

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-0526-131
 Customer Name BHANU ----/----
 VIN MBLHAW148RHE12334
 Insurance Company
 HMCGL Card No 1073024850002192

Date 09-05-2026
 Contact No. 9882819836
 Model HF DELUXE
 Reg No. UP34BX9565
 HMCGL Card Category 07 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	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
2	50803KST940S -GUARD LEG	87141090	Paid	527.12	2	9.00	9.00	0.00	0.00	0.00	0.00	622.00
3	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
4	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
5	52110AAJH40S - SWINGARM COMP REAR	87141090	Paid	753.39	1	9.00	9.00	0.00	0.00	0.00	0.00	889.00
6	3345BAAH001S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
7	80100KST940S -FENDER COMPLETE REAR	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
8	83500AAHF00RS -R 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
Parts Total											0.00	4,284.00

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	4,284.00
Labour Total	2,000.10
SGST (Parts) 9%	326.75
CGST (Parts) 9%	326.75
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	6,284.10

Rupees in Words: Six Thousand Two Hundred Eighty Four and paise Ten Only

Authorized Signatory

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
 5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
 6. Actual amount may vary from estimate
 7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 8. 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.

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि 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.	BHANU 8957829625
2	Vehicle No. / वाहन संख्या	UP34BX9565
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/454559
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/05/2026 5:00 PM.
6	Place of Accident / दुर्घटना का स्थान	नकल चौराहे पर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BHANU 8957829625 UP3420130000569
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : नकल चौराहे पर गाड़ी खड़ी थी। अचानक आबाद पर आघात से लड़ते लड़ते में गाड़ी के पास आ गये गाड़ी से बायीं साइड से आबाद पर हाट टक्कर लगने से पायीं साइड गिरावट 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.	MOSARAMA To SALES L.R.P Road Lakhimpur Kheri 9151154036.

Date / दिनांक : 08/05/2026 .
हस्ताक्षर

Signature of Insured / बीमाधारक के

मानव

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : BHANU
- (b) Age : 21/12/1992
- (c) Address : VILL- SAMRA PURWA LAHARPUR SITAPUR, 261135
- (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 : UP34 2013 0000569
- (h) Issuing Authority : 08-12-2021
- (i) Date of Expiry : 14/01/2033
- (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 : 06/05/2026
- (b) Place : नकल चौक
- (c) Speed of vehicle at the time of accident : 30-40 km/h
- (d) Give a short description of the accident : नकल चौक पे गाड़ी खड़ी थी तभी अचानक आवाज सुनाई
- (e) If any third party was responsible for this accident give the name and address : आपस में लड़ते-लड़ते मोटो गाड़ी के पास आ गए और गाड़ी में लगी आग आ गई और गाड़ी में आग लगी और गाड़ी में आग लगी और गाड़ी में आग लगी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Left and Right - front
- (b) Estimated cost of repairs : NO
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALE 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 : N/A
- (e) Full details of property damaged : /
- (f) Has notice of any claim been given to you? : /

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ / NA
- (b) If yes, give full details : _____

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. : _____

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 : _____

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 08/08/2026 200

Signature of the insured [Signature]

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. UP39BX 9565 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 HIJ
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/454554

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
 E-mail: 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	
BHANU	1992-02-01	8957829625	SRI PRITHVIPAL	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
E20 I3S	UP34BX9565	HA1IECRHE14961	MBLHAW148RHE12334	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
55000.00	NA	0.00	0.00	0.00	55000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD.	---	2	1870.93	
Address			City / District	Pin Code	State	
R/O SEMRAPURAWA RUKHARA, BHADPAR SITAPUR, PS-LAHARPUR, SITAPUR, UTTAR PRADESH				261135	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PRITI RAJ	Female	26 Years	WIFE	2025-07-11 16:23	Midnight of 2026-07-10	

Section A, VRC: 773.10 TCR: 324.50 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1097.60
 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: 280.79 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.54 Total with GST(D): 331.33
Total (Section A+B+C+D) Offered Price After Discount: 1871

Package Period Covered	2025-07-11 To 2026-07-10	2026-07-11 To 2027-07-10	2027-07-11 To 2028-07-10	2028-07-11 To 2029-07-10	2029-07-11 To 2030-07-10
ADV	55000	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 2029-07-10 (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. 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 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability shall 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.

