Father's Name

MOOL CHANDRA

जन्म की तारीख /

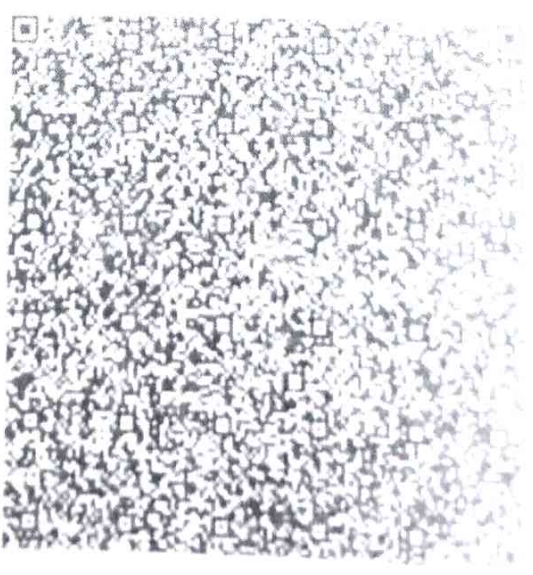
Date of Birth

14/04/1979

स्थायी लेखा संख्या कार्ड

Permanent Account Number Card

KVTPK9726D



27012024

मिथिलेश कुमार

हस्ताक्षर / Signature

NAME : PRADEEP SHUKLA
License No. : UP31 20060016779
Authorization to Drive : MCWG,LMV
Date of Issue : 2006-04-29
DOB : 1987-05-20
S/W/D : SWAMI DAYAL SHUKLA
BLOOD GROUP : -
Date of Expiry : 2026-04-28
Permanent Address : MOH MOTI NAGAR
COLONY, LAKHIMPUR
KHERI
Present Address : MOH MOTI NAGAR
COLONY, LAKHIMPUR
KHERI



Click to Zoom

