

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-0426-95
 Customer Name VINOD KUMAR ...
 VIN MBLHAW40XSHB27388
 Insurance Company
 HMCGL Card No
 Part Details

Date 28-04-2026
 Contact No. 9415695729
 Model SPLENDOR+ XTEC 2.0
 Reg No. UP31CK5497
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	902.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.00
2	3345BAAE941S -WINKER ASSEMBLY LEFT FRONT	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
3	33650AAE941S -WINKER ASSEMBLY LEFT REAR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
4	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
5	51104AAEH00S -STEP PILLION	87141090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
Parts Total											0.00	4,800.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC. 2.0	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	4,800.00
Labour Total	2,000.10
SGST (Parts) 9%	366.10
CGST (Parts) 9%	366.10
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	6,800.10

Rupees in Words: Six Thousand Eight Hundred and paise Ten Only

Authorised Signatory

10730 - Main W/S

- Terms Cash
- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- 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.

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

विनाम
Oriental Insurance Co Ltd /
ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

MEERUT.

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र

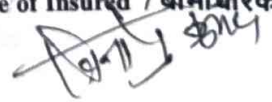
Sir / महोदय,

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.	Vinod Kumari 9415695729
2	Vehicle No. / वाहन संख्या	UP 31UR 5497
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/570089
4	Period of Insurance / बीमा अवधि	23/12/26 से 13/12/27
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/11/26. 11:00 Am.
6	Place of Accident / दुर्घटना का स्थान	रामिया बहेड के पास
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Vinod Kumari 9415 69 5729 UP31 20190001562
8	Estimated Loss / अनुमानित हानि	No
09.	Cause of Accident / दुर्घटना का कारण :	चरम CMC रामिया बहेड आ रहे थे तभी अचानक रामिया बहेड के पास मैंने अपने वाहन पार्क और मोटर को तभी अचानक मेरी गाड़ी वा प्रियंत्रण से जाया जिससे की मेरी गाड़ी चली और गिरकर फंस से उकराकर 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 / फोन नं.	MOSARAM AUTO Sales LRP Road Lakhimpur Khari. 915154036

Date / दिनांक :
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 MEEAUT.

Certificate/Policy No. MS/2026/7001/0146575

Tel. No.

Period of Insurance 21/03/2026 to 11/03/26
 Claim No. 570880

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 : VINDY KUMAR
- (b) Address for correspondence : Gyulripurva Post raiapur, Kheri, UP.
- (c) Telephone : 941565729

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025</u>	Engine No. <u>HATLF1SHB27368</u> Chassis No. <u>MBLHAW4OXSHB27388</u>	Registration No. <u>UP31CK</u> <u>5497.</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 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 : VINOD KUMAR
 (b) Age : 18/03/1996
 (c) Address : GULARTIPURWAH Post NAINAPUR
 (d) Is the Driver :
 1. Owner : YES
 2. paid driver? : YES 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 : UP 31 20190001562
 (h) Issuing Authority : 05/02/2019
 (i) Date of Expiry : 4/02/2039
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? :
 (m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 27/4/26
 (b) Place : रामिया ब्रेस के पास
 (c) Speed of vehicle at the time of accident : धुस से चले रामिया ब्रेस का आ रहे थे अभी अचानक
 (d) Give a short description of the accident : रामिया ब्रेस के पास जैम बायी ओर मोड़ की वजह से
 (e) If any third party was responsible for this accident give the name and address : अचानक मेरी गाड़ी को निपटण खे गया जिसमे का
 मोरी गाड़ी बायी ओर गिरक पड़े से लकराकर
 शरियत बंदी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Left
 (b) Estimated cost of repairs : NO
 (c) When and where can the damaged vehicle be inspected : MOSARANI AUTO SALES L.R.P. ROAD Lakhimpur
 Kheri: 915159036

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?
- (b) If yes, give full details

_____ **NIA**

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?
- (d) If yes, to which Police Station?
- (e) Date and Diary No.

_____ **NIA**

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 Police Station?
- (i) C.R. diary Number

_____ **NIA**

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.

Signature of the insured *[Signature]*

Date 28/09/2016 200

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. _____ 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



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31CK5497 Registration Date : 04-Mar-2025
 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 : VINOD KUMAR Son/wife/daughter of : S/O SRI PATI RAM
 Full Address: (Permanent) : R/O GRAM GULRIPURVA POST NAINAPUR,, KHERI, PS- DHAURAHARA, KHERI, UTTAR
 PRADESH-262724
 Full Address: (Temporary) : R/O GRAM GULRIPURVA POST NAINAPUR,, KHERI, PS- DHAURAHARA, KHERI-UTTAR
 PRADESH-262724

