

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-0526-100
 Customer Name SACHIN KUMAR
 VIN MBLHAW144MHK03906
 Insurance Company
 HMCGL Card No 1073021860005150

Date 01-05-2026
 Contact No. 6392449292
 Model HF DELUXE
 Reg No. UP31BS9237
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	76.27	1	9.00	9.00	0.00	0.00	0.00	0.00	90.00
2	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
3	83600AAHF00RS -L SIDE COVER BLACK NH-1(T1)	87141090	Paid	559.32	1	9.00	9.00	0.00	0.00	0.00	0.00	660.00
4	51104AAH030S -STEP WOMEN	87141090	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
5	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00
6	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
7	53200AAD000S -STEM COMP STRG	87141090	Paid	686.44	1	9.00	9.00	0.00	0.00	0.00	0.00	810.00
8	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
9	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
10	37100ACKL0099S -METER ASSEMBLY COMPLETE	87141090	Paid	2,500.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00
Parts Total											0.00	15,650.00

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

Parts Total	15,650.00
Labour Total	2,000.10
SGST (Parts) 9%	1,193.64
CGST (Parts) 9%	1,193.64
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	17,650.10

Rupees in Words: Seventeen Thousand Six Hundred Fifty and paise Ten 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 delivery

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

The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir/ महोदय,

Subject / विषय: Claim Intimation Letter / दावा सूचना पत्र

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.	साचिन कुमार, 6392449292
2	Vehicle No. / वाहन संख्या	UP31 BS 9237
3	Policy No. / पालिसी संख्या	M3/2025/7001/0/46575/568353
4	Period of Insurance / बीमा अवधि	26/12/2025 से 25/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/04/2026 4:00PM.
6	Place of Accident / दुर्घटना का स्थान	सौजन्या चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सौरभ कश्यप, 8107241641 UP31 20170012261.
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	सौजन्या चौराहे के पास सामने से वाई ओर से त्याड़ से जोरदार टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सतियमत 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, LPP ROAD LAKHIMPUR MEERUT, 9151154036.

साचिन कुमार

Signature of Insured / बीमाधारक के

Date / दिनांक : 25/04/2026
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/2025/70010/46575/56

Tel. No.

Period of Insurance 26/12/2025 से 25/12/2026
 Claim No. 8353

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 : SACHIN KUMAR
 (b) Address for correspondence : RIDLAMATI NA SHOOL KE PICHE HIDAYAT NAGAR,
 (c) Telephone : 6392449292. LAKHIMPUR PO-KHERI, DG-KHERI,
UP, 262701.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HAIJESMHK03659</u> Chassis No. <u>MBLHAW144MHK03906</u>	Registration No. <u>UP31BS</u> <u>9237</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? N/A
 (c) Was trailer attached? N/A
 (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: 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 : SAURABH KASHYAP
 (b) Age : 18/01/1999
 (c) Address : P/O MO-HADRAYATNAGAR THANA-KOTWALI
 SADAR, LAKHIMPUR-KHERI, 262701.
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAI
 (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 20170012261
 (h) Issuing Authority : 10/11/2017
 (i) Date of Expiry : 09/11/2037
 (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 : 22/04/2026 4:00 PM.
 (b) Place : सोजिया चौराहे के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : सोजिया चौराहे के पास सामने से बड़ी ओर से साइड से
 (e) If any third party was responsible for this accident give the name and address : जोरकर टक्कर हो गई जिससे मेरी गाड़ी बर्बाद और मेरे पास
 सतिश्वर ही गई.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MASARAM AUTO SALES, LRPRDAD
 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?
- (g) When?
- (h) Which Policy Station?
- (i) C.R. diary Number

N/A

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 राधिका कुमार

Date 25/APR/ 2016

Discharge Voucher

ACCIDENT DEPARTMENT

Discharge Voucher

ACCIDENT DEPT

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 the loss and/or
my/our motor Car/Vehicle No. UP31BS9237 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/-

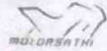


Witness
Name
Signature
Address

Signature साधन कुमार
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/568353

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	
SACHIN KUMAR	1997-05-14	6392449292	SRI SURENDRA PRASAD	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
VX	UP31BS9237	HA11ESMHK03659	MBLHAW144MHK03906	2021-11-08	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
33500.00	NA	0.00	0.00	0.00	33500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
LAKHIMPUR KHERI	Solo		---	2	1749.22	
Address			City / District	Pin Code	State	
MOH- HIDAYAT NAGAR, PS- KOTWALI, KHERI			LAKHIMPUR KHERI	262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MANISH KUMAR	Male	32	BROTHER	2025-12-26 13:42	Midnight of 2026-12-25	

Section A, VRC: 583.00 TCR: 474.36 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1057.36

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: 211.75 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.11 Total with GST(D): 249.86

Total(Section A+B+C+D) Offered Price After Discount: 1749

Package Period Covered	2025-12-26 To 2026-12-25	2026-12-26 To 2027-12-25	2027-12-26 To 2028-12-25	2028-12-26 To 2029-12-25	2029-12-26 To 2030-12-25
ADV	33500	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 2026-11-07 (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/ Not 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 MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 794105064 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.

