

**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-0626-197  
 Customer Name Motorsathi Solutions  
 VIN MBLJFW531PGC02956  
 Insurance Company  
 HMCGL Card No 1073023850002107  
 Part Details

Date 07-06-2026  
 Contact No. 7704002488  
 Model DESTINI 125  
 Reg No. UP31CB5711  
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53205ABS300US -COVER HANDLE FR CB 022M	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
2	64305ABS000TS -COVER FR UPPER NOBLE RED (RD-021M)	87141090	Paid	1,351.69	1	9.00	9.00	0.00	0.00	0.00	0.00	1,595.00
3	64309ABS900RS -FRONT COVER LOWER	87141090	Paid	1,148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,355.00
4	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
5	83300ABS010RS -R BODY SIDE (NH-B08M)	87141090	Paid	1,953.39	1	9.00	9.00	0.00	0.00	0.00	0.00	2,305.00
6	3370BABS001S -LIGHT ASSY REAR COMB	85122010	Paid	966.10	1	9.00	9.00	0.00	0.00	0.00	0.00	1,140.00
7	77300ABS0000S -GRIP REAR	87141090	Paid	1,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	1,820.00
8	18318ABS000S - PROTECTOR MUFFLER	87141090	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
9	64303ABS000S -FRONT GRILL	87141090	Paid	508.47	1	9.00	9.00	0.00	0.00	0.00	0.00	600.00
10	53175ABV000S -LEVER COMPLETE	87141090	Paid	105.93	1	9.00	9.00	0.00	0.00	0.00	0.00	125.00
<b>Parts Total</b>											0.00	10,815.00

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	
<b>Jobs Total</b>											0.00	2,000.10
<b>Parts Total</b>												10,815.00
<b>Labour Total</b>												2,000.10
SGST (Parts) 9%												824.87
CGST (Parts) 9%												824.87
SGST (Labour) 9%												152.55
CGST (Labour) 9%												152.55
<b>Total</b>												<b>12,815.10</b>

Rupees in Words: Twelve Thousand Eight Hundred Fifteen and paise Ten Only

Authorised Signatory

10730 - Main W/S

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

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.	SANT SARAN 7704002488
2	Vehicle No. / वाहन संख्या	UP 31 CB 5711
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/491871
4	Period of Insurance / बीमा अवधि	2025/11/07 to 2026/11/06
5	Date of loss & Time / दुर्घटना का दिनांक & समय	5/04/2026 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	मनिकापुर तिराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SANT SARAN 7704002488 UP31 20230000511
8	Estimated Loss / अनुमानित हानि	No
9	Cause of Accident / दुर्घटना का कारण :	रतासिया से लंबीमपुर आ रहे थे तभी अचानक मनिकापुर के तिराहे के पास पीह से आ रहे इ रिक्शा ने पीह से टक्कर मार दी जिससे मरी जाई दाया ओर गिरकर हात जख्म 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 L.R.P Road Lakhimpur Khari 9151154036

Sant Saran

Signature of Insured / बीमाधारक के

Date / दिनांक :  
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 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 : SANT SARAN
- (b) Address for correspondence : RATA SIYA, KHERI, PHARDHAN.
- (c) Telephone : 770402488.

2. THE INSURED VEHICLE

Make & Year <u>HERO/2023.</u>	Engine No. <u>JF17ENPHC04436.</u> Chassis No. <u>MBLJFW531PG1C02956.</u>	Registration No. <u>UP31CB5711</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? no
- (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
  - (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 : SANT SARAN  
(b) Age : 2000-01-01  
(c) Address : Ratasiya - Ratasiya, Khevi  
(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 : UP 31 2023 0000 511  
(h) Issuing Authority : 18/01/2023  
(i) Date of Expiry : 12-31-2039  
(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

