

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-0626-180
 Customer Name DALVINDER SINGH ..
 VIN MBLJAW407R9L11500
 Insurance Company
 HMCGL Card No 1073025530000165

Date 03-06-2026
 Contact No. 9838597661
 Model SUPER SPLENDOR XTEC
 Reg No. UP31CJ7083
 HMCGL Card Category Gold

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	800.85	1	9.00	9.00	0.00	0.00	0.00	0.00	945.00
2	K42426AABMA00S -KIT WHEEL COMP. REAR	87141090	Paid	5,618.64	1	9.00	9.00	0.00	0.00	0.00	0.00	6,630.00
3	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	470.34	1	9.00	9.00	0.00	0.00	0.00	0.00	555.00
4	83600ADG000US -SIDE COVER LEFT BL(BR)-021M(F)	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00
5	50702AANB00S -BRACKET COMPLETE LEFT PILLION STEP	87141090	Paid	245.76	1	9.00	9.00	0.00	0.00	0.00	0.00	290.00
6	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
7	17520ADG000US -FUEL TANK BL(BR)-021M(F)	87141090	Paid	5,860.17	1	9.00	9.00	0.00	0.00	0.00	0.00	6,915.00
8	52400AAGA00S -CUSHION ASSEMBLY REAR	87141090	Paid	919.49	2	9.00	9.00	0.00	0.00	0.00	0.00	2,170.00
Parts Total											0.00	18,570.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	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	18,570.00
Labour Total	2,000.10
SGST (Parts) 9%	1,416.36
CGST (Parts) 9%	1,416.36
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	20,570.10

Rupees in Words: Twenty Thousand Five Hundred Seventy 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

10730 - Main W/S

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

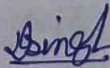
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	दलविन्दर सिंह, 9838597661.
2	Vehicle No. / वाहन संख्या	UP31CJ 7083.
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569394.
4	Period of Insurance / बीमा अवधि	04/01/2026 से 03/01/2027.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/05/2026 5:00AM.
6	Place of Accident / दुर्घटना का स्थान	दाऊदपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	दलविन्दर सिंह, 9838597661. UP31 20040146757
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	दाऊदपुर के पास डामर रोड पर मैं अपने वाहन को लेकर जा रहा था कि तभी मेरी गाड़ी एक बड़े गड्ढे में जा गिरी जिससे मेरी गाड़ी का पिछला हिस्सा वृणरूप से क्षतिग्रस्त हो गया। जिससे मेरी गाड़ी आनियान्त होकर बायीं ओर गिरकर क्षतिग्रस्त 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, LRPRAD LAKHIMPUR, KHERI, 9151154036

Date / दिनांक : 27/May/2026.
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 MEEHUT

Certificate/Policy No. MS/2026/7001/0/46575/56

Tel. No.

Period of Insurance 04/01/2026 से 03/01/2027
 Claim No. 9394

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 : DALVINDER SINGH
 (b) Address for correspondence : R10306, AGGAR BUZURGI ROAD, KHERI, UP, 261506.
 (c) Telephone : 9838 597661

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2026</u>	Engine No. <u>JA07AMR9LJ4331</u> Chassis No. <u>MBLJAW407R9L11500</u>	Registration No. <u>UP31CT</u> <u>7083</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?
 (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:

- (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 : DAIVINDER SINGH.
- (b) Age : 16/07/1981
- (c) Address : R/O VILL-AGGAR KHURD, P.S-AGGAR KHURD, LAKHIMPUR-KHERI, 261506.
- (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 20040146757
- (h) Issuing Authority : 25/07/2024
- (i) Date of Expiry : 24/07/2034
- (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 : 27/05/2026 5:00am.
- (b) Place : दाऊदपुर के पास
- (c) Speed of vehicle at the time of accident : 36-40km/h.
- (d) Give a short description of the accident : दाऊदपुर के पास डायर रोड पर मैं अपने वाहन को लेकर जा रहा था कि तभी मेरी गाड़ी के एक गल्ले में जा गिरी जिससे मेरी गाड़ी जाड़ी का टूट गया। जिससे मेरी गाड़ी अनियंत्रित होकर बायीं ओर गिरकर सातमस्त हो गई।
- (e) If any third party was responsible for this accident give the name and address : मेरी गाड़ी जाड़ी का टूट गया। जिससे मेरी गाड़ी अनियंत्रित होकर बायीं ओर गिरकर सातमस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Lower part of LEFT of tail feather.
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LPP ROAD
- (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? : N/A
- (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 27/May/2026

