

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.

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ESTIMATE

Estimate No.	10730-03-REST-0426-45	Date	09-04-2026
Customer Name	ITAVARI LAL ..	Contact No.	9120569613
VIN	MBLJAW380R9K00763	Model	GLAMOUR XTEC
Insurance Company		Reg No.	UP31CH6647
HMCGL Card No	1073024830002895	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	6414AACLD00S -SCREEN WIND SUB ASSY	87141090	Paid	335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	396.00
2	50100ACL800S -FRAME BODY COMP	87141090	Paid	5,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	6,969.00
3	33100ACLD02S -LIGHT ASSEMBLY HEAD	85122010	Paid	3,050.85	1	9.00	9.00	0.00	0.00	0.00	0.00	3,600.00
4	61300ACLD00TS -COVER RIGHT FRONT COWL (BLACK NH-1)	87141090	Paid	261.02	1	9.00	9.00	0.00	0.00	0.00	0.00	308.00
5	61400ACLD00TS -COVER LEFT FRONT COWL BLACK NH1	87141090	Paid	261.02	1	9.00	9.00	0.00	0.00	0.00	0.00	308.00
6	83402ACLD00S -PANEL INNER	87141090	Paid	238.14	1	9.00	9.00	0.00	0.00	0.00	0.00	281.00
7	88120AAN410S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
8	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
9	53100AANB00S -PIPE STRG HANDLE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
10	53200AAF410S -STEM COMP STRG	87141090	Paid	651.69	1	9.00	9.00	0.00	0.00	0.00	0.00	769.00
11	51400AANB10S -FORK ASSY R FRONT	87141090	Paid	1,963.56	1	9.00	9.00	0.00	0.00	0.00	0.00	2,317.00
12	51500AAF400S -FORK ASSY, L FRONT	87141090	Paid	1,899.15	1	9.00	9.00	0.00	0.00	0.00	0.00	2,241.00
Parts Total											0.00	17,800.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-GLAMOUR XTEC	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	17,800.00
Labour Total	2,000.10
SGST (Parts) 9%	1,357.63
CGST (Parts) 9%	1,357.63
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	19,800.10

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.E.R.V.T.

ORIENTAL INSURANCE CO. LTD.
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	ITAVARI LAL. 9161036315.
2	Vehicle No. / वाहन संख्या	UP31 CH 6647
3	Policy No. / पालिसी संख्या	MS/2026/2001/0/96575/569676.
4	Period of Insurance / बीमा अवधि	16/01/2026 से 15/01/2027 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/04/2026 10:00 Am.
6	Place of Accident / दुर्घटना का स्थान	पिपरिया के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	CHOTE LAL : 96282 / 5589 UP31 202500L4723
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	LRP से पिपरिया जा रहे थे कि तभी अचानक पिपरिया के पास सामने से आते वाले जेओरदा टक्कर मार के जिससे मेरी गाड़ी बायीं ओर गिरकर दहिशुन हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSA RAM AUTO SALES L.R.P Road Lakhimpur Khera. 9151154036.

Date / दिनांक : 07/04/2026.
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. MS/2026/700/10/46575/569676

Tel. No.

Period of Insurance 16/01/2026 to 15/01/2027

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 : ITAVARI LAL
 (b) Address for correspondence : Pipariya Bypass Lakhimpur Kheri
 (c) Telephone : 9161036315

2. THE INSURED VEHICLE

Make & Year <u>Hero / 2024</u>	Engine No. <u>JA07AER9K00559</u> Chassis No. <u>MBLJAW380R9K00763</u>	Registration No. <u>UP31CH-6647</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
 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 : CHOTE LAL
- (b) Age : 01/10/1983
- (c) Address : Pipariya Bypass Lakhimpur Kheri
- (d) Is the Driver
1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : Yes
- (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 20250014723
- (h) Issuing Authority : 06-10-2025
- (i) Date of Expiry : 05-10-2035
- (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 : 04/04/2026 10:00AM
- (b) Place : Pipariya के पास
- (c) Speed of vehicle at the time of accident : 20-30 km/h
- (d) Give a short description of the accident : LRP में पिपारिया जा रहे थे कि तभी अचानक पिपारिया के पास सामने से आती बाई जोरदार ब्रेक में घिरने लगे
- (e) If any third party was responsible for this accident give the name and address : जारी बाई और 10/काट शिकारवा ए ए

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Left
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : Mesa RAM auto sales LRP, 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. : _____

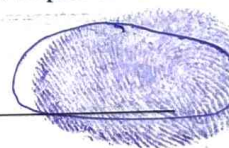
10. THEFT

- (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? : 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 07/09/2026 200

Signature of the insured



शुभरी लाल

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. UP31CH6647 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

इतवारीलाल

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS 2026/7001/O/46575/569676

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	
ITAVARI LAL	1975-12-01	9120569613	SRI RATAN LAL	Hero Motocorp	GLAMOUR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DISK SELF	UP31CH6647	JA07AER9K00559	MBLJAW380R9K00763	2024	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
71500.00	NA	0.00	0.00	0.00	71500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Spots	SHRIRAM FINANCE LIMITED	---	2	2231.24	
Address			City / District	Pin Code	State	
R/O PIPARIYA BYPASS, LAKHIMPUR RAJAPUR KHERI, PS- KOTWALI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ARUN GAUTAM	Male	18 Years	SON	2026-01-16 11:41	Midnight of 2027-01-15	

Option A, VRC: 957.17 TCR: 421.85 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1379.02
 Option B, EC: 0.00 FC 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
 Option 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
 Option D, Drive Assure: 347.64 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 62.58 Total with GST(D): 410.22
Total(Section A+B+C+D) Offered Price After Discount: 2231

Package Period Covered	2026-01-16 To 2027-01-15	2027-01-16 To 2028-01-15	2028-01-16 To 2029-01-15	2029-01-16 To 2030-01-15	2030-01-16 To 2031-01-15
DV	71500	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 UP TO 2029-10-28 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

IMITATIONS 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.

