

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-0426-34
 Customer Name SANJAY KUMAR ..
 VIN MBLHAW124MHK39884
 Insurance Company
 HMCGL Card No 1073025520003107
 Part Details

Date 04-04-2026
 Contact No. 9554406430
 Model SPLENDOR +
 Reg.No. UP31BS9611
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200VS -FRONT FENDER (NH-35M)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	35200AAE11099S -SWITCH ASSEMBLY WINKER	85365020	Paid	338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	400.00
3	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
4	33704KCC830S -BASE COMP TAIL LIGHT	85122010	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
5	3340AKCC830S -WINKER ASSY.R FR.(W/O BULB)	85122010	Paid	161.02	5	9.00	9.00	0.00	0.00	0.00	0.00	190.00
6	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	6	9.00	9.00	0.00	0.00	0.00	0.00	210.00
7	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
8	37100ADHB1099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
9	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
10	88110AAFH31ZAS -MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
12	K50507KCCA900LS -KIT STEP	87141090	Paid	159.32	1	9.00	9.00	0.00	0.00	0.00	0.00	188.00
13	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
Parts Total											0.00	7,148.00

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	7,148.00
Labour Total	2,000.10
SGST (Parts) 9%	545.19
CGST (Parts) 9%	545.19
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,148.10

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.	SANJAY kumar.
2	Vehicle No. / वाहन संख्या	UP31 BS 9611
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569525
4	Period of Insurance / बीमा अवधि	11.01.2026 से 10.1.2027 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/09/2026 7:00pm
6	Place of Accident / दुर्घटना का स्थान	आजमानी स्कूल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SANJAY kumar. UP34 200600 90301
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	राजापुर से विपरीत दिशा में जा रहे थे तभी अचानक आजमानी स्कूल के पास टर्कर हो गयी तभी पीछे जा रही मोटर साइकिल वाले ने पीछे से टक्कर मार दी जिससे मेरी गाड़ी बर्ब और गिरकर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NO
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.	MOSARAM Auto Sales L.R.P Road Lakhimpur khari 915115 9036

संजय कुमार
Signature of Insured / बीमाधारक के

Date / दिनांक : 04/04/2026.
हस्ताक्षर



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/2026/7001/0/46573/

Tel. No.

Period of Insurance 11/01/2026 to 10.1.2027
 Claim No. 569525

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 : SANJAY KUMAR.
 (b) Address for correspondence : ROKHARA LAHARPUR, SITAPUR 261135
 (c) Telephone : 9559906930.

2. THE INSURED VEHICLE

Make & Year <u>Hc10/2021</u>	Engine No. <u>HA 11EDMHK 20975.</u> Chassis No. <u>MBLHA W129MHK39884</u>	Registration No. <u>UP31B5</u> <u>9611.</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? NO
 (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 : SANJAY KUMAR.
 (b) Age : 06-06-1982 -
 (c) Address : RUKHARA LAHARPUR.
 (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 : UP34 20060090301
 (h) Issuing Authority : 02-11-2020
 (i) Date of Expiry : 19-11-2026.
 (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 : 01/09/2026 7:00 PM.
 (b) Place : राजमती स्कूल के पास.
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : राजमती स्कूल के पास, बाईपास जा रहे थे दया अचानक से बाईपास से निकल कर सामने से आया और टक्कर मारी.
 (e) If any third party was responsible for this accident give the name and address : राजमती स्कूल के पास, दया और, से सामने से आया और टक्कर मारी. उसके ही घर पर दया पढ़े, उसके भाई का नाम वरुण है. उसके भाई के पता पर दया भी पढ़े और निकल कर सामने से आया और टक्कर मारी.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front Right - BACK Left.
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARANI AUTO SALES ERP 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? : 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? : _____
- (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 07/09/2026 2026

संजय कुमार
Signature of the insured _____

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. UP31059611 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/-



Signature

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Package Contract No.: MS/2026/7001/O/46575/569525

Motorsathi Care Private Limited
 Plot No. 1, Sector 14, Phase 1, Meerut, Uttar Pradesh - 250004, India

