

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

ESTIMATE

Estimate No.	10730-03-REST-0426-41	Date	09-04-2026
Customer Name	KAMLESH KUMAR ...	Contact No.	7007545229
VIN	MBLHAW228RHE45640	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CE9862
HMCGL Card No	1073024870001889	HMCGL Card Category	Platinum

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	61000AAE200WS -FRONT FENDER (NH-194M-U)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
Parts Total											0.00	2,359.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	2,359.00
Labour Total	1,000.64
SGST (Parts) 9%	179.92
CGST (Parts) 9%	179.92
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	3,359.64

Rupees in Words: Three Thousand Three Hundred Fifty Nine and paise Sixty Four 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
 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.

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....MEERUT.....

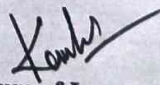
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	कमलेश कुमार, 7007545229
2	Vehicle No. / वाहन संख्या	UP31CE 9862
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	14/05/2025 से 13/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/04/2026 7:00 PM.
6	Place of Accident / दुर्घटना का स्थान	गुरुनाथक के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	योगेश कुमार, 7007545229 UP31 2016 0004880
8	Estimated Loss / अनुमानित हानि	Estimated Loss / अनुमानित हानि
09.	Cause of Accident / दुर्घटना का कारण :	गुरुनाथक के पास सामने से बाईक वाले ने टक्कर मार दी जिससे मेरी गाड़ी डिस्बैलेस होकर दायाँ साइड गिरकर शातेग्रस्त 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/ RP ROAD, LAKHIMPUR- MEERUT 9151154036.

Date / दिनांक : 09/APR/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. _____

Tel. No. _____

Period of Insurance 14/05/2025 से 13/05/2026
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 : KAMDESH KUMAR
- (b) Address for correspondence : RIOGRAM-SARAY MATRA, SAIDAPUR BHAI,
- (c) Telephone : 70075 45 229, PS-DEVKALI, LAKHIMPUR,
KHERI PS-PHARDHAN, KHERI,
262701.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HALLERHD097521</u> Chassis No. <u>MBLHAW228RHE45640</u>	Registration No. <u>UP31CE</u> <u>9862</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 NIA
 - 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 _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : YOGESH KUMAR
 (b) Age : 25/09/1996
 (c) Address : R/O- VILL. KATMAHRA, THANA-PHARDHAN
 (d) Is the Driver : LAKHIMPUR-KHERI
 1. Owner : _____
 2. paid driver? : _____
 3. Owner's relative or friend? : _____
 (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 : UP31 20160004880
 (h) Issuing Authority : 08/06/2016
 (i) Date of Expiry : 07/06/2036
 (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 : 07/04/2026 7:00PM.
 (b) Place : गुरुनाथ के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : गुरुनाथ के पास सामने से वाइक वाले ने टक्कर मार दी
 (e) If any third party was responsible for this accident give the name and address : जिससे वाइक डिस्वैलेस होकर रायें साइड गिरकर सतिमस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTOSALES, LRP ROAD
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 09/04/2026

Signature of the insured Kanku

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. UP31CR 9862 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 Kanhu
Occupation
Address

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number or general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant KAMLESH KUMAR S/O NATHU
LALR/GRAM - SARAY MAJRA, SAIDAPUR BHAI
PS- DEVKALI, LAKHIMPUR-KHERI, UP, 262701.

