

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-0526-173
 Customer Name MOHD. ADEL KHAN
 VIN MBLKCU023NHE02745
 Insurance Company
 HMCGL Card No
 Part Details

Date 23-05-2026
 Contact No. 7007839907
 Model XTREME 160R
 Reg No. UP31BX6206
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	77346ABZ000ZS -RR COWL R(MAT BLACK)	87141090	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	77356ABZ000S -REAR COWL LEFT	87141090	Paid	470.34	1	9.00	9.00	0.00	0.00	0.00	0.00	555.00
3	33650ABZ001S -WINKER ASSY L RR	85122010	Paid	326.27	1	9.00	9.00	0.00	0.00	0.00	0.00	385.00
4	17560ABZ600TS -SET TANK COVER L SIDE MAGM NH 303M	87141090	Paid	1,656.78	1	9.00	9.00	0.00	0.00	0.00	0.00	1,955.00
5	17580ABZ600TS -SET TANK COVER RR MAGM NH 303M	87141090	Paid	1,241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	1,465.00
6	51103AABA00S -GUARD SAREE	87141090	Paid	347.46	1	9.00	9.00	0.00	0.00	0.00	0.00	410.00
7	46500ABZ000S -PEDAL BRAKE	87141090	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00

Parts Total 0.00 5,510.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-XTREME 160R	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	5,510.00
Labour Total	2,000.10
SGST (Parts) 9%	420.25
CGST (Parts) 9%	420.25
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	7,510.10

Rupees in Words: Seven Thousand Five Hundred Ten and paise Ten Only

Authorised Signatory

- 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.

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.C.F.R.U.T

The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय: Claim Intimation Letter / दावा सूचना पत्र / विषय: Claim Intimation

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.	मो० आज़िज़ खान 8687510310 बीमाधारक का नाम & मोबाइल नं.
2	Vehicle No. / वाहन संख्या	UP31BX 6206
3	Policy No. / पालिसी संख्या	MS/2025/7001/01/46575/443585
4	Period of Insurance / बीमा अवधि	27/05/2025 से 26/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/04/2026 3:00 PM.
6	Place of Accident / दुर्घटना का स्थान	वज़ीरपुरवा के पास
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	मो० आज़िज़ खान 8687510310 UP3120190003618
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण: वज़ीरपुरवा के पास पीछे से बॉडी और से मोटर साइकिल से टक्कर हो गई जिससे मेरी गाड़ी टूटी और गिस्कर साथिस्त 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, LRR ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक 28/04/2026
हस्ताक्षर

Mo. Azad Khan
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/2025/1001/01/46575/44

Tel. No.

Period of Insurance 27/05/2025 से 26/05/2026
 Claim No. 3585

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 : MOHD ADEL KHAN
 (b) Address for correspondence : R/O BARAGRON, PO-BADAGRON, DIST-KHERI,
 (c) Telephone : 8627510310 UP, 262726

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>KCO1ABNH04787</u> Chassis No. <u>MBLKCU023NH02745</u>	Registration No. <u>UP31BX</u> <u>6206</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 N/A
 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? N/A
 (h) Number of passengers carried :
 (i) Number of Passenger permitted :

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MOHD ADEEL KHAN
- (b) Age : 08/10/1992
- (c) Address : RID VILL BADAGAON BARHARA PS-
BADAGAON, PS- KOTWALI SADAR LAKHIMPUR-KHERI,
UP-262726.
- (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 2019 0003618
- (h) Issuing Authority : 28/03/2019
- (i) Date of Expiry : 27/03/2039
- (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 : 25/04/2026 3:00PM
- (b) Place : वेजीरपुरवा के पास
- (c) Speed of vehicle at the time of accident : 36-40km/h
- (d) Give a short description of the accident : वेजीरपुरवा के पास चौकी से बाई ओर से मोटरसाइकिल
- (e) If any third party was responsible for this accident give the name and address : हैक्टर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर
मतिपुरवा हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND LEFT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES LRROAD
- (c) When and where can the damaged vehicle be inspected : 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? : N/A
(g) When? : _____
(h) Which Policy 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 28/04/2006

Signature of the insured Mo. Jadel Khan

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
my/our motor Car/Vehicle No. UP31BX6206 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 Mo. Adil Khan
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/443585

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	
MOHD ADEL KHAN	1992-10-08	7007839907	ISRAR HUSAIN	Hero Motocorp	XTREME 160R	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DOUBLE DISK BREAK	UP31BX6206	KC01ABNHE04787	MBLKCCU023NH02745	2022-09-24	166	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
72000.00	NA	0.00	0.00	0.00	72000.00	
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	2433.09	
Address			City / District	Pin Code	State	
R/O-BADAGAON, NAKAHA, KHERI UTTAR PRADESH-262726				262726	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NAZREEN KHAN	Female	26 Years	WIFE	2025-05-27 13:03	Midnight of 2026-05-26	

Section A, VRC: 1108.44 TCR: 594.72 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1703.16
 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): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%):** 0.00 **Total MS Services with GST(C):** 0.00
 Section D, Drive Assure: 618.59 AHDC, DOC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 111.34 **Total with GST(D):** 729.93
Total(Section A+B+C+D) Offered Price After Discount: 2433

Package Period Covered	2025-05-27 To 2026-05-26	2026-05-27 To 2027-05-26	2027-05-27 To 2028-05-26	2028-05-27 To 2029-05-26	2029-05-27 To 2030-05-26
ADV	72000	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 2027-09-20 (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 jurisdiction of the courts at Aligarh.