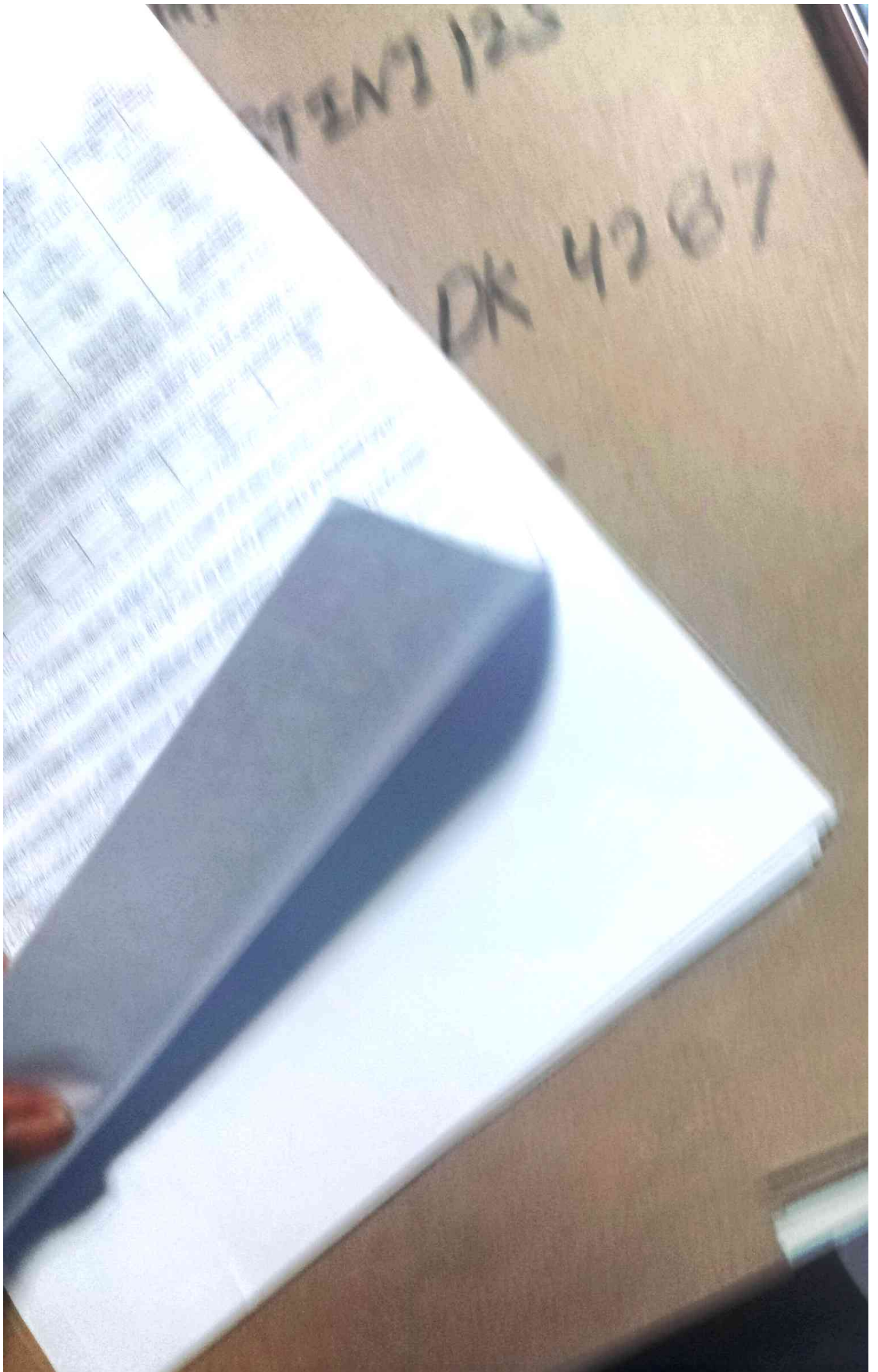
TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



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 1870.93 ON 2025-07-09 from Mr./Ms. BHANU against the ARN No. INCP00454554
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please see overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India