Signature of the insured Singh

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. CP31CT 7083 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 Bingh
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/569394

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	
DALVINDER SINGH	1981-07-16	9838597661	SRI SUKHRAJ SINGH	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
125 NEW	UP31CJ7083	JA07AMR9L14331	MBLJAW407R9L11500	2024	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
69500.00	NA	0.00	0.00	0.00	69500.00	
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	2181.19	
Address			City / District	Pin Code	State	
R/O 306, ROAD AGGAR BUZURG KHERI, AGGAR KHURD, PS- PHARDHAN, KHERI			LAKHIMPUR KHERI	262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KULDEEP KAUR	Female	36	WIFE	2026-01-04 17:21	Midnight of 2027-01-03	

Section A, VRC: 930.40 TCR: 410.05 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A) 1340.45**

Section B, EC: 0.00 EC Service: 0.00 ECPID: 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: 337.91 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 60.83 **Total with GST(D): 398.74**

Total(Section A+B+C+D) Offered Price After Discount: 2181

Package Period Covered	2026-01-04 To 2027-01-03	2027-01-04 To 2028-01-03	2028-01-04 To 2029-01-03	2029-01-04 To 2030-01-03	2030-01-04 To 2031-01-03
ADV	69500	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 2030-01-02 (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 2181.19 ON 2026-01-04 from Mr./Ms. DALVINDER SINGH against the ARN No. INCP00569394
 - 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



Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31CJ7083 Registration Date : 07-Jan-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 : DALVINDER SINGH Son/wife/daughter of : SRI SUKHRAJ SINGH
Full Address: (Permanent) : R/O 306, ROAD AGGAR BUZURG KHERI, AGGAR KHURD, PS- PHARDHAN, KHERI,
UTTAR PRADESH-261506
Full Address: (Temporary) : R/O 306, ROAD AGGAR BUZURG KHERI, AGGAR KHURD, PS- PHARDHAN, KHERI-
UTTAR PRADESH-261506
Fitness UpTo : 06-Jan-2040 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 : AA2117953502 Rear HSRP No : AA2118187191
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLJAW407R9L11500
Engine No : JA07AMR9L14331 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
R
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : MATT GREY Laden/GV Wt (kgs) : 252
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)
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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	: 03-Jan-2025	Sale Amt	: 82461/-
OTT Date	: 03-Jan-2025	Amount/Rcpt No	: 8247 / UP31D25010001364
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 12-Jan-2025		
Other State/Transfer/Conversion/Reassign Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 07-Jan-2025 to 06-Jan-2040

Date : 22-Jan-2025 11:00:55

Taxation Particulars / Advance Registration Mark Fee Details

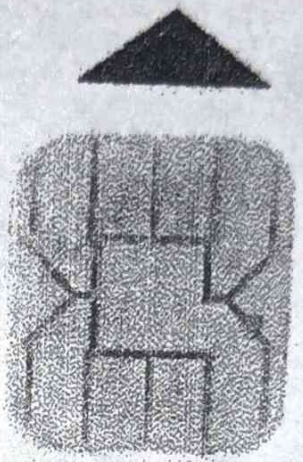
Signature of Registering Authority
Date : 22-Jan-2025



Indian Union Driving Licence Issued by Uttar Pradesh

UP31 20040146757

Issue Date: **25-07-2024** Validity (NT): **24-07-2034**
Validity (TR):



Name: **DALVINDER SINGH**

Holder's Signature

Date of Birth: **16-07-1981** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **SUKHRAJ SINGH**

Address:

