

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-0526-159	Date	16-05-2026
Customer Name	VIPIN KUMAR ..	Contact No.	6391422776
VIN	MBLHAW405SHA40644	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP31CJ7867
HMCGL Card No	1073024880005009	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	61100AAEB00ES -FENDER COMPLETE FRONT RD-021M	87141090	Paid	1,233.0	1	9.00	9.00	0.00	0.00	0.00	0.00	1,455.0	
2	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	902.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.0	
3	83402AAE940S -INNER PANEL	87141090	Paid	250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	295.00	
4	37100AAE94099S -METER ASSEMBLY COMBINATION	87141090	Paid	3,165.2	1	9.00	9.00	0.00	0.00	0.00	0.00	3,735.0	
5	3340BAAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00	
6	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.0	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.0	
7	51500KWA941S -FORK ASSY. LFR	87141090	Paid	2,216.1	1	9.00	9.00	0.00	0.00	0.00	0.00	2,615.0	
8	51400KWA941S -FORK ASSY. RFR	87141090	Paid	2,216.1	1	9.00	9.00	0.00	0.00	0.00	0.00	2,615.0	
9	53200AAE949S -STEM COMPLETE STEERING	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00	
10	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00	
11	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00	
12	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	4,296.6	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.0	
13	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00	
14	8120AAA930S -CARRIER REAR SUB ASSEMBLY	87141090	Paid	1,194.9	1	9.00	9.00	0.00	0.00	0.00	0.00	1,410.0	
15	35010AAE931S -KEY SET	83012000	Paid	847.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.0	
Parts Total												0.00	24,460.0

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	0.00	24,460.00
Labour Total	0.00	2,000.10
SGST (Parts) 9%		1,865.59
CGST (Parts) 9%		1,865.59
SGST (Labour) 9%		152.55
CGST (Labour) 9%		152.55

Total

26,460.10

Rupees in Words: Twenty Six Thousand Four Hundred Sixty and paise Ten Only

Authorised 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

Amount

0.00 1,025.00

0.00 225.00

0.00 2,750.00

0.00 100.00

0.00 3,225.00

0.00 490.00

0.00 3,715.00

0.00 2,800.00

0.00 2,920.10

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.	VIPIN KUMAR. 6391422776.
2	Vehicle No. / वाहन संख्या	UP 31 CJ 7867
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569513.
4	Period of Insurance / बीमा अवधि	12/01/2026 to 11/01/2027.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/05/2026 7:35 PM.
6	Place of Accident / दुर्घटना का स्थान	बाजुडिहा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VIPIN KUMAR 6391422776 UP 312021 0019010
8	Estimated Loss / अनुमानित हानि	No
09.	Cause of Accident / दुर्घटना का कारण :	जकाराही से लखीमपुर आ रहे थे तभी अमृतागंज और बाजुडिहा के बीच में अन्यायक नीलगाय आ जाने के कारण मैंने ब्रेक लगया जिससे मेरी गाड़ी दायाँ ओर गिरकर 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.	MOSARAM AUTO SALES GISHS 9036 L.R.P Road Lakhimpurkhera

विपिन कुमार
Signature of Insured / बीमाधारक के

Date / दिनांक : 15/05/2026
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 MFERUT.

Certificate/Policy No. _____

Tel. No. _____

Period of Insurance _____

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 : VIPIN KUMAR
 (b) Address for correspondence : Rudra Park Kalan, Kheri Uttar Pradesh.
 (c) Telephone : 6391422776

2. THE INSURED VEHICLE

Make & Year <u>Hero/2015.</u>	Engine No. <u>HA11PI-SHA 05979</u> Chassis No. <u>MBLHAW40SSHA4064</u>	Registration No. <u>UP31 CJ 7867.</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? No
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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 : No.
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : VIPIN KUMAR.
 (b) Age : 01/07/2000
 (c) Address : RUDRA PUR KALAN PS KHERT
 (d) Is the Driver : Lakhimpur, 262721
 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 2021 0019010
 (h) Issuing Authority : 19/12/2021
 (i) Date of Expiry : 30/06/2030
 (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 : 19/05/2026
 (b) Place : 7:35 PM
 (c) Speed of vehicle at the time of accident : 30-40 Km/h.
 (d) Give a short description of the accident : असुरतागत कार वाहक के बीच में
 (e) If any third party was responsible for this accident give the name and address : नीलगाय स. NO

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Right.
 (b) Estimated cost of repairs : NO
 (c) When and where can the damaged vehicle be inspected : MOSA RAM AUTO SALES L.R.P 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? : _____
- (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 Policy 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.