Received with Thanks Rs 2433.09 ON 2025-05-27 from Mr./Ms. MOHD ADEL KHAN against the ARN No. INCP0043585
 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: B.DASS Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No	UP31BX6206	Registration Date	24-Sep-2022
Description of Vehicle	M-CYCLE/SCOOTER	Purpose For Printing RC	NEW
Dealer's Name & Address	M/S SHRI NARAIN AUTO, LMP ROAD GOLA, LAKHIMPUR-KHERI,	Son/wife/daughter of	ISRAR HUSAIN
Owner Name	MOHD ADEL KHAN		
Full Address: (Permanent)	R/O-BADAGAON, NAKAHA,		
Full Address: (Temporary)	R/O-BADAGAON, NAKAHA,		
Fitness Up To	23-Sep-2037	Owner Serial No	1
Detailed Description		Link Vehicle No	
Class of Vehicle	M-CYCLE/SCOOTER	Norms	BHARAT STAGE VI
Ownership	INDIVIDUAL	Rear HSRP No	AA1021843664
Maker's Name	HERO MOTOCORP LTD	Month/Year of Manuf.	05/2022
Front HSRP No	AA1021600185	Chassis No	MBLKCU023NHE02745
Type of Body	SOLO WITH PILLION	Fuel	PETROL
No. of Cylinders	1	Cubic Capacity	163.14
Engine No	KC01ABNHE04787	Standing Cap	0
Horse Power(BHP)	14.74	Unladen Wt (kgs)	142
Maker's Classification	XTREME 160R-DDS-CAST(SWheel base	Laden/GV Wt (kgs)	272
Seating Cap(in all)	1)	AC Fitted	NO
Sleeper Cap	2		
Colour	0		
Other Criteria	MATT GREY		
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	21-Sep-2022	Sale Amt	122648/-
OTT Date	21-Sep-2022	Amount/Rcpt No	12265 / UP31D22090001219
Vehicle is Govt./ Pvt	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of Approval	29-Sep-2022		

Other State/Transfer/Conversion Details

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

This certificate is valid from 24-Sep-2022 to 23-Sep-2037

Date: 17 Oct 2022 15 25 13

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 17 Oct 2022
 लखीमपुर खेरी

N 4170043



UNION OF INDIA Driving Licence



UP31 20190003618



जारी करने की तिथि
Date of Issue
28/03/2019

वैधता / Validity
27/03/2039

जन्म तिथि
Date of Birth
08/10/1992

Blood Group
Unknown



नाम / Name

MOHD ADEL KHAN

पिता/पति का नाम / Son/Daughter/Wife of

ISRAR HUSEN

UP31 20190003618

UP07615295MT



LMV
28/03/2019



MCWG
28/03/2019



Form 7 Rule 16(2)

पता / Address

VILL BADAGAON BARHARA
POST BADAGAON PS KOTWALI SADAR
Lakhimpur, Kheri, UP - 262726

Holder's Signature

जारीकर्ता / Issuing Authority Sign
LAKHIMPUR KHERI



भारत सरकार
Government of India



Aadhaar no. Issued: 13/11/2014



मो आदिल खान
Mohd Adel Khan
जन्म तिथि/DOB: 08/10/1992
पुरुष/ MALE

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

2857 9290 7111

मेरा आधार, मेरी पहचान



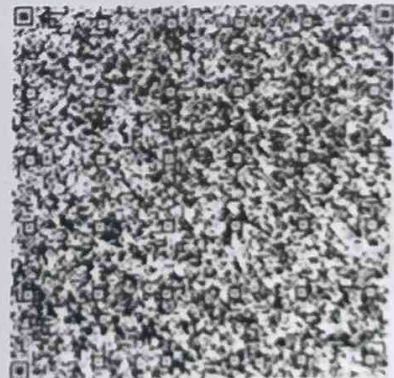
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 31/05/2025

पता:
द्वारा: इसरार हुसैन, बरगांव, बदगांव, खीरी,
उत्तर प्रदेश - 262726

Address:
C/O: Israr Husen, Baragaon, PO: Badagaon, DIST:
Kheri,
Uttar Pradesh - 262726



2857 9290 7111

VID : 9122 0195 1743 8051

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MOHD ADEL KHAN

ISRAR HUSEN

08/10/1992

Permanent Account Number

DNGPK6119E

मोह आदिल खान
Signature



08042014