

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-0626-222

Date 20-06-2026

Customer Name RIYAJ AHAMAD

Contact No. 7235897142

VIN MBLHAW138NHA00156

Model HF DELUXE

Insurance Company

Reg No. UP31BV4212

HMCGL Card No 1073022880003998

HMCGL Card Category Gold

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAH100VS -FENDER FRONT COMPLETE(NH-373M)	87141090	Paid	805.08	1	9.00	9.00	0.00	0.00	0.00	0.00	950.00
2	83410KST950RS -VISOR ASSEMBLY FRONT BLACK	87141090	Paid	546.61	1	9.00	9.00	0.00	0.00	0.00	0.00	645.00
3	88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY-141M)	70091090	Paid	233.05	1	9.00	9.00	0.00	0.00	0.00	0.00	275.00
4	83500AAHF00RS -R SIDE COVER BLACK NH-1(T1)	87141090	Paid	559.32	1	9.00	9.00	0.00	0.00	0.00	0.00	660.00
5	77210AAH7000S -ILL R RR COWL BLK (T1) NH-1)	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
6	77220AAH7000S -ILL L RR COWL BLK (T1) NH-1)	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
7	77230ACK000US -CENTER REAR COWL (BL-002M.)	87141090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
8	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	3,127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	3,690.00
Parts Total											0.00	7,310.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	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	7,310.00
Labour Total	2,000.10
SGST (Parts) 9%	557.54
CGST (Parts) 9%	557.54
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,310.10

Rupees in Words: Nine Thousand Three Hundred Ten and paise Ten Only

Authorised Signatory

1. Terms Cash

10730 - Main W/S

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

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.	रियाज अहमद, 7235897142
2	Vehicle No. / वाहन संख्या	UP31BV 4212.
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/456082
4	Period of Insurance / बीमा अवधि	16/07/2025 से 15/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/06/2026 1:00PM.
6	Place of Accident / दुर्घटना का स्थान	अन्देशनगर पुल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मेराज अहमद, 7275290962 UP3120130010639
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	लखीमपुर से गुलरिया जा रहे थे कि लम्बी अचानक अन्देशनगर पुल के पास सामने से मोटर साइकिल से टक्कर हो गई। जिससे मेरी गाड़ी दौड़ और गिरकर क्षतिग्रस्त 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 / फोन नं.	MASARAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERI, 9151154036.

Date / दिनांक : 18/06/2026.
हस्ताक्षर

रियाज अहमद
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. MS/2025/700/10/46575/45

Tel. No.

Period of Insurance 16/07/2025 से 15/07/2026
 Claim No. 6082

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 : RAZ AHMAD
 (b) Address for correspondence : R/O NEAR CHANDWARD ROAD, NAURANGIABAD,
 (c) Telephone : 7235897142 PS-KOTWALLI.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HAJHEWNHAA00107</u> Chassis No. <u>MBLHAW138NHAA00156</u>	Registration No. <u>UP31BV</u> <u>4212</u>
---	--	--

- (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

N/A

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 : MIRAJ AHAMAD
 (b) Age : 30/07/1991
 (c) Address : R/O MOH NAURANGABAD, LAKHIMPUR KHERA
282705.
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : BHAI
 (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 20130010639
 (h) Issuing Authority : 24/06/2033
 (i) Date of Expiry : 14/10/2033
 (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 : 15/06/2026 1:00 PM.
 (b) Place : अ-देश नगर पुल के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : अ-देश-नगर पुल के पास सामने से मोटर साइकिल से टक्कर होगई जिससे मेरी गाडी लॉर और जिस्कर
 (e) If any third party was responsible for this accident give the name and address : दायिम्तर हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : MASARRAM AUTO SALES, URP
 (c) When and where can the damaged vehicle be inspected : ROAD, LAKHIMPUR-KHERA

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 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 18/06/2006

Signature of the insured रिधाक अहमद

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. UP31BV4312 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
in respect 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 रियाज अहमद

Occupation

Address

Bank Account Number

Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025-7001/O/46575/456082

Motorsathi Care Private Limited
 B Doss 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	
RIAZ AHMAD	1993-01-01	7235897142	S/O SRI SIRAJUDDIN	Hero, Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF - E20 CAST	UP31BV4212	HA11EWNHA00107	MBLHAW138NHA00156	2022-03-16	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
40500.00	NA	0.00	0.00	0.00	40500.00	
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	1753.76	
Address			City / District	Pin Code	State	
R/O NEAR CHANDWARI ROAD, NAURANGABAD, PS- KOTWALI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SUFIYA	Female	23 Years	WIFE	2025-07-16 14:21	Midnight of 2026-07-15	

Section A, VRC: 650.61 TCR: 382.32 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1032.93
 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: 236.30 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.53 Total with GST(D): 278.83

Total(Section A+B+C+D) Offered Price After Discount: 1754

Package Period Covered	2025-07-16 To 2026-07-15	2026-07-16 To 2027-07-15	2027-07-16 To 2028-07-15	2028-07-16 To 2029-07-15	2029-07-16 To 2030-07-15
ADV	40500	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 2027-03-11 (DETAILS ARE 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/- (Ten Lakhs). 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 shall 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 1753.76 ON 2025-07-16 from Mr./Ms. RIAZ AHMAD against the ARN No. INCP00456082
 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: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31BV4212 Registration Date : 16-Mar-2022
 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, ...
 Owner Name : RIAZ AHMAD Son/wife/daughter of : S/O SRI SIRAJUDDIN
 Full Address: (Permanent) : R/O NEAR CHANDWARI ROAD, NAURANGABAD, PS-KOTWALI, KHERI, UTTAR
 PRADESH-262701
 Full Address: (Temporary) : R/O NEAR CHANDWARI ROAD NAURANGABAD, PS-KOTWALI, KHERI-UTTAR
 PRADESH-262701
 Fitness UpTo : 15-Mar-2037 Tax UpTo : One Time
 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 : AA2051024349 Rear HSRP No : AA2050526106
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2022
 No of Cylinders : 1 Chassis No : MBLHAW138NHA00156
 Engine No : HA11EWNHA00107 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HFDELUXE-BLK(SLF-DR-CA Wheel base : 1235
 ST)SS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Red Black 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)
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 : 12-Mar-2022 Sale Amt : 63040/-
 OTT Date : 12-Mar-2022 Amount/Rept No : 6304 / UP31D22030001582
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 16-Mar-2022
Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

