

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-0626-193	Date	05-06-2026
Customer Name	ANUJ KUMAR	Contact No.	9161709166
VIN	MBLJFW24XNGL14209	Model	DESTINI 125
Insurance Company		Reg No.	UP31BY3948
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000ABS000RS -FRONT FENDER (NH-B08M)	87141090	Paid	1,406.78	1	9.00	9.00	0.00	0.00	0.00	0.00	1,660.00
2	53205ABS300TS -COVER HANDLE FR NR RD 021M	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
3	64305ABS300TS -SET COVER FR. UPPER (NOBLE RED)	87141090	Paid	1,338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,580.00
4	64309ABS000TS -FRONT COVER LOWER	87141090	Paid	1,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,345.00
5	64310ABS400RS -PANEL FLOOR PP BLACK	87141090	Paid	610.17	1	9.00	9.00	0.00	0.00	0.00	0.00	720.00
6	64320ABS000US -COVER R FLOOR SIDE CH BRONZE (RD-022M)	87141090	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
7	6433AABS200US -COVER L FLOOE SIDE SA C BRONZE RD 022M	87141090	Paid	737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	870.00
Parts Total											0.00	7,850.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI 125	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	7,850.00
Labour Total	2,000.10
SGST (Parts) 9%	598.73
CGST (Parts) 9%	598.73
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,850.10

Rupees in Words: Nine Thousand Eight Hundred Fifty 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

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.	Anuj kumar. 9161709166.
2	Vehicle No. / वाहन संख्या	UP31 BY 3948.
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/501861
4	Period of Insurance / बीमा अवधि	07/12/2025 to 2026/12/06.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/06/2026. 3:00 pm.
6	Place of Accident / दुर्घटना का स्थान	संडी लाइन के पास.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Indira PAL. 6394182773. UP3120050062407.
8	Estimated Loss / अनुमानित हानि	NO.
09.	Cause of Accident / दुर्घटना का कारण :	लावीमपुट से देवकली जा रहे थे। तब/अचानक संडी लाइन पास आकरा पशु आ जाने के कारण अचानक ब्रेक लगना जिससे भी गाड़ी अनियंत्रित होकर कच्ची और गिटकर 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.	MOSA RAM AUTO SALES 915154036 L.R.P Road Lakhimpur Kheri.

Date / दिनांक :
हस्ताक्षर

अनुज कुमार
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. _____

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 : ANUJ KUMAR
 (b) Address for correspondence : BHANSAZIYA UDAIPUR
 (c) Telephone : 9161709166

2. THE INSURED VEHICLE

Make & Year <u>HERO/2022</u>	Engine No. <u>JF17EANG1M042</u> Chassis No. <u>MBLJFW24XN04L14209</u>	Registration No. <u>UP31BY 394B</u>
---------------------------------	--	--

- (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
 2. Was a pillion rider carried NO

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only: The following questions need be answered in commercial

- (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
- NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : INDRA PAL
 (b) Age : 10/10/1976
 (c) Address : BAAN SARIYA Lakhimpur Khori
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : Yes, relative
 (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 2003 0062407
 (h) Issuing Authority : 30/11/2023
 (i) Date of Expiry : 29/11/2033
 (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 : 03/06/2026 3:00 pm
 (b) Place : MSI DIST of 41A
 (c) Speed of vehicle at the time of accident : 30-40 kmph
 (d) Give a short description of the accident : मोटर साइकिल का चालक को रोड किनारे पर गिरा दिया गया
 (e) If any third party was responsible for this accident give the name and address : NO - 423 30/11/23

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 : MOJA RAM AUTO SALES

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 _____

N/A

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. _____

N/A

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.

Date 04/06/2026 200

Signature of the insured _____

अनुज कुमार

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. _____ 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/-



अनुत्तर कुमार

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BY3948 Registration Date : 08-Dec-2022
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 : ANUJ KUMAR Son/wife/daughter of : S/O SRI HANSRAM
Full Address: (Permanent) : R/O BHANSARIYA, BHANDSARIA, UDAIPUR, MAHEWA, LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O BHANSARIYA, BHANDSARIA, UDAIPUR, MAHEWA, LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness Up To : 07-Dec-2037 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 : AA2062997659 Rear HSRP No : AA2064137958
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2022
No of Cylinders : 1 Chassis No : MBLJFW24XNGL14209
Engine No : JF17EANGL17042 Fuel : PETROL
Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
Maker's Classification : DESTINI 125 (VX) Wheel base : 1245
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 114
Colour : NOBLE RED Laden/GV Wt (kgs) : 244
Other Criteria :
Vehicle Purchase As : Fully Built 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 : 07-Dec-2022 Sale Amt : 85158/-
OTT Date : 07-Dec-2022 Amount/Rcpt No : 8516 / UP31D22120000605
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 12-Dec-2022
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 08-Dec-2022 to 07-Dec-2037

