

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

MEEKUT


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.	सोम रॉय, 9648167587.
2	Vehicle No. / वाहन संख्या	UP31BW10293
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/428354
4	Period of Insurance / बीमा अवधि	19/04/2025 से 18/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/04/2026 3:00 PM.
6	Place of Accident / दुर्घटना का स्थान	बेहजम के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सोम रॉय, 9648167587, UP 312022 0012216.
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बेहजम के पास सामने से वाई ओर से टक्कर हो गई जिससे मेरी गाड़ी वाई ओर गिरकर सातगिरा 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.	MOSKRAM AUTO SALES LRPPROAD LAKHSMPUR-KHERI, 9151154036.

Date / दिनांक :
हस्ताक्षर


Signature of Insured / बीमाधारक के

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

MEEKUT.

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.	सौर खी, 9648167587.
2	Vehicle No. / वाहन संख्या	UP31BW10293.
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/428354
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5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/04/2026 3:00 PM.
6	Place of Accident / दुर्घटना का स्थान	बेहजम के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सौर खी, 9648167587, UP 3120220012216.
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बेहजम के पास सामने से वाई ओर से टक्कर हो गई जिससे मेरी गाड़ी वाई ओर गिरकर सातप्रस्त 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 LRPRAD LAKHSMPUR-KHERI, 9151154036.

Date / दिनांक :
हस्ताक्षर

सौर खी
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/2025/7001/01/46575/42

Tel. No.

Period of Insurance 19/04/2025 to 18/04/2026
 Claim No. 8354

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 : SONU KHAN
 (b) Address for correspondence : RIOVILL-RAJEE, PO-BEHJAM, PS-NEEMBAON
 (c) Telephone : 9648167587

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HRIJEWNGB01642</u> Chassis No. <u>MIBLHAN132NGB02848</u>	Registration No. <u>UP31BW</u> <u>0293</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?
 (d) If a Motor Cycle/scooter N/A
 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 : SONU KHAN
 (b) Age : 01/01/1996
 (c) Address : RIO RAREE, BEHJAM, KHERI, UP, 261501.
 (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 20220012216
 (h) Issuing Authority : 26/12/2022
 (i) Date of Expiry : 31/12/2035
 (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 : 12/04/2026 3:00 PM.
 (b) Place : बेहजम के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : बेहजम के मोटरसाइकिल से सामने से बाईं ओर से टक्कर
 (e) If any third party was responsible for this accident give the name and address : होगा जिससे मेरी गाड़ी बाईं ओर गिरकर फाट गइस्त होगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES, LAKHPUR
 (c) When and where can the damaged vehicle be inspected : LAKHPUR, 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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ASADU KHAN
- (b) Age : 01/01/1996
- (c) Address : RIO RAREE, BEHJAM, KHERI, UP, 261501.
- (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 20220012216
- (h) Issuing Authority : 26/12/2022
- (i) Date of Expiry : 31/12/2035
- (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 no, 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 : 12/04/2026 3:00 PM.
- (b) Place : वज्रम के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h.
- (d) Give a short description of the accident : वज्रम के मोड़ पर ट्रक से सामने से बाईं ओर से टक्कर
- (e) If any third party was responsible for this accident give the name and address : दोसरे किसी भी गाड़ी वाला और गिरफ्तार फातमस्त होगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LAKHIMPUR
- (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERI, 915154036.

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 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 14/04/2006

Signature of the insured

सोहन

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Anaf 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. UP31B W523 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 श्री २००
Occupation
Address

Bank Account Number
Name of the Bank

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-0426-61	Date	14-04-2026
Customer Name	SONU KHAN	Contact No.	9648167587
VIN	MBLHAW132NGB02848	Model	HF DELUXE
Insurance Company		Reg No.	UP31BW0293
HMCGL Card No	1073022810002445	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KST950RS -VISOR ASSEMBLY FRONT BLACK	87141090	Paid	546.61	1	9.00	9.00	0.00	0.00	0.00	0.00	645.00
2	61000ACK000US -FENDER FRONT (BL-002M.)	87141090	Paid	855.93	1	9.00	9.00	0.00	0.00	0.00	0.00	1,010.00
3	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	3,400.00
4	3345BAAH001SR -WINKER ASSY L FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	24701ACK000S -PEDAL GEAR CHANGE	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
8	3345BAAH001SR -WINKER ASSY L FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
9	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	590.00
10	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
11	77220AAH7000S -ILL L RR COWL BLK (T1) NH-1)	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
12	77210AAH7000S -ILL R RR COWL BLK (T1) NH-1)	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
13	77230ACK000US -CENTER REAR COWL (BL-002M.)	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
14	53100KST870S -PIPE STRG.HANDLE	87141090	Paid	385.59	1	9.00	9.00	0.00	0.00	0.00	0.00	455.00
15	33700AAN40099S -TAIL LIGHT ASSY	85122010	Paid	1,826.27	1	9.00	9.00	0.00	0.00	0.00	0.00	1,919.00
16	53200AAD000S -STEM COMP STRG	87141090	Paid	612.71	1	9.00	9.00	0.00	0.00	0.00	0.00	723.00
17	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
Parts Total											0.00	13,515.00

