



**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department LAKHIMPUR KHERI**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No : UP31BV9563 Registration Date : 22-Apr-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 : ARVIND KUMAR SHARMA Son/wife/daughter of : S/O SRI BABU RAM SHARMA  
 Full Address: (Permanent) : R/O NEAR KALI MANDIR JAGATIYA, OEAL, R/O NEAR KALI MANDIR JAGATIYA, OEAL,  
 KHERI, KHERI, UTTAR PRADESH-262725  
 Full Address: (Temporary) : R/O NEAR KALI MANDIR JAGATIYA, OEAL, R/O NEAR KALI MANDIR JAGATIYA, OEAL,  
 KHERI, KHERI-UTTAR PRADESH-262725

Fitness UpTo : 21-Apr-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 Rear HSRP No : AA2053337411  
 Front HSRP No : AA2051867004 Mcnth/Year of Manuf. : 01/2022  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW147NGA23975  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11ESNGA12689 Cubic Capacity : 97.20  
 Horse Power(BHP) : 7.91 Wheel base : 1235  
 Maker's Classification : HFDELUXE(SLF-DR-CST)SS Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112  
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 242  
 Colour : Grey Black AC Fitted : NO  
 Other Criteria : Fully Built

**Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)**

By Manuf.	As Regd.	Description	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, PUNE, Pune, Maharashtra-411009 w.e.f. 15-Apr-2022.

Purchase dt : 15-Apr-2022 Sale Amt : 62610/-  
 OTT Date : 15-Apr-2022 Amount/Rcpt No : 6261 / UP31D22040003348  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 22-Apr-2022

**Other State/Transfer/Conversion Details**

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

This certificate is valid from 22-Apr-2022 to 21-Apr-2037

Date : 26-May-2022 12:13:00

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 26-May-2022

*Seen for...*  
*Ar...*  
*26/5/2022*

of 20 **N** 2217610

5/26/2022, 12:13 PM

## Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/0/46575-457312

**Motorsathi Care Private Limited**  
 .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

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
VIND KUMAR SHARMA	1995-08-10	6392080997	S/O SRI BABU RAM SHARMA	Hero Motocorp	HT 100 (X1)
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg.</b>	<b>Cubic Capacity</b>   <b>Vehicle Type</b>
SELF - E20 CAST	UP31BV2563	HATHSNGA12689	MBHAW147NGA23975	2022-04-22	100   150
<b>Set Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
39500.00	NA	0.00	0.00	0.00	39500.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>
	Solo	HERO FINCORP LTD.	---	2	1419.20
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
R/O NEAR KALI MANDIR JAGATIYA, OEAL, R/O NEAR KALI MANDIR JAGATIYA, OEAL, KHERI UTTAR PRADESH- 262725				262725	Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
LAXMI DEVI	Female	30 Years	WIFE	2025-07-22 12:34	Midnight of 2026-07-22

Section A, VRC: 634.54 TCR: 372.88 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1007.42  
 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): 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: 348.97 AHDC, DOC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 GST (CGST @9% + SGST @9%): 62.81 Total with GST(D): 411.78

**Total(Section A+B+C+D) Offered Price After Discount: 1419**

Package Period Covered	2025-07-22 To 2026-07-21	2026-07-22 To 2027-07-21	2027-07-22 To 2028-07-21	2028-07-22 To 2029-07-21	2029-07-22 To 2030-07-21
ADV	39500	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 2027-04-14 (DETAILS 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/- 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 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability 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. 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 Aligarh.

\* Received with Thanks Rs 1419.2 ON 2025-07-22 from Mr./Ms. ARVIND KUMAR SHARMA against the ARN No. INCP00457312  
 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



