

**MOSARAM AUTO SALES**

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA HIMPUR KHERI, LAKHIMPUR, KHERI, 262701  
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	10730-03-REST-0626-208	Date	11-06-2026
Customer Name	ARBAAJ ..	Contact No.	8052845489
VIN	MBLHAW218RHJ10785	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31CJ8747
HMCGL Card No	1073024550004300	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAE500RS -FENDER COMPLETE FRONT RD(BR) -016M(G)	87141090	Paid	1,042.37	1	9.00	9.00	0.00	0.00	0.00	0.00	1,230.00
2	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	4,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	4,885.00
3	51400KSTA11S -FORK ASSY R FR	87141090	Paid	2,152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	2,540.00
4	51500KSTA11S -FORK ASSY L FR	87141090	Paid	2,152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	2,540.00
5	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	868.64	1	9.00	9.00	0.00	0.00	0.00	0.00	1,025.00
6	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
8	53200AAE300S -STEM COMP STRG	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	935.00
9	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
10	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
11	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	5,779.66	1	9.00	9.00	0.00	0.00	0.00	0.00	6,820.00
12	K50506KCCA900RS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
13	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
14	18350ACK000S -MUFFLER COMP., EXH.	87141090	Paid	8,402.54	1	9.00	9.00	0.00	0.00	0.00	0.00	9,915.00
15	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
<b>Parts Total</b>											0.00	31,435.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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

Parts Total	31,435.00
Labour Total	2,000.10
SGST (Parts) 9%	2,397.58
CGST (Parts) 9%	2,397.58
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55

## Program Proposal Two-Wheeler Package Contract - Bundled

MS/2026/7001/O/46575/569652

Motorsathi Private Limited  
 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	
ARBAAJ	1993-01-01	8052845489	ISTIYAAK AHMAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
IPS SELF DRUM	UP31CJ8747	HAI1E7RIHJ19462	MBLHAW218RHJ10785	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
59500.00	NA	0.00	0.00	0.00	59500.00	
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	1930.95	
Address			City / District	Pin Code	State	
R O IBRAHIMPUR RAY PUR, KHERI, PS- BHIRA, Kheri, Uttar Pradesh,				262802	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RUBINA	Female	24 Years	WIFE	2026-01-17 10:42	Midnight of 2027-01-16	
Section A. VRC: 796.53-TCR: 351.05 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 1147.58						
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: 289.30 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 52.07 Total with GST(D): 341.37						
<b>Total(Section A+B+C+D) Offered Price After Discount: 1931</b>						
Package Period Covered	2026-01-17 To 2027-01-16	2027-01-17 To 2028-01-16	2028-01-17 To 2029-01-16	2029-01-17 To 2030-01-16	2030-01-17 To 2031-01-16	
ADV	59500	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 2030-01-16 (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 retaining 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 LID 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 1930.95 ON 2026-01-15 from Mr./Ms. ARBAAJ against the ARN No. INCP00569652  
 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

Arbaaj  
 DL 2026-01-15



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ8747 Registration Date : 21-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 : ARBAAJ Son/wife/daughter of : SRI ISTIYAAK AHMAD  
Full Address: (Permanent) : R/O IBRAHIMPUR RAY PUR, KHERI, PS- BHIRA, KHERI, UTTAR PRADESH-262802  
Full Address: (Temporary) : R/O IBRAHIMPUR RAY PUR, KHERI, PS- BHIRA, KHERI-UTTAR PRADESH-262802  
Fitness UpTo : 20-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 : AA1038955645 Rear HSRP No : AA1039287634  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2024  
No of Cylinders : 1 Chassis No : MBLHAW218RHJ10785  
Engine No : HA11E7RHJ19462 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 112  
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242  
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 : 17-Jan-2025 Sale Amt : 81601/-  
OTT Date : 17-Jan-2025 Amount/Rcpt No : 8161 / UP31D25010003137  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 24-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 21-Jan-2025 to 20-Jan-2040

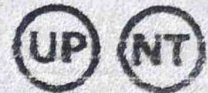
Date : 19-Feb-2025 18:52:45

Taxation Particulars / Advance Registration Mark Fee Details

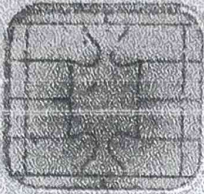
Signature of Registering Authority  
Date: 19-Feb-2025  
लखिमुपुर-खिरा

