

SARAM 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-0626-207 Date 11-06-2026
 Customer Name VAIBHAV SHUKLA ... Contact No. 9335637449
 VIN MBLHAW23XSHAB9524 Model SPLENDOR +
 Insurance Company HMCGL Card No UP31CK6748
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR	87141090	Paid	868.64	1	9.00	9.00	0.00	0.00	0.00	0.00	1,025.00
2	VISOR BLACK NH 1 TYPE 1 3340AKCC710S -WINKER	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
3	ASSY R FR(W/O BULB) 37100ADHB1099S -METER	87141090	Paid	1,394.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,645.00
4	ASSEMBLY COMB 53100AAE110S -PIPE STRG	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
5	HANDLE 53200AAE200S -STEM	87141090	Paid	847.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.00
6	COMP STRG 51410KWA941S -PIPE	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
7	COMP. FR FORK 53175AAFH00S -LEVER	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00
8	COMP.R STRG.HNDL. 51410KWA941S -PIPE	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
9	COMP. FR FORK 50803KST940S -GUARD	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
10	LEG K50506KCCA900RS -KIT	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
11	STEP 18355AAE940S -COVER	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
12	MUFFLER ASSEMBLY 50400ADH800DS -GRIP	87141090	Paid	919.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,085.00
13	REAR 53175AAFH00S -LEVER	87141090	Paid	76.27	1	9.00	9.00	0.00	0.00	0.00	0.00	90.00
	COMP.L STRG.HNDL.										0.00	11,500.00
Parts Total												0

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
Jobs Total												0.00

Parts Total	11,500.00
Labour Total	2,000.10
SGST (Parts) 9%	877.12
CGST (Parts) 9%	877.12
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	13,500.10

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.	वैभव शुक्ला, 9335637449
2	Vehicle No. / वाहन संख्या	UP31 CK 6748
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/571693
4	Period of Insurance / बीमा अवधि	26/03/2026 से 25/03/2027.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/06/2026 2:00PM.
6	Place of Accident / दुर्घटना का स्थान	निसादगंज चौराहा (मेट्रो स्टेशन) के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	वैभव शुक्ला, 9335637449 UP31 20250008941
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण	निसादगंज चौराहा के पास बाईं ओर से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी दाईं ओर गिरकर सतिग्रस्त 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, LRP ROAD, LAKHIMPUR-KHERI 9151154036.

Date / दिनांक : 10/June/2026
हस्ताक्षर

Vaibhav Shukla
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. M/S/2026/1001/0/46575/
571693
 Period of Insurance 26/03/2025 से 25/03/2027.
 Claim No. _____

Tel. 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 : VAT BHAV SHUKLA
 (b) Address for correspondence : R/O PACHPERWA, KHERI, UP, 262701.
 (c) Telephone : 9335637449

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIIE8SHAC4768</u> Chassis No. <u>MBLHALW23XSHAB9524</u>	Registration No. <u>UP31 CK</u> <u>6748</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
 2. Was a pillion rider carried
- NIA

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
- NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : VAIBHAV SHUKLA
(b) Age : 18/11/2006
(c) Address : R/O FARDHANI PACHPERWA, LAKHIMPUR -
(d) Is the Driver KHERI, UP, 262705.
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 2025 0008941.
(h) Issuing Authority : 23/06/2025
(i) Date of Expiry : 17/11/2046
(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 : 07/06/2026 2:00PM.
(b) Place : निशातगंज के पास
(c) Speed of vehicle at the time of accident : 30-40 km/h
(d) Give a short description of the accident : निशातगंज के पास बाई और से मोटरसाइकिल से टक्कर हो गई जिससे मरी जाती बाई और ड्रिंकर
(e) If any third party was responsible for this accident give the name and address : अविज्ञात एजेंट

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : LEFT AND RIGHT
(b) Estimated cost of repairs : MOSARRAM AUTO SALES, LRPRAD
(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? : _____
- (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 10/24/2016

Signature of the insured Vaibhav Shukla

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. UP31CK6748 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 Vishnu Shukla
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/571693

Motorsathi Care Private Limited
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Phone: 91-941020042
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	
VAIBHAV SHUKLA	2006-11-18	9335637449	S/O SRI AVDHESH KUMAR	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CK6748	HA11E8SHAC4768	MBLHAW23XSHAB9524	2025	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
63500.00	NA	0.00	0.00	0.00	63500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	TATA CAPITAL LIMITED	---	2	2031.04	
Address			City / District	Pin Code	State	
R/O PACHPERWA, KHERI, PS- PHARDHAN, KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
VAIBHAV SHUKLA	Male	40 Years	FATHER	2026-03-26 14.48	Midnight of 2027-03-25	

Section A, VRC: 850.07 TCR: 374.65 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1224.72
 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: 308.75 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 55.57 **Total with GST(D):** 364.32
Total(Section A+C+D) Offered Price After Discount: 2031

Package Period Covered	2026-03-26 To 2027-03-25	2027-03-26 To 2028-03-25	2028-03-26 To 2029-03-25	2029-03-26 To 2030-03-25	2030-03-26 To 2031-03-25
ADV	63500	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 2030-03-08 (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 Motor Vehicle Act, 1988.