State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-0426-4	Date	01-04-2026
Customer Name	ARVIND KUMAR SHARMA	Contact No.	6392080997
VIN	MBLHAW147NGA23975	Model	HF DELUXE
Insurance Company		Reg No.	UP31BV9563
HMCGL Card No	1073025570004562	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount %	Discount	Net Amount
1	61000ACK000US -FENDER FRONT (BL-002M.)	87141090	Paid	733.90	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	866.00
2	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	4,609.00
3	45010AAHF00S -PANEL SUB COMP FRONT BRAKE	87141090	Paid	515.25	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	608.00
4	51500KSTA11S -FORK ASSY L FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	2,350.00
5	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	2,350.00
6	64311KST950S -BRACKET COMPLETE FRONT NO PLATE	87141090	Paid	69.49	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	82.00
7	83410KST950RS -VISOR ASSEMBLY FRONT BLACK	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	571.00
8	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	138.00
9	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	3,400.00
10	53100KST870S -PIPE STRG.HANDLE	87141090	Paid	356.78	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	421.00
11	53200AAD000S -STEM COMP STRG	87141090	Paid	612.71	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	723.00
12	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	622.00
13	83500AAHF00RS -R SIDE COVER BLACK NH-1(T1)	87141090	Paid	500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	590.00
14	61311KST950S -STAY HEAD LIGHT BRACKET	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	276.00
15	50100AAH010S -FRAME BODY COMP	87141090	Paid	5,855.08	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	6,909.00
16	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	225.00
17	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	225.00
18	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	912.00
19	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	0.00	590.00
20	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	7,375.00
21	3340BAAH001SR -WINKER ASSY R FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	101.00
22	3360BAAJ101SR -WINKER ASSY R RR (W/O BULB)	99990000	Paid	88.14	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	104.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
24	REAR NH-1 BLACK 37100ACKL0099S -METER ASSEMBLY COMPLETE	87141090	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00
25	24701ACK000S -PEDAL GEAR CHANGE	87141090	Paid	144.07	9.00	9.00	0.00	0.00	0.00	0.00	170.00
26	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	9.00	9.00	0.00	0.00	0.00	0.00	92.00
27	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY-141M)	70091090	Paid	203.39	9.00	9.00	0.00	0.00	0.00	0.00	240.00
<b>Parts Total</b>										0.00	<b>38,757.00</b>

**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	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00
<b>Jobs Total</b>										0.00	<b>2,950.00</b>

<b>Parts Total</b>	<b>38,757.00</b>
<b>Labour Total</b>	<b>2,950.00</b>
<b>SGST (Parts) 9%</b>	<b>2,956.04</b>
<b>CGST (Parts) 9%</b>	<b>225.00</b>
<b>SGST (Labour) 9%</b>	<b>225.00</b>
<b>CGST (Labour) 9%</b>	<b>225.00</b>
<b>Total</b>	<b>41,707.00</b>

Rupees in Words: Forty One Thousand Seven Hundred Seven Only

Authorized Signatory

**1. Terms Cash**

10730 - Main W/S

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  
MEERUT

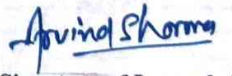
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	अरविन्द कुमार शर्मा, 8052949188
2	Vehicle No. / वाहन संख्या	UP31BV 9563
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/457312
4	Period of Insurance / बीमा अवधि	22/07/2025 से 21/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/03/2026 7:00 PM.
6	Place of Accident / दुर्घटना का स्थान	बेहजम त्रिहारे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अरविन्द कुमार शर्मा, 8052949188 UP31 2012 0035332.
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण	बेहजम त्रिहारे के पास सामने से फेकअप से ओरिस्वर टक्कर हो गई जिससे मेरी गाड़ी लॉयो ओर गिरकर सातिसहस्र 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, LRPR ROAD LAKHIMPUR-KHERA, 9151154036

Date / दिनांक :  
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/2025/7001/0/46575/45731

Tel. No.

Period of Insurance 22/07/2025 से 21/07/2026 <sup>2</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 : ARVIND KUMAR SHARMA  
 (b) Address for correspondence : RIDNAR KALI MANDIR, JAGATIYA, DEAL, KHERI, UP, 262725  
 (c) Telephone : 8052949188

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HAIJESNGA12689</u>	Registration No. <u>UP31BV</u> <u>9563</u>
	Chassis No. <u>MBLHAW147NGA23975</u>	

- (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? NIA  
 (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

\_\_\_\_\_  
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 \_\_\_\_\_  
NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ARVIND KUMAR SHARMA  
 (b) Age : 02/10/1985  
 (c) Address : R/O VILL JAGATIYA PS-OELTHANA-KHERI, LAKHIMPUR KHERI, 262725.  
 (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 : UP3120120035332  
 (h) Issuing Authority : 03/02/2021  
 (i) Date of Expiry : 07/10/2032  
 (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 : 25/03/2026 7:00PM.  
 (b) Place : बहेलम तिराहे के पास  
 (c) Speed of vehicle at the time of accident : 30-40km/h.  
 (d) Give a short description of the accident : बहेलम तिराहे के पास सामने से विक्रम से जोरदार टक्कर हो गयी जिससे मेरी गाडी बायी ओर गिरकर  
 (e) If any third party was responsible for this accident give the name and address : मतिग्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
 (b) Estimated cost of repairs : MOSARRAM AUTO SALES, LRPRROAD  
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERI, 9151154636

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 27/03/ 2006

Signature of the insured Arunal Sharma.

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. UP31BV9563 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 Arvind Sharma  
Occupation .....  
Address .....