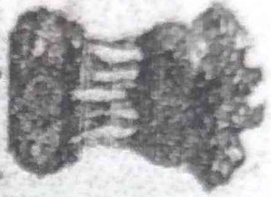
This certificate is valid from 16-Mar-2022 to 15-Mar-2037

Date : 28-Mar-2022 11:13:04
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 28-Mar-2022

N 1998403

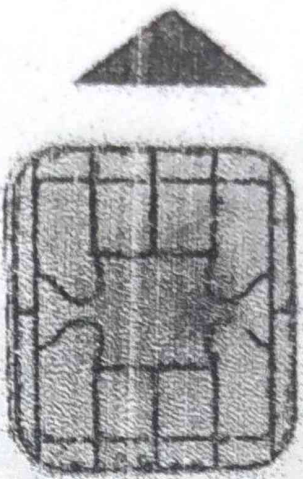
भारत सरकार



Indian Union Driving Licence Issued by Uttar Pradesh



UP31 20130010639



Issue Date: 24-06-2022 Validity (NT): 14-10-2033 Validity (TR): _____



Holder's Signature

Name:

MERAJ AHAMAD

Date of Birth: 30-07-1991

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **SIRAJUDDIN**

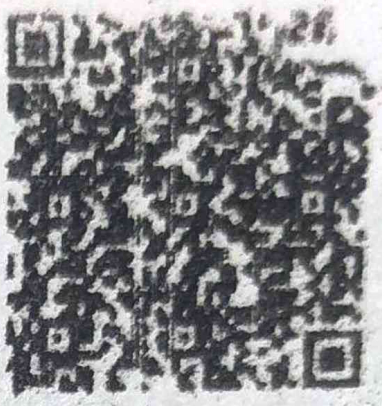
Address:

**MOHN AURANGABAD LAKHIMPUR KHERI
LAKHIMPUR, LAKHIMPUR KHERI 262701**

Date of First Issue (15-10-2013)

DL No: UP31 20130010639

UPDL000008554149



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
	MCMG	UP31	15-10-2013	NT			
	LMV	UP31	15-10-2013	NT			
MVSD							

Emergency Contact Number

Licensing Authority
 UP31 LAKHIMPUR KHEN



भारत सरकार
Government of India



Aadhaar no. issued: 30/04/2012



रियाज अहमद
Riaz Ahmad
जन्म तिथि / DOB : 01/01/1993
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल को स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

5631 3273 6933

मेरा आधार, मेरी पहचान



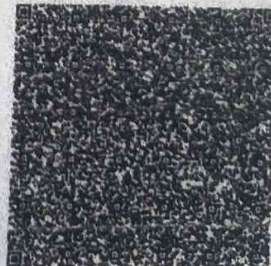
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: S/O सिराजुद्दीन, निकट चांदवारी रोड,
नौरंगाबाद, लखीमपुर, खीरी, उत्तर प्रदेश, 262701

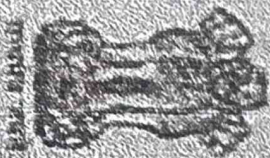
Address: S/O Sirajuddin, Near Chandwari
Road, Naurangabad, Lakhimpur, PO:Kheri,
DIST:Kheri, Uttar Pradesh, 262701

Details as on 22/05/2024

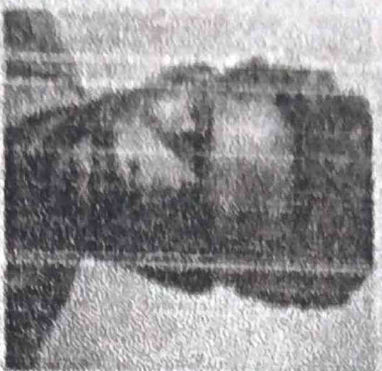


5631 3273 6933

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA




नाम / Name
RIAZ AHMAD

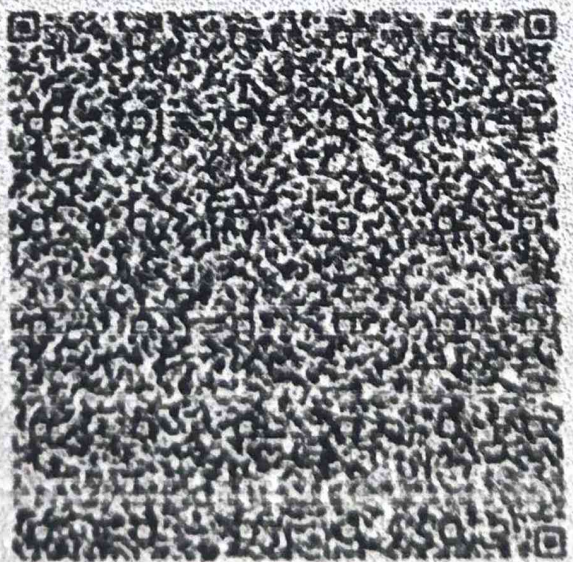
पिता का नाम / Father's Name
SIRAJUDDIN

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

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GDR/PA6499F


हस्ताक्षर / Signature



13092025