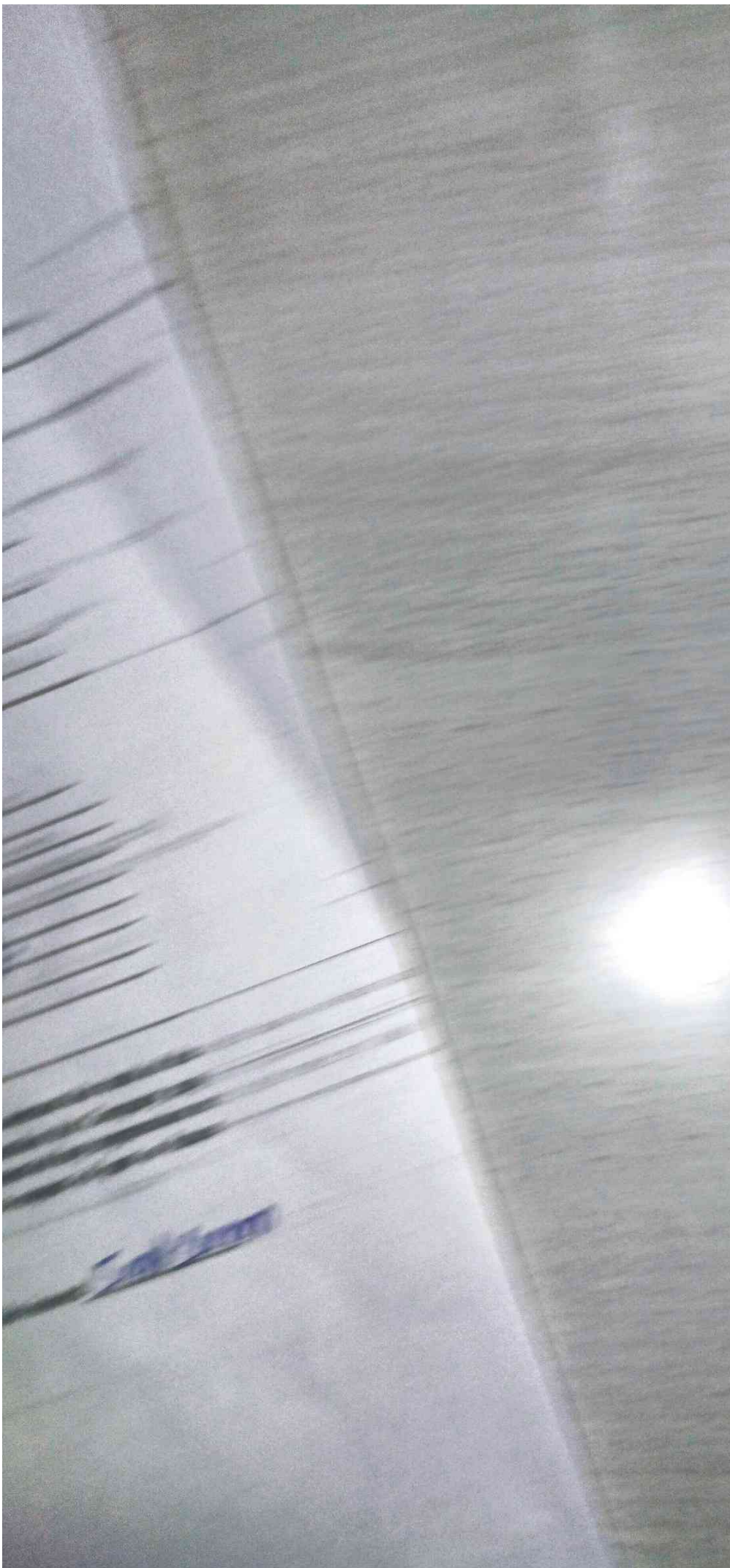
- (a) Date and Time : 05/06/2026 at 3:00 pm  
(b) Place : HITACHI TOWER B/V/H  
(c) Speed of vehicle at the time of accident : 15-20 Km  
(d) Give a short description of the accident : m  
(e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Back Right and Front  
(b) Estimated cost of repairs : NA  
(c) When and where can the damaged vehicle be inspected : MOSA RAM AUTO SALES, L.R. P Road Lakimpur Khevi

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 : NA  
(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 : NA

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? : NA
- (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? : NA
- (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 06/06/2026

Signature of the insured Soni Sarni

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/-

Witness  
Name .....  
Signature .....  
Address .....



Signature ..... *Sant Saran*  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

Registration No	UP31CB5711	Registration Date	09-Sep-2023
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	Son/wife/daughter of	S/O SRI SUNIL KUMAR SHUKLA
Owner Name	SANT SARAN		
Full Address: (Permanent)	R/O RATASIYA, RATASIYA KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-261501		
Full Address: (Temporary)	R/O RATASIYA, RATASIYA KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH 261501		
Fitness Up To	08-Sep-2038	Owner Serial No	1
<b>Detailed Description</b>			
Class of Vehicle	M-CYCLE/SCOOTER	Link Vehicle No	
Ownership	INDIVIDUAL	Norms	BHARAT STAGE VI
Maker's Name	HERO MOTOCORP LTD	Rear HSRP No	AA2080467299
Form HSRP No	AA2080297329	Month/Year of Manuf.	03/2023
Type of Body	SOLO WITH PILLION	Chassis No	MBLJFW531PGC02956
No of Cylinders	1	Fuel	PETROL
Engine No	JF17ENPGC04436	Cubic Capacity	124.60
Net Power(BHP)	8.98	Wheel base	1245
Vehicle Classification	DESTINI 125 VX	Stand	0
Seating Cap(in all)	2	Unladen Wt (kgs)	114
Storage Cap	0	Laden/GV Wt (kgs)	244
Color	MATT BLACK	AC Fitted	NO
Other Details			
Vehicle Purchase As	Fully Built		