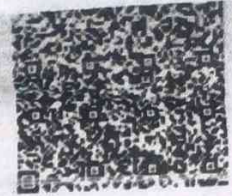
पंजीयन अधिकारी
नेटर वाहन विभाग
Signature of Registering Authority
Date : 24-Sep-2025

Date : 24-Sep-2025 12:05:46
Taxation Particulars / Advance Registration Mark Fee Details

Q 5162422



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BY3948 Registration Date : 08-Dec-2022
 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 : ANUJ KUMAR Son/wife/daughter of : S/O SRI HANSRAM
 Full Address: (Permanent) : R/O BHANSARIYA, BHANDSARIA, UDAIPUR, MAHEWA, LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O BHANSARIYA, BHANDSARIA, UDAIPUR, MAHEWA, LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 07-Dec-2037 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 Rear HSRP No : AA2064137958
 Front HSRP No : AA2062997659 Month/Year of Manuf. : 11/2022
 Type of Body : SOLO WITH PILLION Chassis No : MBLJFW24XNGL14209
 No of Cylinders : 1 Fuel : PETROL
 Engine No : JF17EANGL17042 Cubic Capacity : 124.60
 Horse Power(BHP) : 8.98 W/hool base : 1245
 Maker's Classification : DESTINI 125 (VX) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 114
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 244
 Colour : NOBLE RED AC Fitted : NO
 Other Criteria :
 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 : 07-Dec-2022 Sale Amt : 85158/-
 OTT Date : 07-Dec-2022 Amount/Rcpt No : 8516 / UP31D22120000605
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-Dec-2022
Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 08-Dec-2022 to 07-Dec-2037

पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Registration Authority
 Date : 24-Sep-2025

Date : 24-Sep-2025 12:05:46
 Taxation Particulars / Advance Registration Mark Fee Details

Q 5162422

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/501861

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	
ANUJ KUMAR	1990-07-03	9161709166	S/O SRI HANSRAM	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ES ALL BLACK E20	UP31BY3948	JF17EANG17042	MBLJFW24XNGL14209	2022	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
45000.00	NA	0.00	0.00	0.00	45000.00	
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	1641.34	
Address			City / District	Pin Code	State	
R/O BHANSARIYA, BHANDSARIA, UDAIPUR MAHEWA, LAKHIMPUR KHERI, PS-KOTWALI			LAKHIMPUR KHERI	262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANOOP KUMAR	Male	38	BROTHER	2025-12-07 11:13	Midnight of 2026-12-06	

Section A, VRC: 692.78 TCR: 424.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 215.15 Total with GST(A) 902.43

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: 251.62 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 45.29 Total with GST(D): 296.91

Total(Section A+B+C+D) Offered Price After Discount: 1641

Package Period Covered	2025-12-07 To 2026-12-06	2026-12-07 To 2027-12-06	2027-12-07 To 2028-12-06	2028-12-07 To 2029-12-06	2029-12-07 To 2030-12-06
ADV	45000	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 2027-12-07 (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/ 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.

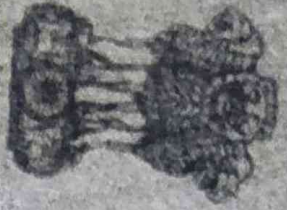
ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company 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.

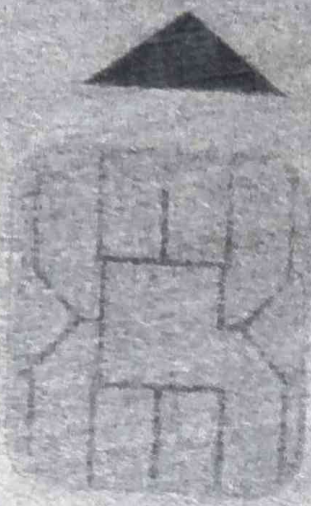
Received with Thanks Rs 1641.33 ON 2025-12-06 from Mr./Ms. ANUJ KUMAR against the ARN No. INCP00501861
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: LMT - 22, 16, 18
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20030062407



Issue Date 30-11-2023 Validity (NT) 29-11-2033 Validity (TR)* _____



Holder's Signature

INDRA PAL

Name: Date of Birth: 10-10-1976 Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **BHIKHARI LAL**

Address:

BHANSARIYA LAKHIMPUR KHERI
BHANDSARIA LAKHIMPUR KHERI 262701

Date of First Issue (03-11-2003)

DL No: UP31 20030062407

Invalid Carriage (Regn Numbers)*

_____ Hill Validity* _____

Hazardous Validity* _____



Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
मोटर वाहन	MCHG	UP31	03-11-2003	NT			
लघु वाहन	LMV	UP31	03-11-2003	NT			
बिना लाइसेंस वाहन							
IMVSD							

Pankaj

Licensing Authority
UP31 LAKHIMPUR KHERI

Emergency Contact Number

आयकर विभाग
INCOME TAX DEPARTMENT

ANUJ KUMAR

HANSRAM

03/07/1990

Permanent Account Number

DDTPK4437G

अनुज कुमार

Signature



भारत सरकार
GOVT. OF INDIA



16072013