0 1479187

UNION OF INDIA **Driving Licence**



UP31 20180002856



जारी करने की तिथि  
Date of Issue

06/03/2018

वैधता / Validity

05/03/2038

जन्म तिथि  
Date of Birth

14/06/1996

Blood Group

Unknown



नाम / Name

**ARBAJ KHAN**

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

**ISHTIYAK AHAMAD**

UP31 20180002856

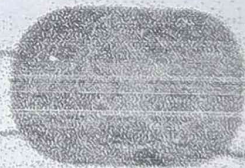
UP08327820VT



LMV  
06/03/2018



MCWG  
06/03/2018



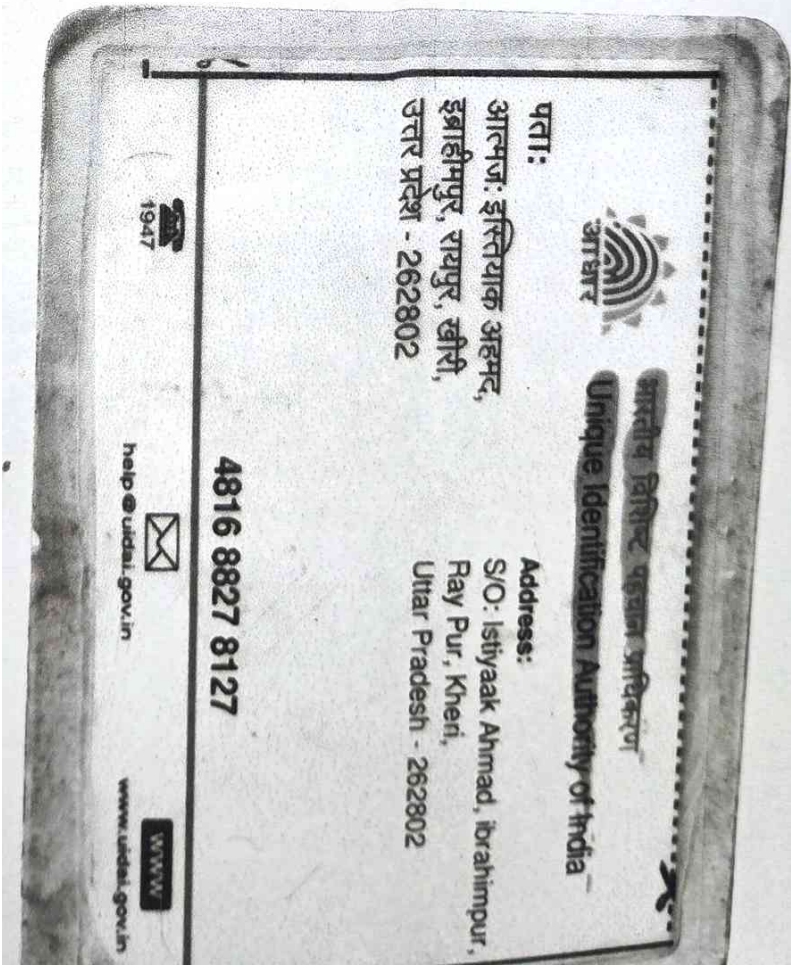
Form 7 Rule 16(2)

पता / Address

VILL IBRAHIMPUR  
POST RAYPUR THANA BHIRA  
LAKHIMPUR KHERI -

अरबाज खान  
Holder's Signature

जारीकर्ता / Issuing Authority Sign  
Lakhimpur Kheri



आयकर विभाग  
INCOME TAX DEPARTMENT

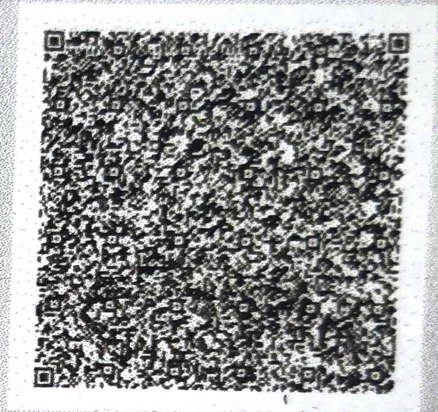


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**GHCPA3350L**



नाम / Name  
ARBAAJ

पिता का नाम / Father's Name  
ISTIYAAK AHMAD

जन्म की तारीख /  
Date of Birth  
01/01/1993

**अरबाज**  
हस्ताक्षर / Signature

09122025

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.	ARBAJ. 8052845489.
2	Vehicle No. / वाहन संख्या	UP 31 CJ 8747.
3	Policy No. / पालिसी संख्या	MS/2026/7001/0146575/569652.
4	Period of Insurance / बीमा अवधि	2026/01/11 / 2027-11-16.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7/06/2026 4:00PM.
6	Place of Accident / दुर्घटना का स्थान	रामनगर चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ARBAJ KHAN 8052845489. UP 31 20180002856
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	लवलीमपुल से स्वाधीमपुल जा रहे थे कि तभी अचानक रामनगर चौराहे के पास सामने से वाई ओट से मोटर साइकिल में जोरदार टक्कर हो गई कि जिसमें मेरी गाड़ी ड्राइवप्रेत हाकट गई और गील्क 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. L.R.P Road Bakhimpur Khera. 9151154036.

अरबाज

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 : ARBAJ KHAN.  
 (b) Address for correspondence : IBRAHIMPUR Post. RAYPURTHANA BHIRAL M.P.K  
 (c) Telephone : 66 5284 5489. Meerut

2. THE INSURED VEHICLE

Make & Year <u>HERO/2025.</u>	Engine No. <u>HA11 E7RHJ19462.</u> Chassis No. <u>MBLHAW 218RHJ10785.</u>	Registration No. <u>UP31CJ8797.</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 : No.  
 (g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_ **MIA**

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. : \_\_\_\_\_ **/ MIA**

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 Police Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_ **/ MIA**

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 old and all accident shall be forfeited.

Date **10/06/2026** . 200

Signature of the insured **अरबाज**

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 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 अरबाज .....  
Occupation .....  
Address .....

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