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	
SANJAY KUMAR	1990-07-25	9554406430	SRI JAI KARAN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
BS6 DRUM SELF	UP31BS9611	HA11EDMHK20975	MBLHAW124MHK39884	2021-11-11	125	TW
Side Car Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
37000.00	NA	0.00	0.00	0.00	37000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
UPRAJAPUR KHERI	Solo			2	1885.79	
Address			City / District	Pin Code	State	
R/O HOUSE NO. 310, RAJAPUR, PS-KOTWALI, KHERI			LAKHIMPUR KHERI	262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
Sanjay Kumar	Female	45	WIFE	2026-01-11 14:34	Midnight of 2027-01-10	

Section A, VRC: 643.91 TCR: 523.92 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1167.83
 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: 233.86 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.10 **Total with GST(D): 275.96**
Total(Section A+B+C+D) Offered Price After Discount: 1886

Package Period Covered	2026-01-11 To 2027-01-10	2027-01-11 To 2028-01-10	2028-01-11 To 2029-01-10	2029-01-11 To 2030-01-10	2030-01-11 To 2031-01-10
ADV	37000	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 2026-11-10 (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 Motor Vehicle Act, 1988.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys 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.

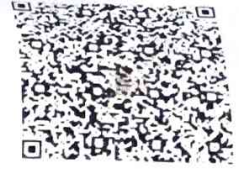
TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free: +91 7941050643



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any dispute arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut.

Received with Thanks Rs 1885.79 ON 2026-01-10 from Mr./Ms. SANJAY KUMAR against the ARN No. INCP00569525
 This acknowledgement is subject to a compulsory excess of Rs 100/- & Depreciation is applicable as per terms & conditions*
 Consolidated Stamp Duty Paid Endorsements: INT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23



CERTIFICATE OF REGISTRATION

Registration No : UP31BS9611 Registration Date : 11-Nov-2021
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, 153-262701
Owner Name : SANJAY KUMAR Son/wife/daughter of : SRI JAI KARAN
Full Address: (Permanent) : R/O HOUSE NO. 310, RAJAPUR, R/O HOUSE NO. 310, RAJAPUR, PS-KOTWALI, KHERI,
UTTAR PRADESH-262701
Full Address: (Temporary) : R/O HOUSE NO. 310, RAJAPUR, R/O HOUSE NO. 310, RAJAPUR, PS-KOTWALI, KHERI-
UTTAR PRADESH-262701
Fitness UpTo : 10-Nov-2036 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 : AA2038895999 Rear HSRP No : AA2042727106
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2021
No of Cylinders : 1 Chassis No : MBLHAW124MHK39884
Engine No : HA11EDMHK20975 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR - BLACK AND A Wheel base : 1236
CCENT
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK AND ACCENT 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 : 03-Nov-2021 Sale Amt : 68710/-
OTT Date : 03-Nov-2021 Amount/Rcpt No : 6871 / UP31D21110000924
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 11-Nov-2021

Other State/Transfer/Conversion Details

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

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

Date : 06-Sep-2023 14:41:13

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
Signature of Registering Authority
मोटर वाहन विभाग
लखीमपुर खेरी
Date: 06-Sep-2023

3853455

Uttar Pradesh Govt
Uttar Pradesh Govt

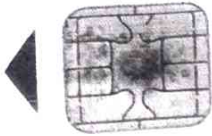
Uttar Pradesh Govt



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP34 20060090301



Issue Date 02-11-2020
Validity (NT) 19-11-2026

Validity (TR)*



Holder's Signature

(20-11-2006)

Date of First Issue

Name: **SANJAY KUMAR**
Date of Birth: **08-08-1982** Blood Group:
Son/Daughter/Wife of: **JAI KARAN LAL**

Organ Donor: **N**

Address:
**RUKHARA LAHARPUR
LAHARPUR, SITAPUR 261135**

DL No: UP34 20060090301

UPDL000004138267



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	UP34	20-11-2006	NT			
	LMV	UP34	20-11-2006	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP34 SITAPUR

भारत सरकार
Government of India

संजय कुमार
Sanjay Kumar
जन्म तिथि / DOB : 25/07/1990
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

7178 6861 5206

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: जयकरन, रुखरा आंशिक, भदफर,
सीतापुर, उत्तर प्रदेश, 261135
Address: S/O: Jaykaran, Rukhara Anshik,
Bhadfar, PO:Bhadfar, DIST:Sitapur, Uttar
Pradesh, 261135

7178 6861 5206

1947 help@uidai.gov.in www.uidai.gov.in