

Mohit Sathar

USHA AUTOMOBILES

Date 29.11.2023..... Kilometer's.....

Mehrauna Road, Lar, Deoria, (U.P)

Owener's Name KRITI BARANWAL

Address VILL MEHRAUNA DEORIA
U.P

Mobile No. 9984044551

Chassis No. MBLJFW 602RG C00172

Engine No. JF16EPRG C00233

Registration No. UP52 CB 7404

Model XOOM (ZX)

Dear sir,

Here Under we are forwarding our estimate for your acceptance, please sign and return copy to us so that we may take up the work in hand.

SR NO	PARTS OF DESCRIPTION'S	PART NUMBER	RATE	QTY	Amount
1	लोवर कवर. R	64304AAWD00XS			1106
2	लोवर कवर L	64350AAWD00SS			1106
3	अपर कवर. R	64300AAWD00RS			811
4	अपर कवर L	64301AAWD00RS			811
5	नोज कवर.	64340AAWD00RS			930
6	हेड लाइट.	33100AAWD01S			4460
7	हेड लाइट स्क्रीन				510
8	वाइज इनर.				1050
9	मिरर R.				250
10	लिवर R.				195
11	फ्लोर पैनल R.	64320AAWD00XS			609
12	फुट रेस्ट R				210
13	वाडी कवर. R	83510AAWD10RS			175
14	कैरिपर				700
15	साइलेंसर. पत्ती				290
16	रेक इनर	81132AAWD00S			850
17	मजदूरी				850
TOTAL.....					13863

Note. 1. If Required, Labour for above material shall be Changed extra.

2. price of partare subjects to change without notice.

3. vehicle delivery againt payment only.

4. All dispatch subjects to Deoria Jurisdiction only.

For- Usha Automobiles



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

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.	KRITI BARANWAL 8874844467
2	Vehicle No. / वाहन संख्या	UP52CB7404
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/461729
4	Period of Insurance / बीमा अवधि	21/08/25 - 20/08/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/11/25 - 9:30 Am
6	Place of Accident / दुर्घटना का स्थान	मेहरौना
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRAMOD KUMAR BARNWAL UP5220250010022 - 9984044551
8	Estimated Loss / अनुमानित हानि	13863
09.	Cause of Accident / दुर्घटना का कारण : अचानक सामने से दो घड़िया वाहन ने टकरा मार दिया और मेरी गाड़ी दाहिने तरफ गिर कर क्षतिग्रस्त हो गई	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Usha Automobile Car 9161892881

Date / दिनांक : 27-11-2025
हस्ताक्षर

Kriti Baranwal
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 Meexlet

Certificate/Policy No. Ms/2025/7001/0/46575/461729

Tel. No.

Period of Insurance 21/08/2025 TO 20/08/2026
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 : Koti Baxanwal
(b) Address for correspondence : Vill - Mehrauna, Deoria U.P
(c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2024</u>	Engine No. <u>JF16 EPRGC 00233</u> Chassis No. <u>MBLJFW602 RGC00172</u>	Registration No. <u>UP52 CB 7A04</u>
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(a) Was the vehicle in proper working condition? NA
(b) For what purpose was the vehicle being used at the time of accident? Personal Use
(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 : _____



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Pramod Kumar Barnwal
(b) Age : 07-01-1983
(c) Address :
(d) Is the Driver
1. Owner : Husband
2. paid driver?
3. Owner's relative or friend?
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP52 20250010022
(h) Issuing Authority : Deoria
(i) Date of Expiry : 04-06-2025
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 25-11-2025 - 9:30 Am
(b) Place : मेहरौना
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : अचानक सामने से दो पाछिया वाहन ने टकर मार
(e) If any third party was responsible for this accident give the name and address : दिया और मेरी गाडी टाईने तरफ गिर कर क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate
(b) Estimated cost of repairs : 13863
(c) When and where can the damaged vehicle be inspected :

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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
(b) If yes, give full details : _____

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? : _____
(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 27-11-25 200

Signature of the insured Kirti Bastanwal

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 *K. S. Ti. Basanwal*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CB7404 Registration Date : 27-Aug-2024
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001
 Owner Name : KRITI BARANWAL Son/wife/daughter of : PRAMOD BARANWAL
 Full Address: (Permanent) : VILL- MEHRAUNA DEORIA, SALEMPUR DEORIA, . DEORIA, UTTAR PRADESH-274502
 Full Address: (Temporary) : VILL- MEHRAUNA DEORIA, SALEMPUR DEORIA, . DEORIA-UTTAR PRADESH-274502
 Fitness Up To : 26-Aug-2039 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 : AA2113510831 Rear HSRP No : AA2111039065
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2024
 No of Cylinders : 1 Chassis No : MBLJFW602RGC00172
 Engine No : JF16EPRGC00233 Fuel : PETROL
 Horse Power(BHP) : 8.04 Cubic Capacity : 110.90
 Maker's Classification : XOOM (ZX) Wheel base : 1300
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 109
 Colour : POLESTAR BLUE 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 w.e.f. .