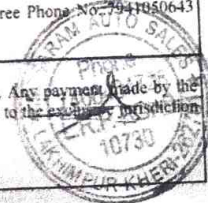
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

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 MOTORSAATHI 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.



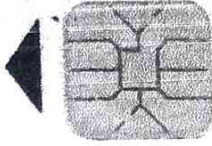
Received with Thanks Rs 2231.24 ON 2026-01-16 from Mr./Ms. ITAVARI LAL against the ARN No. INCP00569676
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



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

UP

UP31 20250014723



Issue Date: 06-10-2025 Validity (NT): 05-10-2035 Validity (TR)*



Holder's Signature

Name: **CHOTE LAL**

Date of Birth: **01-01-1983**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RATAN LAL**

Address:
**KHERI PIPARIA KHERI UTTAR
PRADESH 262701**

Date of First Issue: 06-10-2025

DL No: UP31 20250014723

UPDL311000025035



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	UP31	06-10-2025	NT			
	LMV	UP31	06-10-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAGHIMPUR KHERI



मेरा आधार
Government of India



पुणर्वर्ती नाम
Navin Lal
जन्म तिथि/दिनांक: 01/12/1975
गुणः MALE

आधार पहचान का प्रमाण है, नागरिकता या अल्पवयस्कता का नहीं।
इसका प्रयोग मतदान (ऑनलाइन प्रमाणिकरण, या प्रत्यक्ष वोट
ऑनलाइन प्रमाणिकरण की प्रक्रिया) 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 BSL).

9201 1358 0079

मेरा आधार, मेरी पहचान

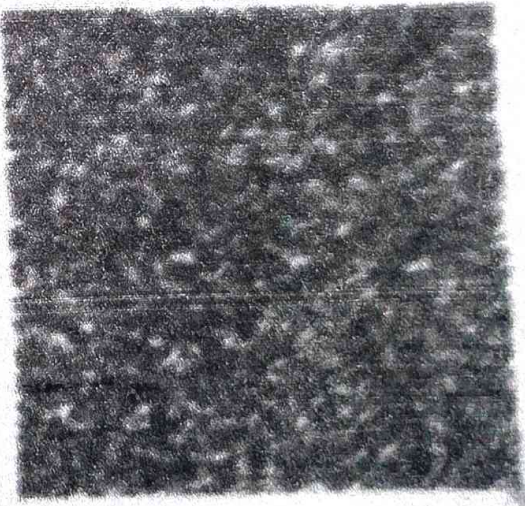


भारतीय विश्वविद्यालय, राष्ट्रीय पहचान प्राधिकरण
Ministry of Information & Public Relations, Government of India



नाम
S/O Navin Lal, विनोद बंगला, लखनऊ, उत्तर प्रदेश,
कोटवा, कोटवा,
जन्म तिथि - 262701

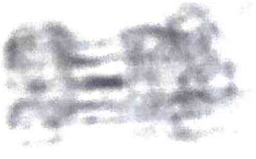
Address:
S/O Navin Lal, Pipariya Bypass, Lakhanpur,
Rajapur, PO: Khera, DIST: Khera,
Uttar Pradesh - 262701



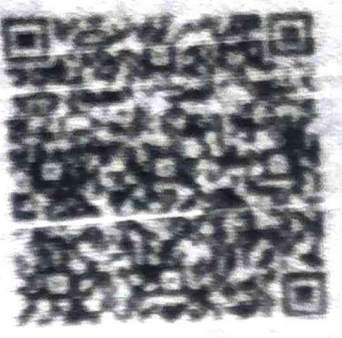
9201 1358 0079

VID : 9196 2264 8286 0278

आयकर विभागा
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



परिभाषित लेखा संख्या कार्ड
Permanent Account Number Card

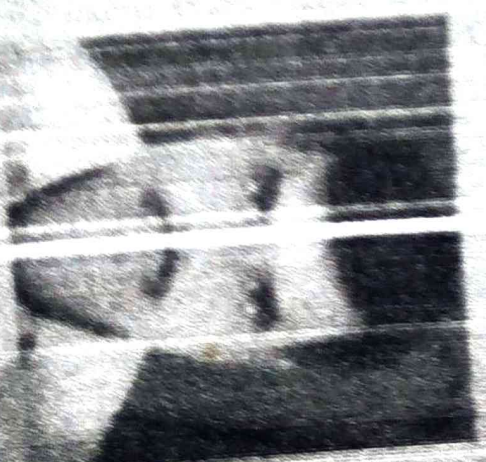
AVBPPL2033(1)

पिता / Name
ITAVARI LAL

पिता का नाम / Father's Name
RATAN LAL

वर्ष का क्रमांक / Date of Birth
01/12/1975

हस्ताक्षर / Signature



03112017