**Additional Particulars of all transport vehicles other than motor cars (Gross Vehicle Weight)**

By Manuf.	As Regd.
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By Manuf.	Description	Weight (in Kgs)
a) Front:		
b) Rear:		
c) Other:		
d) Tandem:		

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, PUNE, PUNE, Pune, Maharashtra-411009 w.e.f. 07-Sep-2023.

Purchase dt	07-Sep-2023	Sale Amt	86988/-
OTI Date	07-Sep-2023	Amount/Rcpt No	8699 / UP31023090000703
Vehicle is Govt./Pvt	PRIVATE	Tax Exempted or Not	NOT EXEMPTED
Date of approval	11-Sep-2023		

<b>Other State/Transfer/Conversion Details</b>	
Previous Owner	Previous RegNo
Old State	Entry Date
Transfer Date	Conversion Date

This certificate is valid from 09-Sep-2023 to 08-Sep-2038

Date: 20-Sep-2023 10:29:19

Inspection Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
मोटर वाहन विभाग  
लखीमपूर-खीरी  
Signature of Registering Authority  
Date: 20-Sep-2023

P 4637580

Package Contract No.: MS/2025/7001/0/465/5/4918/1

**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](http://www.motorsathi.com)

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
SANT SARAN	2000-01-01	7704002482	S/O SRI SUNIL KUMAR SHUKLA	Hero Motocorp	DESTINI
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>   <b>Vehicle Type</b>
HPLNPNDRZCFI	UP31CB5711	JF17ENPGC04436	MBLJFW531PGC02956	2023	110   TW
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
52000.00	NA	0.00	0.00	0.00	52000.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>
LAKHIMPUR KHERI	Solo	HERO FINCORP LTD.	---	2	1940.56
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
R/O RATASIYA, RATASIYA KHERI, PS- PHARDHAN KHERI			LAKHIMPUR KHERI	262701	Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
SANTI DEVI	Female	57	MOTHER	2025-11-07 16:02	Midnight of 2026-11-06

Section A, VRC: 748.33 TCR: 429.52 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1177.85  
 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: 271.79 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 48.92 Total with GST(D): 320.71

**Total(Section A+B+C+D) Offered Price After Discount: 1941**

Package Period Covered	2025-11-07 To 2026-11-06	2026-11-07 To 2027-11-06	2027-11-07 To 2028-11-06	2028-11-07 To 2029-11-06	2029-11-07 To 2030-11-06
ADV	52000	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 2028-09-08 (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](http://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 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](http://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 1940.56 ON 2025-11-05 from Mr./Ms. SANT SARAN against the ARN No. INCP00491871  
 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



# Driving License

NAME : SANT SARAN  
License No. : UP31 20230000511  
Authorization to Drive : LMV,MCWG  
Date of Issue : 2023-01-18  
DOB : 2000-01-01  
S/W/D : SUNIL KUMAR SHUKLA  
BLOOD GROUP : Unknown  
Date of Expiry : 2039-12-31  
Permanent Address : ratasiya, Ratasiya Kheri  
Uttar Pradesh, 261501  
Present Address : ratasiya, Ratasiya Kheri  
Uttar Pradesh, 261501



Tap to Zoom





# PAN CARD

Name : SANT SARAN  
Gender : MALE  
DOB : 01-01-2000  
Pan Number : NEIPS5053E



Tap to Zoom

भारत सरकार  
GOVERNMENT OF INDIA

नाम / Name  
Sant Saran  
जन्म तिथि / DOB: 01/01/2000  
लिंग / GENDER: MALE

9954 6342 7305

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

Address  
S/O Sunil Kumar Shukla  
Ratasiya-Ratasiya Ratasiya  
Kheri Uttar Pradesh -  
261501

पता:  
बोम्बार्ड सुनील कुमार शुक्ला, रतसिया  
खेरी, उत्तर प्रदेश  
जनकपुर - 261501

9954 6342 7305

1947  
1800 300 1947

help@uidai.gov.in www.uidai.gov.in