Purchase dt : 21-Aug-2024 Sale Amt : 81419/-
 OTT Date : 21-Aug-2024 Amount/Rcpt No : 8142 / UP52D24080002631
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Aug-2024 to 26-Aug-2039

Date : 16-Dec-2024 16:19:56

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीमन अधिकारी
 Signature of Registering Authority
 Date 16-Dec-2024

Q 0733453

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/C/46878/461729

Motorsathi Care Private Limited
 B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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
Kriti Baranwal	1988-01-28	88748 44467	PRAMOD BARNWAL	Hero Motocorp	XOOM
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
ZX	UPSN/B7404	IF16FPP/GC00233	MHLJPW602RG00172	2024	110 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
64000.00	NA	0.00	0.00	0.00	64000.00
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	1417.97
Address			City / District	Pin Code	State
Deoria, 274502				274502	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
PRAMOD BARNWAL	Male	39 Years	HUSBAND	2025-08-21 14:12	Midnight of 2026-08-20

Section A, VRC: 899.61 TCR: 377.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 244.79 Total with GST(A) 1032.42
 Section B, EC: 0.00 EC Service: 0.00 FCPD: 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): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D, Drive Assure: 326.74 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 58.81 Total with GST(D): 385.55
 Total(Section A+B+C+D) Offered Price After Discount: 1418

Package Period Covered	2025-08-21 To 2026-08-20	2026-08-21 To 2027-08-20	2027-08-21 To 2028-08-20	2028-08-21 To 2029-08-20	2029-08-21 To 2030-08-20
ADV	64000	NIL	NIL	NIL	NIL
MS Services Period Covered (NOBL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-08-19 (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 Aligarh.

#: Received with Thanks Rs 1417.96 ON 2025-08-13 from Mr./Ms. Kriti Baranwal against the ARN No. INCP00461729
 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: IM1 - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार



कृति बरनवाल
Kirti Baranwal
जन्म तिथि/ DOB: 28/01/1988
महिला / FEMALE



8974 6051 1741

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
अर्धांगिनी: प्रमोद बरनवाल,
मेहरीना, देवरिया,
उत्तर प्रदेश - 274502

Address:
W/O: Pramod Baranwal, Meharouna,
Deoria,
Uttar Pradesh - 274502

8974 6051 1741

आधार-Aam Admi ka Adhikar

आयकर विभाग
INCOME TAX DEPARTMENT

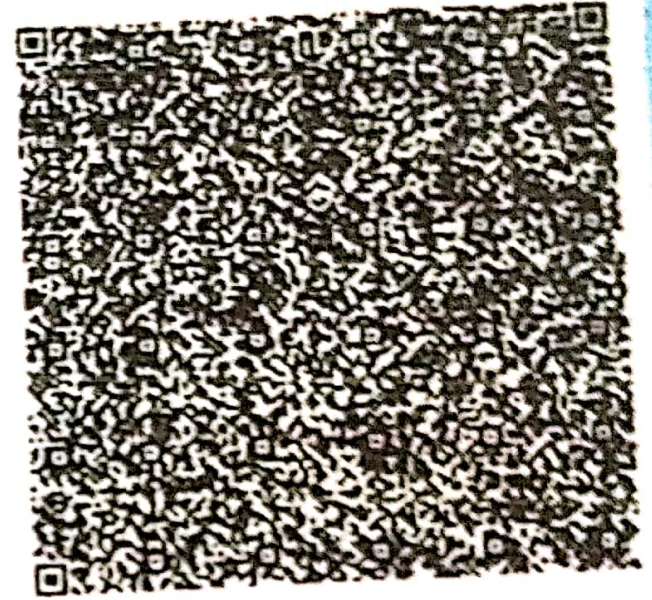


भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



IATPB6545L



नाम / Name
KRITI BARANWAL

पिता का नाम / Father's Name
KAUSHALKISHOR BARANWAL

जन्म की तारीख /
Date of Birth
28/01/1988



26062024

PAN Application Digitally Signed, Card Not Valid unless Physically Signed