

DEARAM 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-0426-21	Date	03-04-2026
Customer Name	PIUSH GOYAL	Contact No.	9837919666
VIN	MBLJFW017K4B03185	Model	MAESTRO EDGE
Insurance Company		Reg No.	UP31BE1834
HMCGL Card No	1073023870000094	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAWC00RS -FENDER FRONT BL-002M	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
2	64300AAW600RS -COV FR CTR A (SPORTS RED R-321)	87141090	Paid	929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,097.00
3	81131AAW300S -COVER INNER	87141090	Paid	433.05	1	9.00	9.00	0.00	0.00	0.00	0.00	511.00
4	64310AAWL00RS -COVER FR CENTER P RED RD BR 016M G	87141090	Paid	2,612.7	1	9.00	9.00	0.00	0.00	0.00	0.00	3,083.00
5	61140ABG200TS -VISOR BL (BR)-003M	87141090	Paid	316.10	1	9.00	9.00	0.00	0.00	0.00	0.00	373.00
6	53205AAW000VS -COV: HANDLE FR(CBR(R-195C)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
7	53175AAW000S -LEVER R STRG.HANDLE	87141090	Paid	83.90	1	9.00	9.00	0.00	0.00	0.00	0.00	99.00
8	53206AAW000S -COV: HANDLE RR	87141090	Paid	142.37	1	9.00	9.00	0.00	0.00	0.00	0.00	168.00
9	77300AAW000US -GRIP REAR (SG-009M)	87141090	Paid	1,522.8	1	9.00	9.00	0.00	0.00	0.00	0.00	1,797.00
Parts Total											0.00	8,893.00

S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-MAESTRO EDGE	998729	Paid	1,272.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96
Jobs Total											0.00	1,500.96

Parts Total	8,893.00
Labour Total	1,500.96
SGST (Parts) 9%	678.28
CGST (Parts) 9%	678.28
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	10,393.96

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

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.	पियूष गोयल 9837919666
2	Vehicle No. / वाहन संख्या	UP31BE1834
3	Policy No. / पालिसी संख्या	MS/2026/7001/10/46575/569649
4	Period of Insurance / बीमा अवधि	14/01/2026 से 13/01/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	29/03/26 2:30 Pm
6	Place of Accident / दुर्घटना का स्थान	राजपुर नहर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	पियूष गोयल UP2520L00028126 9837919666
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : राजेश्वरपुर नहर से नहरिया घाते हुए LRP चौराहा भारड़े थे। तभी अचानक नहर में साइ की लड़ाई हुई और वह लड़ते लड़ते प्रेसी गाड़ी से टकरा गये जिससे प्रेसी गाड़ी दार और भिट कर क्षतिग्रस्त हो गई।		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO स्पॉट सर्वे / स्पॉट सर्वेयर का नाम
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	भूसारात मोतो सेल्स LRP रोड 9151154036 लखीपुर खीरी

Date / दिनांक : 01/04/2026
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. MS20267001046575569649

Tel. No.

Period of Insurance 14/01/2026 To 13/01/2027
 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 : PIYUSH GOEL
 (b) Address for correspondence : 101 PUNJABI COLONY LAKHIMPUR, KHERI
 (c) Telephone : 9837919666 UP-262701

2. THE INSURED VEHICLE

Make & Year <u>HERO/2019</u>	Engine No. <u>JF33ABK4B06232</u> Chassis No. <u>MBLJFW01K4B03185</u>	Registration No. <u>UP31BE1834</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? N/A
 (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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : PIYUSH GOEL
 (b) Age : 05/04/1988
 (c) Address : 153 RAMESHWARAM PURAM LAKHIMPUR KHERI
 202702
 (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 : UP2520100028126
 (h) Issuing Authority : 04/07/2022
 (i) Date of Expiry : 25/10/2030
 (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: of other insurance policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 29/03/2026 / 2:30 PM
 (b) Place : राजपुर नहर के पास
 (c) Speed of vehicle at the time of accident : 30-40 KM/H
 (d) Give a short description of the accident : रजपुर नहर से निकलते हुए एक LRP गाड़ी का टकराव हुआ
 (e) If any third party was responsible for this accident give the name and address : गाड़ी मालिक का पता नहीं है

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front and Right
 (b) Estimated cost of repairs : NO
 (c) When and where can the damaged vehicle be inspected : गाड़ी का नंबर और गाड़ी का पता LRP 213 मरवापुरा 29 रजपुर

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 : N/A
 (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 1/4/2026 200

Signature of the insured _____

Discharge Voucher

ACCIDENT DEPARTMENT

CLAIM NO.