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.

FOR CUSTOMER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 941020042

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 2031.04 ON 2026-03-26 from Mr./Ms. VAIBHAV SHUKLA against the ARN No. INCP00571693
 The acknowledgement is subject to a compulsory excess of Rs 100/- & Depreciation is applicable as per terms & conditions*
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



TRANSPORT DEPARTMENT LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31CK6748 Registration Date : 11-Mar-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 : VAIBHAV SHUKLA Son/wife/daughter of : S/O SRI AVDHESH KUMAR
 Full Address: (Permanent) : R/O PACHPERWA,, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O PACHPERWA,, KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 10-Mar-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 : AA2121946480 Rear HSRP No : AA1040067218
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW23XSHAB9524
 Engine No : HA11E8SHAC4768 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of TATA CAPITAL LIMITED, LUCKNOW, LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 09-Mar-2025.

Purchase dt : 09-Mar-2025 Sale Amt : 77027/-
 OTT Date : 09-Mar-2025 Amount/Rcpt No : 7703 / UP31D25030001807
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Mar-2025 to 10-Mar-2040

Signature of Registering Authority
Date : 03-Apr-2025

Date : 03-Apr-2025 09:22:18
Taxation Particulars / Advance Registration Mark Fee Details

Q 2546940



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20250008941



Issue Date Validity (NT) Validity (TR)*
 23-06-2025 17-11-2046



Holder's Signature

Name:

VAIBHAV SHUKLA

Date of Birth: **18-11-2006**

Blood Group: **A-VE** Organ Donor: **N**

Son/Daughter/Wife of: **AVDHESH KUMAR**

Address:

**FARDHAN PACHPERWA LAKHIMPUR KHERI UTTAR
 PRADESH 262701**

Date of First Issue 23-06-2025

DL No: **UP31 20250008941** UPDL311000015360



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	23-06-2025	NT			
	LMV	UP31	23-06-2025	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
 Licensing Authority
 UP31 LAKHIMPUR KHERI



भारत सरकार
Government of India



Download Date: 23/10/2021



वैभव शुक्ला
Vaibhav Shukla
जन्म तिथि/DOB: 18/11/2006
पुल्ल/ MALE

Issue Date: 01/10/2021

8616 2513 7843

VID : 9146 9600 5915 0386

मेरा आधार, मेरी पहचान

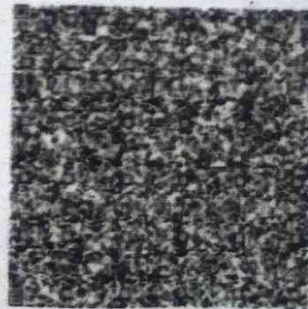


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज, अवधेश कुमार, पचपेडवा, खेरी,
उत्तर प्रदेश - 262701

Address:
S/O: Avdhesh Kumar, Pachperwa, Kheri,
Uttar Pradesh - 262701



8616 2513 7843

VID : 9146 9600 5915 0386



1947



help@uidai.gov.in



www.uidai.gov.in

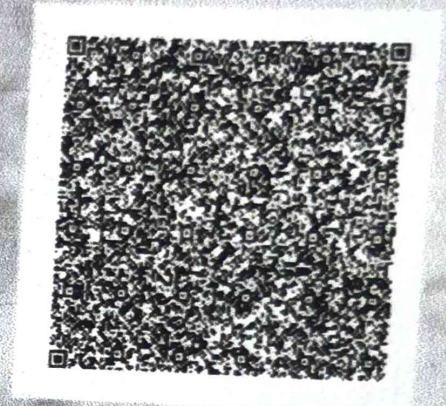
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
THDPS7591M



नाम / Name

VAIBHAV SHUKLA

पिता का नाम / Father's Name

AVADHESH KUMAR SHUKLA

जन्म की तारीख (Date of Birth)

18/11/2006

Vaibhav Shukla

हस्ताक्षर / Signature

06402