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	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	13,515.00
Labour Total	2,000.10
SGST (Parts) 9%	1,030.81

PRAM 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-0426-61	Date	14-04-2026
Customer Name	SONU KHAN	Contact No.	9648167587
VIN	MBLHAW132NGB02848	Model	HF DELUXE
Insurance Company		Reg No.	UP31BW0293
HMCGL Card No	1073022810002445	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KST950RS -VISOR ASSEMBLY FRONT BLACK	87141090	Paid	546.61	1	9.00	9.00	0.00	0.00	0.00	0.00	645.00
2	61000ACK000US -FENDER FRONT (BL-002M.)	87141090	Paid	855.93	1	9.00	9.00	0.00	0.00	0.00	0.00	1,010.00
3	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	3,400.00
4	3345BAAH001SR -WINKER ASSY L FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	24701ACK000S -PEDAL GEAR CHANGE	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
8	3345BAAH001SR -WINKER ASSY L FR (W/O BULB)	99990000	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
9	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	590.00
10	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
11	77220AAH7000S -HLL L RR COWL BLK (T1) NH-1)	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
12	77210AAH7000S -HLL R RR COWL BLK (T1) NH-1)	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
13	77230ACK000US -CENTER REAR COWL (BL-002M.)	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
14	53100KST870S -PIPE STRG.HANDLE	87141090	Paid	385.59	1	9.00	9.00	0.00	0.00	0.00	0.00	455.00
15	33700AAN40099S -TAIL LIGHT ASSY	85122010	Paid	1,626.27	1	9.00	9.00	0.00	0.00	0.00	0.00	1,919.00
16	53200AAD000S -STEM COMP STRG	87141090	Paid	612.71	1	9.00	9.00	0.00	0.00	0.00	0.00	723.00
17	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
Parts Total											0.00	13,515.00

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	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	13,515.00
Labour Total	2,000.10
SGST (Parts) 9%	1,030.81

CGST (Parts) 9%	1,030.81
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	15,515.10

es in Words: Fifteen Thousand Five Hundred Fifteen and paise Ten Only

Authorised Signatory

ns Cash
 es & statutory levies prevailing at the time of delivery shall be charged
 icles in this workshop are handled/driven and kept at owner's risk
 stomers are requested to satisfy themselves with the quality of work done before taking the
 ry
 plementary estimate will be submitted if further damages/parts are required after
 nting the vehicle
 ual amount may vary from estimate
 rage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 disputes subject to jurisdiction of CITY Jurisdiction Only
 Motocorp can further contact you via Call, SMS or email for feedback or to give information
 . New launches.

10730 - Main W/S

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BW0293
 Registration Date : 26-Apr-2022
 Name of Vehicle : M-CYCLE/SCOOTER
 Purpose For Printing RC : NEW
 Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ...
 Name : SONU KHAN
 Son/wife/daughter of : S/O SRI AJMAT KHAN
 Address: (Permanent) : VILL- RAREE, PO- BEHJAM, PS- NEEMGAON, KHERI, UTTAR PRADESH-261501
 Address: (Temporary) : VILL- RAREE, PO- BEHJAM, PS- NEEMGAON, KHERI-UTTAR PRADESH-261501
 Up To : 25-Apr-2037
 Serial No : 1
 Tax Up To : One Time

Link Vehicle No : BHARAT STAGE VI
 Name : INDIVIDUAL
 SRP No : HERO MOTOCORP LTD
 Body : AA2051867336
 Cylinders : SOLO WITH PILLION
 No : 1
 Power(BHP) : HA11EWNGB01642
 Classification : 7.91
 Cap(in all) : HFDELUXE-BLK(SLF-DR-CA
 Cap : STJSS
 2
 0
 Red Black
 Fully Built
 Standing Cap : 0
 Laden Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Fuel Fitted : NO

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

Description	Weight(in kgs)

Motor vehicle above described is subject to Hypothecation in favour of w.e.f.
 Date : 19-Apr-2022
 Amount/Rcpt No : 63390/-
 Vehicle is Govt./ Pvt. : 6339 / UP31D22040004041
 Date of Approval : PRIVATE
 27-Apr-2022