**VILL AGGAR KHURD POST AGGAR KHURD
LAKHIMPUR KHERRI LAKHIMPUR, LAKHIMPUR
KHERRI 261506**

Date of First Issue **19-07-2004**

DL No: UP31 20040146757

UPDL000001385876



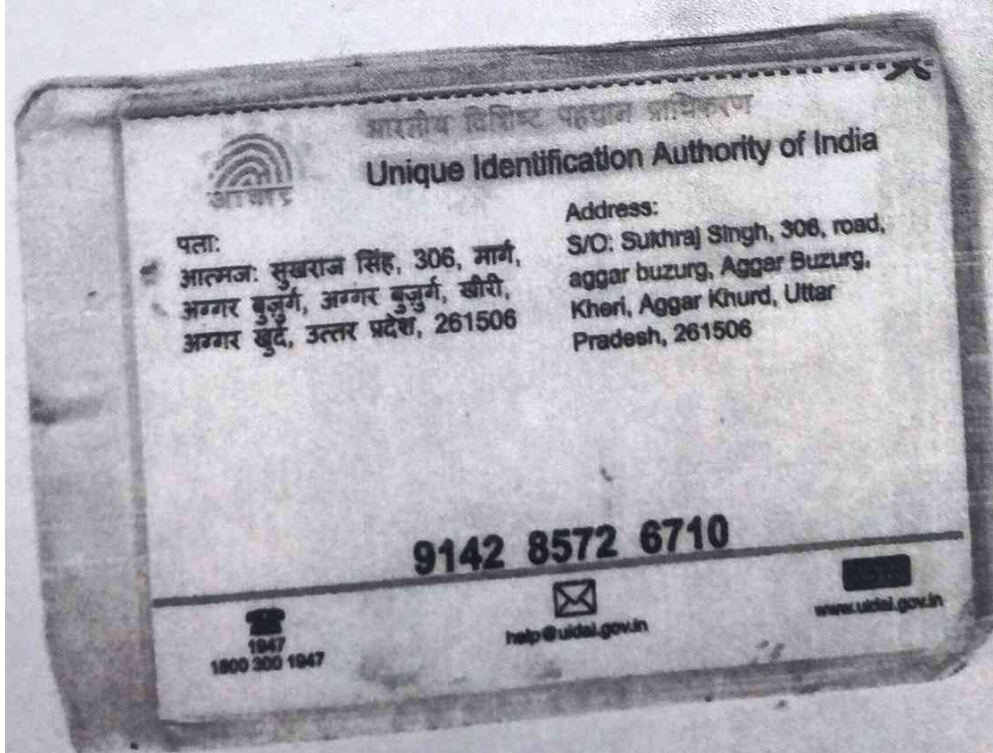
Invalid Carriage (Regn Numbers)

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	19-07-2004	NT			
LMV		UP31	19-07-2004	NT			
MVSD							

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAUGHANPUR 19329



आयकर विभाग

INCOME TAX DEPARTMENT

DALVINDAR SINGH,

SUKHRAJ SINGH

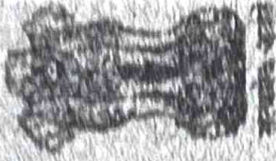
16/07/1981

Permanent Account Number

DBTPS0380G

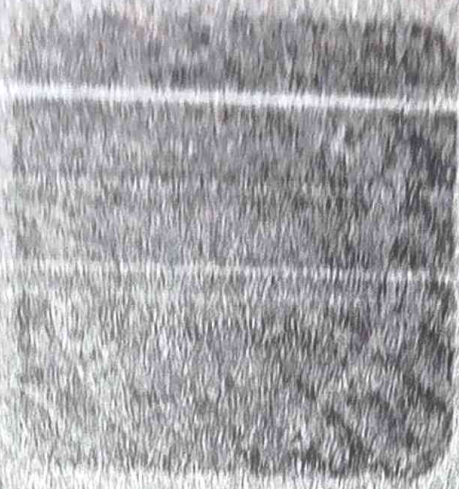
Singh

Signature



भारत सरकार

GOVT. OF INDIA



27/1/2010