Date 15/05/2026 200

Signature of the insured

दीपक शर्मा

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. UP3/CJ 7867 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/-



Signature विपिन कुमार
Occupation _____
Address _____

Witness
Name _____
Signature _____
Address _____

Bank Account Number _____
Name of the Bank _____



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ7867
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, . . . 153-262701
 Owner Name : VIPIN KUMAR
 Full Address: (Permanent) : R/O RUDRAPUR KALAN, KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262721
 Full Address: (Temporary) : R/O RUDRAPUR KALAN, KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262721
 Fitness UpTo : 12-Jan-2040
 Registration Date : 13-Jan-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SRI KAMLESH KUMAR
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1038955493
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F1SHA05979
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ XTEC 2.0
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : MAT GUN MET GREY
 Other Criteria :
 Vehicle Purchase As : Fully Built

Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1039287482
 Month/Year of Manuf. : 01/2025
 Chassis No : MBLHAW405SHA40644
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

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 : 12-Jan-2025
 OTT Date : 12-Jan-2025
 Vehicle Is Govt./ Pvt. : PRIVATE
 Date of Approval : 22-Jan-2025

Sale Amt : 843517
 Amount/Rcpt No : 8436 / UP31D25010002197
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 13-Jan-2025 to 12-Jan-2040

Date : 17-Feb-2025 10:42:16
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपूर - खेरी
 Signature of Registered Authority
 Date : 17-Feb-2025

Q 1478687

Package Contract No.: MS/2026/7001/O/46575/569513

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	
VIPIN KUMAR	2000-07-01	6391422776	SRI KAMLESH KUMAR		SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
	UP31CJ7867	HA11F1SHA05979	MBL11AW405SHA40644	2024		1W
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
64000.00	NA	0.00	0.00	0.00	64000.00	
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		---		2043.56	
Address			City / District	Pin Code	State	
R/O RUDRAPUR KALAN, KHERI, PS- KHERI			LAKHIMPUR KHERI	262721	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KAMLESH KUMAR	Male	45	FATHER	2026-01-12 15:21	Midnight of 2027-01-11	

Section A. VRC: 856.77 TCR: 377.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A): 1234.37**
 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: 311.18 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 56.01 **Total with GST(D): 367.19**
Total(Section A+B+C+D) Offered Price After Discount: 2044

Package Period Covered	2026-01-12 To 2027-01-11	2027-01-12 To 2028-01-11	2028-01-12 To 2029-01-11	2029-01-12 To 2030-01-11	2030-01-12 To 2031-01-11
ADV	64000	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 2030-01-12 (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 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 2043.56 ON 2026-01-09 from Mr./Ms. VIPIN KUMAR against the ARN No. INCP00569513
 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

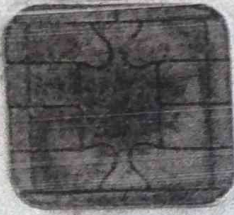
UP

UP31 20210019010



(14-12-2021)

Issue Date	Validity (NT)	Validity(TR)*
14-12-2021	30-06-2040	-----



Holder's Signature

Name: **VIPIN KUMAR**
Date of Birth: **01-07-2000** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **KAMLESH KUMAR**
Address:
VILL AND PO - RUDRAPUR KALAN PS KHERI
LAKHIMPUR, LAKHIMPUR KHERI, UP 262721

Date of First Issue

DL No: UP31 20210019010

UPDL000007037083



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	14-12-2021	NT			
	LMV	UP31	14-12-2021	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI



भारत सरकार
Government of India



Issue Date: 30/03/2015



विपिन कुमार
Vipin Kumar
जन्म तिथि / DOB : 01/07/2000
पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

5594 5688 4268

मेरा आधार, मेरी पहचान

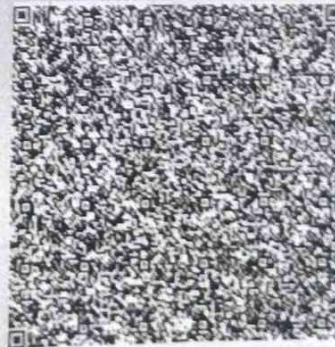


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date: 30/10/2023

पता: आत्मज: कमलेश कुमार, रुद्रपुर कलां, खीरी,
उत्तर प्रदेश, 262721
Address: S/O: Kamlesh Kumar, Rudrapur
Kalan, Kheri, Uttar Pradesh, 262721



5594 5688 4268



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



नाम / Name
VIPIN KUMAR

पिता का नाम / Father's Name
KAMLESH KUMAR

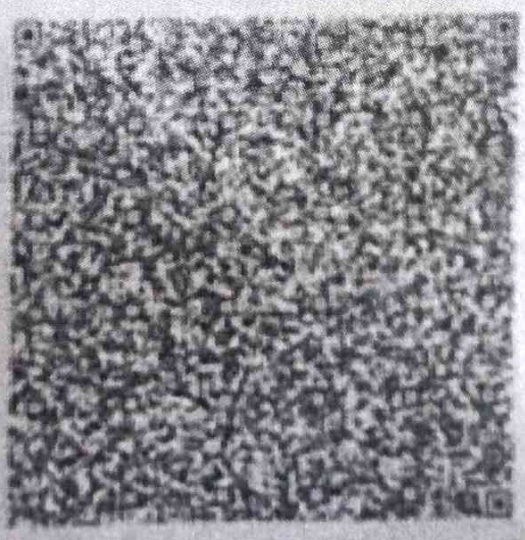
जन्म की तारीख /
Date of Birth
01/07/2000

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HKCPK7418D

Vipin

हस्ताक्षर / Signature



0408201B