Previous RegNo :
 Entry Date :
 Conversion Date :
 Certificate is valid from 26-Apr-2022 to 25-Apr-2037

Signature of Registering Authority :
 Date : 26-May-2022

2217440
 5/26/2022, 12:34

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
SONU KHAN	1996-01-01	9648167587	S/O SRI AJMAT KHAN	Hero Motocorp	HF DELUXE
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
HF DELUXE-BLK(SELF DRUM-CAST)	LP31BW0293	HA11EWNG601642	MBLHAW132NGB02848	2022-04-26	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
34500.00	NA	0.00	0.00	0.00	34500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (in
	Solo	HP/Lease/Hire-Purchase Agreement		2	1607.86
Address			City / District	Pin Code	State
VILL- RAREE, PO- BEHIAM, PS- NEEMGAON					Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
JESHAN KHAN	Male	20 Years	BROTHER	2025-04-19 16:12	Midnight of 2026-04-19

Section A. VRC 531.13 TCR 284.97 Less Handicapped Discount 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%) 0.00 Total with GST(A) 816.10
 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

Section C. MS Services(O) 374.58 MS Services(T) 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 296.41 AHTK DIOC & Additional Essential Items (Alloy wheel Cover Other Discount: 0.00 GST (CGST @9% + SGST @9%): 53.35 Total

GST(D): 349.76
Total (Section A+B+C+D) Offered Price After Discount: 1607.86

Package Period Covered	2025-04-19 To 2026-04-18	2026-04-19 To 2027-04-18	2027-04-19 To 2028-04-18	2028-04-19 To 2029-04-18	2029-04-19 To 2030-04-18
ADV	34500	NIL	NIL	NIL	NIL
MS Services Period Covered (MOB)	374.58	NIL	NIL	NIL	NIL

* THE VEHICLE COVERED IN THIS CONTRACT IS NOT ELIGIBLE FOR COVERAGE EXCEPT FROM AN INSURANCE COMPANY VALID UPTO 2027-04-18 (DETAILS 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 by Organized Racing c) Pace Making or Speed Testing d) Competitive Driving e) Any purpose in connection with Motor Trade.

DRIVER: Any person including a person holding a valid driving licence at the time of the accident and is not disqualified from His obtaining such a license. Provided also that the person holding an effective license may also drive the vehicle and that such a person satisfies the requirements of Rule General 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 - 10000. The limit of amount covered is assumed by claim. Motor Cycle and Engine & conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com

DISCLAIMER: The package stands cancelled or void in the event of Change of Ownership. The company may cancel the package by sending 7 days' notice in case of misrepresentation, nondisclosure of material fact or non-compliance of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountants 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.

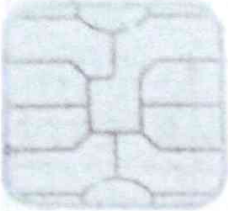


Received with Thanks Rs 1607.86 ON 2025-04-18 from Mr./Ms. SONU KHAN against the ARN No. INCP00428354
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements. DMT - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Indian Union Driving Licence
 Issued by Uttar Pradesh



UP31 20220012216



Issue Date 26-12-2022
 Validity (NT) 31-12-2035

Validity (TR)* -----



(26-12-2022)

Holder's Signature

Name: SONU KHAN

Date of Birth: 01-01-1996

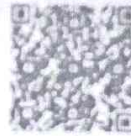
Blood Group:

Organ Donor: N

Daughter/Wife of: AJMAT KHAN

Address:

Behjam Kheri Uttar Pradesh 261501



DL No: UP31 20220012216

UPDL 000099848845

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*
MC/PG	LMV	UP31	26-12-2022	MT			
MT/STO							

Emergency Contact Number

Issuing Authority
 UP31 LAKHIMPUR KHESI

Form 7 Rule 16(2)



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India

पता
आत्मज अजमत खान, रायी, बेहजम
खोरी, बेहजम, उत्तर प्रदेश, 261501

Address
S/O Ajmat Khan, rasee, Behjam,
khori, Behjam, Uttar Pradesh,
India

2110 5747 8856



आत्मज अजमत खान
आत्म आदमी का अधिकार

2110 5747 8856



नाम
Sonu Khan
जन्म तिथि / DOB : 01/01/1996
पुरु / Male



आयकर विभाग
INCOME TAX DEPARTMENT



नाम / Name
SONU KHAN

पिता का नाम / Father's Name
AJMAT KHAN

जन्म की तारीख / Date of Birth
01/01/1996

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
FIZPK5750F

भारत सरकार
GOVT. OF INDIA

सोनु खान
हस्ताक्षर / Signature

