

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/569895

Motorsathi Care Private Limited

D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
DESHBANDHU PANDEY	2002-07-08	8470926016	S/O SRI KALIDATT PANDEY	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CB8664	HA11E8PIII52818	MBLHAW239PIIIA2810	2023	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
50000.00	NA	0.00	0.00	0.00	50000.00	
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	1882.93	
Address			City / District	Pin Code	State	
R/O BHANSARIYA, POST - UDAIPUR MAHEWA LAKHIMPUR, PS- KOTWALI, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANJALI PANDEY	Female	20 Years	WIFE	2026-01-23 11:38	Midnight of 2027-01-22	

Section A, VRC: 719.55 TCR: 413.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1132.55

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: 261.34 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%)**: 47.04 **Total with GST(D)**: 308.38

Total(Section A+C+D) Offered Price After Discount: 1883

Package Period Covered	2026-01-23 To 2027-01-22	2027-01-23 To 2028-01-22	2028-01-23 To 2029-01-22	2029-01-23 To 2030-01-22	2030-01-23 To 2031-01-22
ADV	50000	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 2028-10-23 (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 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 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 amount 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 jurisdiction of the courts at Meerut.



Received with Thanks Rs 1882.93 ON 2026-01-23 from Mr./Ms. DESHBANDHU PANDEY against the ARN No. INCP00569895
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 LAKHIMPUR KHERI
FORM 2
CERTIFICATE OF REGISTRATION

Registration No : UP31CB8664 **Registration Date** : 28-Oct-2023
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 : DESHBANDHU PANDEY **Son/wife/daughter of** : S/O SRI KALIDATT PANDEY
Full Address: (Permanent) : R/O BHANSARIYA, POST - UDAIPUR MAHEWA LAKHIMPUR, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O BHANSARIYA, POST - UDAIPUR MAHEWA LAKHIMPUR, PS- KOTWALI, KHERI, UTTAR PRADESH-262701
Fitness Up To : 27-Oct-2038 **Owner Serial No** : 1

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2083317764
Front HSRP No	: AA2082723478	Month/Year of Manuf.	: 08/2023
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW211HA2810
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E8PHH52818	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1236
Maker's Classification	: SPLENDOR+ (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 109
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 239
Colour	: SPORTS BLACK	AC Fitted	: NO
Other Criteria	: 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 : 24-Oct-2023 **Sale Amt** : 74991/-
OTT Date : 24-Oct-2023 **Amount/Rcpt No** : 7500 / UP31D23100001877
Vehicle is Govt./ Pvt. : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED
Date of Approval : 03-Nov-2023
Other State/Transfer/Conversion Details
Previous Owner :
Old State :
Transfer Date :
Conversion Date :
Previous RegNo :
Entry Date :
Signature of Registering Authority : पंजीयन अधिकारी
Date : 04-Nov-2023 10:44:39
Date : 04-Nov-2023

Taxation Particulars / Advance Registration Mark Fee Details

P 4551708

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-0426-35	Date	05-04-2026
Customer Name	DESHBANDHU PANDEY	Contact No.	8470926016
VIN	MBLHAW239PHHA2810	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CB8664
HMCGL Card No	1073023840002792	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	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
3	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
4	77300AAE400RS -R SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
5	77400AAE400RS -L SIDE COWL (BLACK NH-1,TYPE -1)	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
6	77235AAE400RS -"CENTER REAR COWL (BLACK NH-1, TYPE -1)"	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
7	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
8	24701KCC900S -PEDAL GEARCHANGE	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
9	53100AAE110S -PIPE STRG HANDLE	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
10	53200KCC690S -STEM COMP STRG	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	
11	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
Parts Total											0.00	3,261.00

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	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	3,261.00
Labour Total	1,500.96
SGST (Parts) 9%	248.72
CGST (Parts) 9%	248.72
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	4,761.96

Rupees in Words: Four Thousand Seven Hundred Sixty One and paise Ninety Six 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

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.E.E.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.	Deshbandhu Pandey 9161023717
2	Vehicle No. / वाहन संख्या	UP3L CB8664
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569895
4	Period of Insurance / बीमा अवधि	23/01/2026 से 22/01/2027 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/04/2026 10:00 Am.
6	Place of Accident / दुर्घटना का स्थान	
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Deshbandhu Pandey, 9161023717 UP3120250009891
8	Estimated Loss / अनुमानित हानि	No.
09.	Cause of Accident / दुर्घटना का कारण :	भारतिया से बालपुर वारियल जा रहे थे तभी अचानक काशीराज आवास विकास कालोनी के पास पीछे से मोबिलिटी के लिये वाले ने टक्कर मार दी जिससे मेरी गाड़ी रगड़ते हुए बाई ओर गिर कर 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 Kheri 9151154036

देशबन्धु पाण्डेय

Signature of Insured / बीमाधारक के

Date / दिनांक : 05/04/2026
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/2026/7002/0/46575569895

Tel. No.