Fitness UpTo : 03-Mar-2040 Owner Serial No :
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI
 Ownership : INDIVIDUAL Norms :
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA1040066859
 Front HSRP No : AA2121946121 Month/Year of Manuf. : 02/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW40XSHB27388
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F1SHB27368 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1235
 Maker's Classification : SPLENDOR+ XTEC 2.0 Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 242
 Colour : Black Heavy Grey AC Fitted : NO
 Other Criteria :
 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)
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- 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	: 02-Mar-2025	Sale Amt	: 8435/-
OTT Date	: 02-Mar-2025	Amount/Rcpt No	: 8436 / UP31D25030000524
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 08-Mar-2025		

Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 04-Mar-2025 to 03-Mar-2040

Date: 22-Mar-2025 17:04:50
 Taxation Particulars / Advance Registration Mark Fee Details

Signature:
 Date: 22-Mar-2025
 लखिमु-करी

0 2546456

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh

Two-Wheeler Package Contract - Bundled



Contract No.: MS/2026/7001/O/46575/570884

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	
VINOD KUMAR	1996-03-18	9415695729	S/O SRI PATI RAM	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP31CK5497	HA11F1SHB27368	MBLHAW40XSHB27388	2025	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
63500.00	NA	0.00	0.00	0.00	63500.00	
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	2031.04	
Address			City / District	Pin Code	State	
R/O GRAM GULRIPURVA POST NAINAPUR, KHERI, PS- DHAURAHARA, KHERI				262724	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PRADEEP KUMAR	Male	32 Years	BROTHER	2026-03-02 11:48	Midnight of 2027-03-01	

Section A, VRC: 850.07 TCR: 374.65 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1224.72

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: 308.75 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 55.57 Total with GST(D): 364.32

Total(Section A+C+D) Offered Price After Discount: 2031

Package Period Covered	2026-03-02 To 2027-03-01	2027-03-02 To 2028-03-01	2028-03-02 To 2029-03-01	2029-03-02 To 2030-03-01	2030-03-02 To 2031-03-01
ADV	63500	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 2030-03-01 (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.

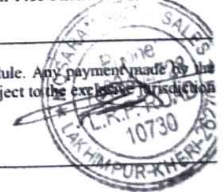
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

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 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 2031.04 ON 2026-03-01 from Mr./Ms. VINOD KUMAR against the ARN No. INCP00570884
 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



UNION OF INDIA Driving Licence

UP NT

UP31 20190001562



जारी करने की तिथि
Date of Issue

05/02/2019

वैधता समाप्ति तिथि
Validity

04/02/2039

जन्म तिथि
Date of Birth

18/03/1996

Blood Group

Unknown



नाम / Name

VINOD KUMAR

पति/पति का नाम / Son/Daughter/Wife of

PATI RAM

UP31 20190001562

UP=1742733567



LMV

05/02/2019



MCWG

05/02/2019



UP

पता / Address:

VILL GULARIPURWA POST NAINAPUR
THANA DHAURAHRA
DHAURAHARA, KHERI, UP - 262724

Holder's Signature

जारीकर्ता / Issuing Authority Sign
LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Aadhaar No. Issued: 22/03/2012



विनोद कुमार
Vinod Kumar
जन्म तिथि / DOB : 18/03/1996
पुरुष / Male



7306 8338 6345

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).**

7306 8338 6345

मेरा आधार, मेरी पहचान

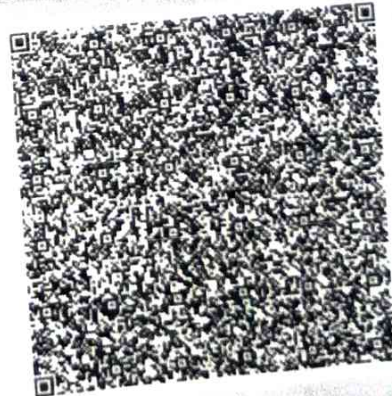


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 28/06/2012

पता: S/O पति राम, ग्राम गुलरीपुरवा पोस्ट
नैनापुर, नैनापुर, खीरी, उत्तर प्रदेश, 262724
Address: S/O Pati Ram, gram gulripurva post
nainapur, Nainapur, Nainapur, Kheri, Uttar
Pradesh, 262724



7306 8338 6345

1947

help@uidai.gov.in

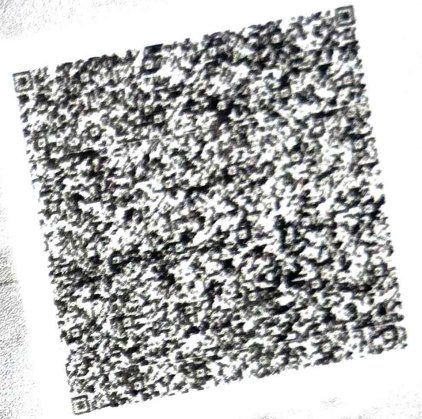
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
OATPK3612M



नाम / Name

VINOD KUMAR

पिता का नाम / Father's Name

PATI RAM

जन्म की तारीख / Date of Birth

18/03/1996

Vinod Kumar
हस्ताक्षर / Signature

16931