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. UP31BE1834 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
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Domestic

Motorsathi

Package Contract No.: MS/2026/7001/0/46575/569649

Motorsathi Care Private Limited
 -27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Mail: 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	
PIYUSH GOEL	1988-04-05	9837919666	KAMAL KUMAR GOEL	Hero Motocorp	MALSTROLDGL	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
110	UP31BE1834	JF33ABK4B06232	MBLJFW017K4B03185	2019-06-11	110	1W
Asset Declared Value (ADV)	Side Car ADV [®]	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
22500.00	NA	0.00	0.00	0.00	22500.00	
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	1532.53	
Address			City / District	Pin Code	State	
101 PUNJABI COLONY, LAKHIMPUR KHEI, PS- KOTWALI SADAR, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ASTHA AGARWAL	Female	34 Years	WIFE	2026-01-14 17:27	Midnight of 2027-01-13	

Section A, VRC: 436.75 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A) 436.75**

Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 **Sub Total: 770.00** TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B): 770.00** GST (CGST @9% + SGST @9%) (B): 138.60
Total with GST(B): 908.60

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: **158.63** AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 28.55 **Total with GST(D): 187.18**

Total(Section A+B+C+D) Offered Price After Discount: 1533

Package Period Covered	2026-01-14 To 2027-01-13	2027-01-14 To 2028-01-13	2028-01-14 To 2029-01-13	2029-01-14 To 2030-01-13	2030-01-14 To 2031-01-13
ADV	22500	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 from 2026-01-14 until 2027-01-13.

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.

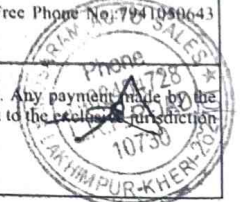
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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 exclusive jurisdiction of the courts at Meerut.



#: Received with Thanks Rs 1532.53 ON 2026-01-14 from Mr./Ms. PIYUSH GOEL against the ARN No. INCP00569649
 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 Luckhimpur Kheri
 FORM 23
 CERTIFICATE OF REGISTRATION



Registration No : UP31BE1834 Registration Date : 10-Jun-2019
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : TO
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI Son/wife/daughter of : KAMAL KUMAR GOEL
 Owner Name : PIYUSH GOEL Full Address: (Permanent) : 101 PUNJABI COLONY, LAKHIMPUR KHERI PS. KOTWALI SADAR, KHERI DIST. UTTAR PRADESH-262701
 Full Address: (Temporary) : 101 PUNJABI COLONY, LAKHIMPUR KHERI, PS. KOTWALI SADAR, KHERI DIST. UTTAR PRADESH-262701
 Fitness Up To : 10-Jun-2034 Tax Up To : One Time
 Owner Serial No : 2
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : Rear HSRP No :
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2019
 No of Cylinders : 1 Chassis No : MBLJFW01/K4B03185
 Engine No : JF3SABK4B06232 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : MAESTRO EDGE (CAST WITH WHEEL base : 1261
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepor Cap : 0 Unladen Wt (kgs) : 110
 Colour : TAHITIAN BLUE Laden/GV Wt (kgs) : 140
 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 : 19-May-2019 Sale Amt : 52630/-
 OTT Date : 19-May-2019 Amount/Rept No : 5263 / UP31D19050004316
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 20-Jul-2021
 Other State/Transfer/Conversion Details :
 Previous Owner : UBEDURRAHMAN Previous RegNo :
 Old State : Entry Date :
 Transfer Date : 20-Jul-2021 Conversion Date :
 This certificate is valid from 11-Jun-2019 to 10-Jun-2034

Date : 20-Jul-2021 13:41:19

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपूर-खैरी
 20-Jul-2021

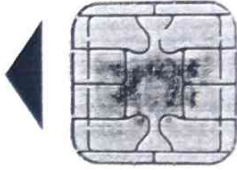
M 2766708



Indian Union Driving Licence
Issued by Uttar Pradesh



UP25 20100028126



Issue Date 04-07-2022 Validity (NT) 25-10-2030 Validity (TR)* -----



(26-10-2010)

Holder's Signature

Name: **PIYUSH GOEL**
 Date of Birth: **05-04-1988** Blood Group: **B+ VE** Organ Donor: **N**
 Son/Daughter/Wife of: **KAMAL KUMAR GOEL**
 Address:
153 RAMESHWARAM PURAM
LAKHIMPUR, LAKHIMPUR KHERI 262701

Date of First Issue

DL No: **UP25 20100028126**

UPDL000008659086



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	UP25	26-10-2010	NT			
	LMV	UP25	26-10-2010	NT			
	MVSD						

Emergency Contact Number

[Signature]
 Licensing Authority
 UP 31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0649/68302/07145

Download Date: 07/01/2021

To
पियूष गोएल
Piyush Goel
C/O: Kamal Kumar Goel
101 PUNJABI COLONY
Lakhimpur
Kheri
Kheri Uttar Pradesh - 262701
9837919666

Issue Date: 29/12/2020

Validity unknown

Digitally signed by Piyush Goel
Unique Identification Authority of India
Date: 2021.01.07 10:12:18+05:30



आपका आधार क्रमांक / Your Aadhaar No. :

7377 3635 4472

VID : 9159 4360 3385 6236

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Download Date: 07/01/2021



पियूष गोएल
Piyush Goel
जन्म तिथि/DOB: 05/04/1988
पुरुष/ MALE

Issue Date: 29/12/2020

7377 3635 4472

VID : 9159 4360 3385 6236

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

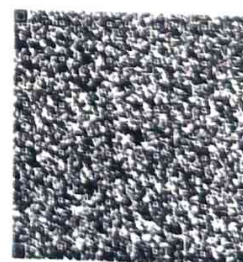


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
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आयकर विभाग
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PIYUSH GOEL

KANAL KUMAR GOEL

05/04/1988

Permanent Account Number

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[Handwritten Signature]

Signature

भारत सरकार
GOVT. OF INDIA