Period of Insurance 23/01/2026 to 22/04/2028
 Claim No.

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 : Desh Bandhu Pandey
 (b) Address for correspondence : Bhansariya Post Udaipur Mahwa U.P. 262701
 (c) Telephone : 9161023717

2. THE INSURED VEHICLE

Make & Year <u>Hero/2023</u>	Engine No. <u>HA11E8PHH52618</u> Chassis No. <u>MBLHAW239PHHA2810</u>	Registration No. <u>UP31CB</u> <u>8664</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 to 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 : Deshbandhu Pandey
- (b) Age : 8.7.2002
- (c) Address : Chansariya Post ugaipur Mathura UP 262701
- (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 : UP31 20250009891
- (h) Issuing Authority : 10.7.2025
- (i) Date of Expiry : 7.7.2042
- (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 : 03/4/2025 10:00 AM
- (b) Place : काशीबाग आवास विकास कोलोनी
- (c) Speed of vehicle at the time of accident : 90 km/h
- (d) Give a short description of the accident : अचानक से जालफुल वॉरियल आरुंधत लगी आयातक काशीबाग आवास विकास कोलोनी के पास घड़ी में मोटर साइकिल चालू है, तबका भारी ज़ख्म हो गई।
- (e) If any third party was responsible for this accident give the name and address : राजेश SP कर और गिरफ्तार दायरता एतजि

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Back and left
- (b) Estimated cost of repairs : No
- (c) When and where can the damaged vehicle be inspected : Man Ram Autosales 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? : _____ N/A
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Police 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 05/09/2026 200

Signature of the insured शिवकुमार पाण्डेय

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. UP31CB8664 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 देराब-चु पांडेय
Occupation
Address

Bank Account Number
Name of the Bank



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



UP31 20250009891



Issue Date: 10-07-2025
Validity (NT): 07-07-2042
Validity (TR):



Holder's Signature

Name: **DESHBANDHU PANDEY**
Date of Birth: 08-07-2002
Blood Group:
Son/Daughter/Wife of: **KALIDATT PANDEY**
Address:
**BHANSARIYA POST UDAIPUR MAHEWA UDAIPUR
MAHEWA BHANDSARIA LAKHIMPUR KHERI UTTAR
PRADESH 262701**

Organ Donor: **N**

Date of First Issue: 16-07-2025

DL No: UP31 20250009891

UPDL311000017003




Invalid Carriage (Regn Numbers)^a
Hazardous Validity^a Hill Validity^a


Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
MCWG	UP31	UP31	10-07-2025	NT			
LMV	UP31	UP31	10-07-2025	NT			
MVSD							

Form 7 Rule 16(2)


Licensing Authority
UP31 LAKHIMPUR KHERI

Emergency Contact Number


भारत सरकार
Government of India




देशबन्धु पाण्डेय
Deshbandhu Pandey
जन्म तिथि/DOB: 08/07/2002
पुरुष/ MALE



3402 6487 4646


VID : 9164 9972 2870 6572

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O कालिदत्त पाण्डेय, पोस्ट उदायपुर माहेवा, भंसरिया,
भंडसरिया, खेरी,
उत्तर प्रदेश - 262701

Address:
S/O Kalidatt Pandey, Post Udaipur Mahewa,
Bhansariya, Bhandasaria, Kheri,
Uttar Pradesh - 262701



3402 6487 4646

VID : 9164 9972 2870 6572

QR Code with Photo

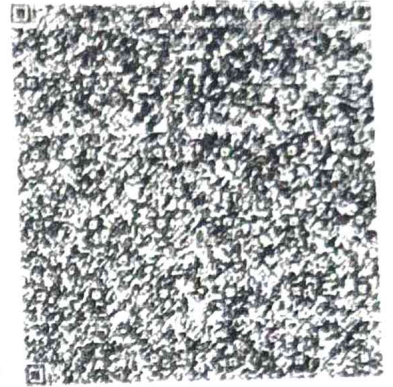
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
IFQPP0716B



नाम / Name
DESHBANDHU PANDEY

पिता का नाम / Father's Name
KALIDATT PANDEY

21052024

जन्म की तारीख /
Date of Birth
08/07/2002

हस्ताक्षर / Signature
DESHBANDHU PANDEY
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