

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.

MOSARAM AUTO SALES

LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

ESTIMATE

Estimate No. 10730-03-REST-0326-955
 Customer Name ASHISH DIXIT
 VIN MBLHAW219RHB21085
 Insurance Company
 HMCGL Card No 1073024580000254

Date 25-03-2026
 Contact No. 7683056227
 Model SLENDOR+ XTEC
 Reg No. UP31CD7728
 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
Parts Total											0.00	2,295.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SLENDOR+ XTEC	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	2,295.00
Labour Total	1,000.64
SGST (Parts) 9%	175.04
CGST (Parts) 9%	175.04
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	3,295.64

Rupees in Words: Three Thousand Two Hundred Ninety Five and paise Sixty Four Only

Authorised Signatory

10730 - Main W/S

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.

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....M.F.A.R.U.T.....

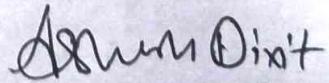
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	ASHISH DIXIT 7683056227
2	Vehicle No. / वाहन संख्या	UP31CD7728
3	Policy No. / पालिसी संख्या	MS/2025/7001/01465751437686
4	Period of Insurance / बीमा अवधि	12/05/2025 To 11/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/03/2026, 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	लालपुर बेरिप्रल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ASHISH DIXIT, 7683056227 UP3120230001223
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	लालपुर बेरिप्रल के पास लाम्बे से लांड ले आ गमा बिलसे मुझे ब्रेक लगना पडा बिलसे मेरी गाडी डिस्ब्रेकेस होकर थोड़ी मोर गिरकर हाकिमल 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 HR ROAD LAKHIMPUR KHARI 915115436

Date / दिनांक : 25/03/2026
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. MB/2025/7001/0146575/137686
 Tel. No. Period of Insurance 12/05/25 To 11/05/26
 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 : ASHISH DIXIT
 (b) Address for correspondence R/O: SHANTI NAGAR, GARKI ROAD, LAKHIMPUR KHERI
 (c) Telephone : 7683056227

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>NA11E7RNB31627</u> Chassis No. <u>MBRHAW219RNB21085</u>	Registration No. <u>UP31CD</u> <u>7728</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 : ASHISH DIKHT
 (b) Age : 25
 (c) Address : SHANTI NAGAR GARI ROAD 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 : UP3120230001223
 (h) Issuing Authority : 07/02/2023
 (i) Date of Expiry : 04/06/2041
 (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 : 22/03/2026 8:00 AM
 (b) Place : बालपुर बेरिमल के पास
 (c) Speed of vehicle at the time of accident : 30 km/hr
 (d) Give a short description of the accident : बालपुर बेरिमल के पास सामने से साइड गंगा बिलस हुआ
 (e) If any third party was responsible for this accident give the name and address : श्री क. अग्रवाल पडा बिसव मेरी गाड़ी डिलेवलेस हानर दीया और बिसव हतिमल हा नाम

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : MOSARAM AUTOSALES LARROAD
 (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? : _____
- (b) If yes, give full details : _____

NIA

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. : _____

NIA

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 Policy Station? : _____
- (i) C.R. diary Number : _____

NIA

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 25/03 2006

Signature of the insured Agnieszka Dixit

Discharge Voucher

ACCIDENT DEPARTMENT

Discharge Voucher

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. UPSICD 7728 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 Ashish Dixit
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/437686

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 794110 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	
ASHISH DIXIT	2001-06-05	7683056227	BRIJESH KUMAR DIXIT	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP31CD7728	HA11E7RHB31627	MBLHAW219RHB21085	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
62500.00	NA	0.00	0.00	0.00	62500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo				1932.27	
Address			City / District	Pin Code	State	
R/O-SHANTI NAGAR, GARHI ROAD, LAKHIMPUR KHERI MIDANIAN, PS-SADAR KOTWALI, Kheri, Uttar Pradesh,				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SAPNA MISHRA	Female	28 Years	WIFE	2025-05-12 16:19	Midnight of 2026-05-11	

Section A. VRC: 836.69 TCR: 295.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1131.69
 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: 303.88 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 24.70 Total with GST(D): 328.58
Total(Section A+B+C+D) Offered Price After Discount: 1932

Package Period Covered	2025-05-12 To 2026-05-11	2026-05-12 To 2027-05-11	2027-05-12 To 2028-05-11	2028-05-12 To 2029-05-11	2029-05-12 To 2030-05-11
ADV	62500	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 2029-03-04 (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 competition with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving has 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 Learner's License may not drive the vehicle and that such a person satisfies the requirements of Rule 7 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. 10000. 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.