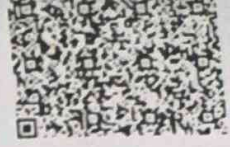


#: Received with Thanks Rs 1749.22 ON 2025-12-19 from Mr./Ms. SACHIN KUMAR against the ARN No. INCP00568353
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

53

Priority
2023

Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BS9237 Registration Date : 08-Nov-2021
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : HPT
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, . . . 153-262701
Owner Name : SACHIN KUMAR Son/wife/daughter of : SRI SURENDRA PRASAD
Full Address: (Permanent) : MOH- HIDAYAT NAGAR, MOH- HIDAYAT NAGAR, PS- KOTWALI, KHERI, UTTAR
PRADESH-262701
Full Address: (Temporary) : MOH- HIDAYAT NAGAR, MOH- HIDAYAT NAGAR, PS- KOTWALI, KHERI-UTTAR
PRADESH-262701

Fitness UpTo : 07-Nov-2036 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 : AA2038895628 Rear HSRP No : AA2039750935
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2021
No of Cylinders : 1 Chassis No : MBLHAW144MHK03906
Engine No : HA11ESMHK03659 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : HF DELUXE (SELF-DRUM-C Wheel base : 1235
AST)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242
Other Criteria : AC Fitted : NO
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)
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-Nov-2021 Sale Amt : 61910/-
OTT Date : 02-Nov-2021 Amount/Rcpt No : 6191 / UP31D21110000453
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 08-Nov-2021
Other State/Transfer/Conversion Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

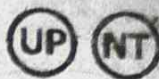
This certificate is valid from 08-Nov-2021 to 07-Nov-2036

Date : 20-Dec-2023 15:48:19
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date 20-Dec-2023
लखीमपुर खैरी

P 4564262


UNION OF INDIA Driving Licence







UP31 20170012261

	जारी करने की तिथि Date of Issue 10/11/2017	वैधता / Validity 09/11/2037	
	जन्म तिथि Date of Birth 18/01/1999	Blood Group Unknown	

नाम / Name
SAURABH KASHYAP
 पिता/पति का नाम / Son/Daughter/Wife of
HARINDER KASHYAP

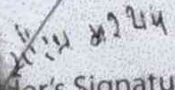
UP05905056MT

UP31 20170012261

 LMV 10/11/2017	 MCWG 10/11/2017	 
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पता / Address
**MOH HIDAYAT NAGAR
 THANA KOTWALI SADAR
 LAKHIMPUR KHERI - 262701**

जारीकर्ता / Issuing Authority Sign
Lakhimpur Kheri

Holder's Signature


Form 7 Rule 16(2)



भारत सरकार

Government of India



Aadhaar No. Issued: 14/07/2012



सचिन कुमार

Sachin Kumar

जन्म तिथि / DOB : 14/05/1997

पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन 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).**

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मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

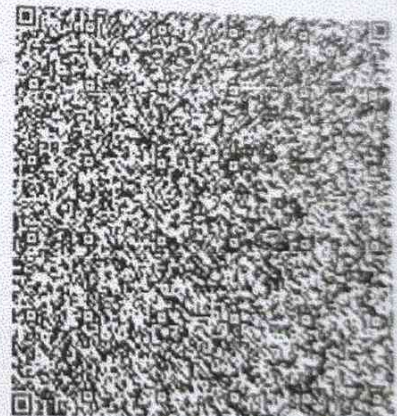
Unique Identification Authority of India



ISSUED ON 23/03/2025

पता: S/O सुरेन्द्र प्रसाद, ला-मटीना स्कूल के पीछे,
हिदायत नगर, लखीमपुर, खीरी, उत्तर प्रदेश,
262701

Address: S/O Surendra Prasad,
La-Matina School Ke Piche, Hidayat
Nagar, Lakhimpur, PO:Kheri, DIST:Kheri,
Uttar Pradesh, 262701



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