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, KAMLESH KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 09/APR/2026

Place KHERI

Kawli
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

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 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	
KAMLESH KUMAR	1979-07-05	7007545229	S/O SRI NATTHU LAL	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
I35 ALL BLACK E20	UP3ICE9862	HA11E7RHD97521	MBLHAW228RHE45640	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
62000.00	NA	0.00	0.00	0.00	62000.00	
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	1920.34	
Address			City / District	Pin Code	State	
R/O GRAM- SARAY MAJRA SAIDAPUR BHAAU, POST DEVKALI LAKHIMPUR KHERI, PS- PHARDHAN, Kheri-262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RAMMURTI DEVI	Female	42 Years	WIFE	2025-05-14 13:32	Midnight of 2026-05-13	
Section A, VRC: 829.99 TCR: 292.64 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1122.63						
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: 301.45 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 54.26 Total with GST(D): 355.71						
Total(Section A+B+C+D) Offered Price After Discount: 1920						
Package Period Covered	2025-05-14 To 2026-05-13	2026-05-14 To 2027-05-13	2027-05-14 To 2028-05-13	2028-05-14 To 2029-05-13	2029-05-14 To 2030-05-13	
ADV	62000	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 2029-05-13 (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 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 Aligarh.

#: Received with Thanks Rs 1920.34 ON 2025-05-13 from Mr./Ms. KAMLESH KUMAR against the ARN No. INCP00438056

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

Registration No	UP31CE9862	Registration Date	17-May-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	KAMLESH KUMAR	Son/wife/daughter of	S/O SRI NATTHU LAL
Full Address: (Permanent)	R/O GRAM- SARAY MAJRA SAIDAPUR BHAU, POST DEVKALI LAKHIMPUR KHERI, PS PHARDHAN, KHERI, UTTAR PRADESH-262701		
Full Address: (Temporary)	R/O GRAM- SARAY MAJRA SAIDAPUR BHAU, POST DEVKALI LAKHIMPUR KHERI, PS PHARDHAN, KHERI-UTTAR PRADESH-262701		
Fitness Up To	16-May-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	AA2102488420	Rear HSRP No	AA2102079111
Type of Body	SDIO WITH PILLION	Month/Year of Manuf.	05/2024
No of Cylinders	1	Chassis No	MBLHAW228RHE45649
Engine No	HA11E7WEDN7521	Fuel	PETROL
Horse Power(BHP)	7.91	Cubic Capacity	97.20
Maker's Classification	5-11 NOORS- BLK STRIPE 13 Wheel base		1236
	SHOIRS,		
Seating Cap(in all)	2	Standing Cap	0
Sidepar Cap	2	Unladen Wt (kgs)	111
Colour	BLACK AND ACCENT	Laden/GV Wt (kgs)	241
Other Criteria		AC Fitted	NO
Vehicle Purchase As	Private		

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	14-May-2024	Sale Amt	76726/-
OTT Date	14-May-2024	Amount/Rcpt No	7673 / UP31D24060002B28
Vehicle is Govt./ Pvt.	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	21-Jun-2024		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	
Previous Owner		Entry Date	
Old State		Conversion Date	
Transfer Date			

This certificate is valid from 17-May-2024 to 16-May-2039

22-Jun-2024 11:10:19
 Registration Particulars / Advance Registration Mark Fee Details

पञ्जीयन् अभिकर्ता
 Signatures of the Competent Authority
 खखीमपुर २०३३ २०२४

P 8445168



भारत सरकार

Government of India

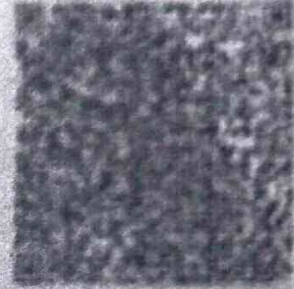


कमलेश कुमार

Kamlesh Kumar

जन्म तिथि / DOB : 05/07/1978

पुरुष / Male



2990 7006 7817

धार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: नत्थू लाल, ग्राम-सराय
मजरा- सैदापुर भाऊ पोस्ट- देवकली,
लखीमपुर, खोरी, खीरी, उत्तर प्रदेश,
262701

Address:

S/O: Natthu Lal, GRAM-saray
majra- saidapur bhau POST-
devkali, Lakhimpur, Kheri, Kheri,
Uttar Pradesh, 262701

2990 7006 7817

1847
1800 300 1847



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