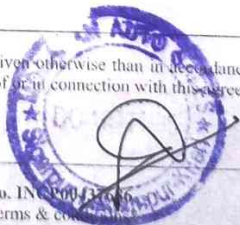
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of the misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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 account holder shall 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. 79411050643 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 exclusive jurisdiction of the courts at Aligarh.



Received with Thanks Rs 1932.27 ON 2025-05-12 from Mr./Ms. ASHISH DIXIT against the ARN No. INC100137690
 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 : UP31CD7728 Registration Date : 11-Mar-2024
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, , , 153-262701
Owner Name : ASHISH DIXIT Son/wife/daughter of : SRI BRIJESH KUMAR DIXIT
Full Address: (Permanent) : R/O-SHANTI NAGAR, GARHI ROAD, LAKHIMPUR KHERI MIDANIAN, PS-SADAR
KOTWALI, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O-SHANTI NAGAR, GARHI ROAD, LAKHIMPUR KHERI MIDANIAN, PS-SADAR
KOTWALI, KHERI-UTTAR PRADESH-262701
Fitness UpTo : 10-Mar-2039 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 : AA1032440235 Rear HSRP No : AA2096057820
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024
No of Cylinders : 1 Chassis No : MBLHAW219RHB21085
Engine No : HA11E7RHB31627 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK TORNADO GREY 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 : 05-Mar-2024 Sale Amt : 80511/-
OTT Date : 05-Mar-2024 Amount/Rcpt No : 8052 / UP31D24030001822
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 28-Mar-2024

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Mar-2024 to 10-Mar-2039

Date - 30-Mar-2024 11:19:48

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-Mar-2024

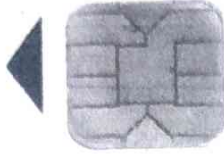
P 6790663



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP

UP31 20230001223



Issue Date: 07-02-2023 Validity (NT): 04-06-2041 Validity (TR): -----



(07-02-2023)

Holder's Signature

Name: **ASHISH DIXIT**
Date of Birth: **05-06-2001** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **BRJESH KUMAR DIXIT**

Address:
**Shanti Nagar Garhi Road Lakhimpur Kheri
Lakhimpur Midanian Kheri Uttar Pradesh
262701**

Date of First Issue

DL No: UP31 20230001223

UPDL000010087021



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	07-02-2023	NT			
	LMV	UP31	07-02-2023	NT			
	MVSD						

Emergency Contact Number

[Signature]
Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Issue Date: 15/03/2013



आशीष दीक्षित
Ashish Dixit
जन्म तिथि/DOB: 05/06/2001
पुरुष/ MALE

9290 7275 5832

VID : 9155 9716 3949 9925

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



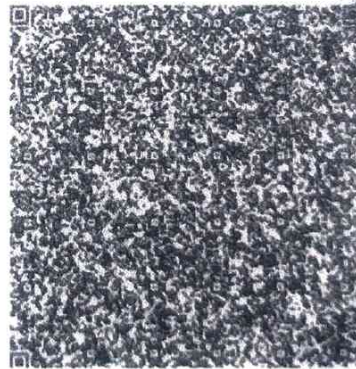
पता:

ब्रिजेश कुमार दीक्षित, शान्ती नगर, गढ़ी रोड, लखीमपुर
खेरी, लखीमपुर, मिडनियन, खेरी,
उत्तर प्रदेश - 262701

Address:

C/O Brijesh Kumar Dixit, Shanti Nagar, Garhi
Road, Lakhimpur Kheri, Lakhimpur, Midanian,
Kheri,
Uttar Pradesh - 262701

Download Date: 20/02/2013



9290 7275 5832

VID : 9155 9716 3949 9925



1947



help@uidai.gov.in



www.uidai.gov.in

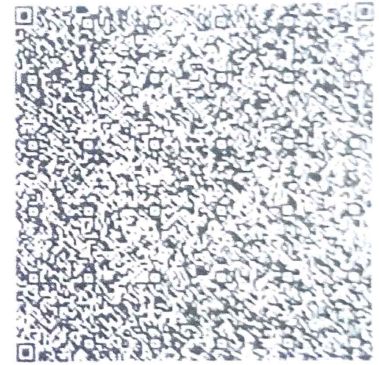
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
HMNPD8181B



नाम/ Name
ASHISH DIXIT

पिता का नाम/ Father's Name
BRIJESH KUMAR DIXIT

25122021

जन्म की तारीख/
Date of Birth
05/06/2001

Ashish Dixit
हस्ताक्षर/ Signature