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

## Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025-7001/046575-457312

**Motorsathi Care Private Limited**  
 B DASS Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh - 202001 (India)  
 Phone: +91 79470 50643  
 Email: info@motorsathi.com  
 Visit the help center at [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
ARVIND KUMAR SHARMA	1992-08-10	6392080997	S O SRI BABU RAM SHARMA	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SEA F-400 CAST	UP31BV9563	HATIESNGA12689	MBLHAW17NGA23975	2022-04-22	100	TM
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
3950.00	NA	0.00	0.00	0.00	3950.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD		2	1419.20	
Address			City / District	Pin Code	State	
R O NEAR KALI MANDIR JAGATIYA, OEAL, R O NEAR KALI MANDIR JAGATIYA, OEAL, KHERI UTTAR PRADESH- 262725				262725	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
LAXMI DEVI	Female	30 Years	WIFE	2025-07-27 17:34	Midnight of 2026-07-21	

Section A, VRC: 34.54 TCR: 372.88 Less Handicapped Discount: 0.00 Per Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1007.42  
 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): 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: 348.97 AHDC, DQC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 GST (CGST @9% + SGST @9%): 62.81 Total with GST(D): 411.78

**Total(Section A+B+C+D) Offered Price After Discount: 1419**

Package Period Covered	2025-07-22 To 2026-07-21	2026-07-22 To 2027-07-21	2027-07-22 To 2028-07-21	2028-07-22 To 2029-07-21	2029-07-22 To 2030-07-21
ADV	39500	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 2027-04-14 (DFTAH'S 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 luggage) Organized Racing c) Pace Making d) Speed Testing e) 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 11 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](http://www.motorsathi.com) 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 1lakh 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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941087, 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 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 1419.2 ON 2025-07-22 from Mr./Ms. ARVIND KUMAR SHARMA against the ARN No. INCP00457312

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable on per terms & conditions.  
 (Please turn over 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)



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

**UP31 20120035332**

Issue Date: 03-07-2021    Validity (NT): 07-10-2032    Validity (TR):

Name: **ARVIND KUMAR SHARMA**

Date of Birth: 02-10-1985    Blood Group:

Son/Daughter/Wife of: **BABU RAM SHARMA**

Address:  
 VILL. J. GATTYA POST DEL THANA KHERI  
 LAKHIMPUR KHERI LAKHIMPUR, LAKHIMPUR  
 KHERI 262725

Holder's Signature: \_\_\_\_\_

Organ Donor: **N**

Date of First Issue: 08-10-2012

**DL No: UP31 20120035332**    UPDL: 00004952818

Invalid Carriage (Rein Numbers)  
 Hazardous Validity    Hill Validity

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued By
Motor Vehicle	MCRV	UP31	02-10-2012	NT			
Light Motor Vehicle	LMV	UP31	08-10-2012	NT			
MVSD							

Emergency Contact Number: \_\_\_\_\_

Licensing Authority  
 UP31 LA

Form 7 Rule 16(7)

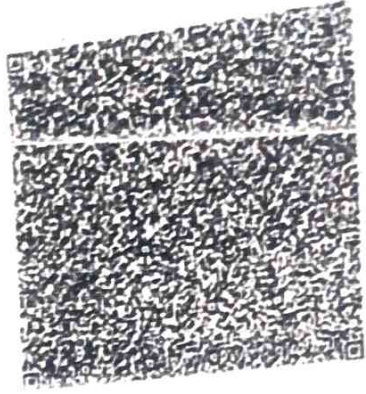
03/27/2026

भारतीय विरिस्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता: बबु राम शर्मा, नखवीक काली मंदिर, जागतिया,  
आयल, खेरी,  
उत्तर प्रदेश - 262725

Address:  
S/O: Babu Ram Sharma, near kali  
mandir, jagatiya, Oeal, Kheri,  
Uttar Pradesh - 262725



भारत सरकार  
Unique Identification Authority of India

अरविन्द कुमार शर्मा  
Arvind Kumar Sharma  
जन्म तिथि/DOB: 10/08/1995  
पुरुष/ MALE

Issue Date: 12/08/2014

5603 0800 8441  
VID: 9145 1495 4262 9676

बिना आधार, खेरी पहचान

5603 0800 8441  
VID: 9145 1495 4262 9676

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03/27/2026

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

परमानent Account Number Card

JNEPS0762M



नाम / Name  
ARVIND KUMAR SHARMA

पिता का नाम / Father's Name  
BABU RAM SHARMA

व्यक्ति का जन्म तिथि / Date of Birth  
10/03/1995



संयोजक / Officer  
[Signature]