आयकर विभाग
INCOME TAX DEPARTMENT

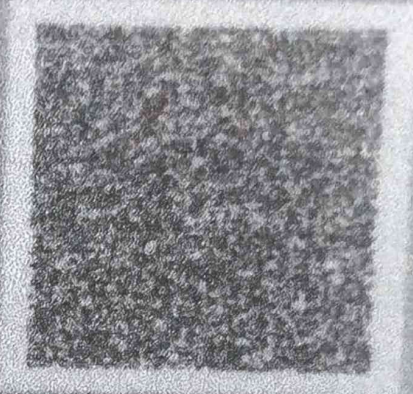


भारत सरकार
GOVT. OF INDIA



ई-पत्राची सेवा सध्या कार्य
e - Permanent Account Number Card

GNQPB6341N

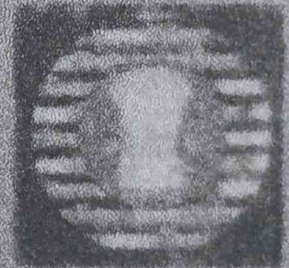


नाम / Name
BHARDI

पिता या माता / Father's Name
PRITHVIPAL

जन्म दिनांक / Date of Birth
01/02/1982

हस्ताक्षर / Signature



*In case this card is lost / found, kindly inform / return to
Income Tax PAN Services Unit, UTTISI,
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.*

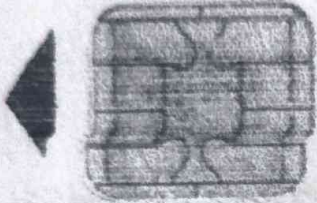
हा कार्ड के हाने/पाने का कृपया सूचित करें/लौटाने :
आयकर सेवा सेवा यूनिट, UTTISI,
प्लॉट नं. 3, सेक्टर 11, सी.बी.डी. बेलपुर,
नवी मुंबई - 400 614.



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



UP34 20130000569



Issue Date	Validity (NT)	Validity (TR)
08-12-2021	14-01-2033	07-12-2026

Holder's Signature

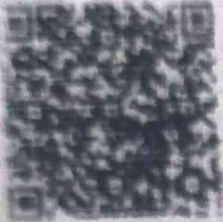
Name: **BHANU**
 Date of Birth: **12-12-1992** Blood Group: Organ Donor: **N**
 son/Daughter/wife of: **PIRTHIPAL**
 Address:
**VILL SAMRAPURWA LAHARPUR
 LAHARPUR, SITAPUR 261135**

Date of First Issue **(15-01-2013)**



DL No: **UP34 20130000569**

JPOE 000008998389



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	UP34	15-01-2013	NT			
	LMV	UP34	15-01-2013	NT			
	TRANS	UP34	04-09-2015	TR			

Form / Rule 16(2)

Emergency Contact Number

Licence Authority
UP34 SITAPUR

Application Form (pre filled)
Print Acknowledgement



भारत सरकार
Government of India



नाम
Bhanu
जन्म तिथि/DOB: 01/02/1992
पुरुष/ MALE

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

7095 9931 3003

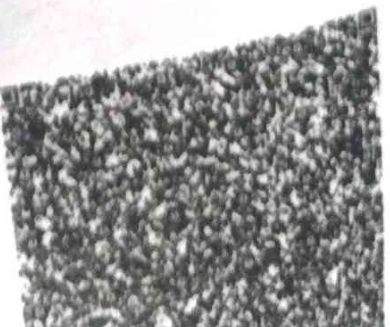
सेवा आधार, सेरी पहचान



भारतीय पहचान प्रमाण प्राधिकरण
Unique Identification Authority of India



पता:
आसज, पृथ्वीपाल, सेमरापुरवा, रुखारा, भदर, भदर,
उत्तर प्रदेश - 261135
सीतापुर
Address:
S/O: Prithvipal, semrapurawa, rukhara,
Bhadar, PO: Bhadfar, DIST: Sitapur,
Uttar Pradesh - 261135



7095 9931 3003
VID : 9169 8264 5111 9392



1947



help@uidai.gov.in



www.uidai.gov.in