

(BK AUTOMOBILES

PATHERDEWA DEORIA

DEORIA U.P.

GSTIN.09AQNPA2869A1ZY

CUSTOMER NAME= Muhammad Salim

INVOICE NO. :

ADD= Date = 17/12/2025

PAYMENT BY: CEIDIT

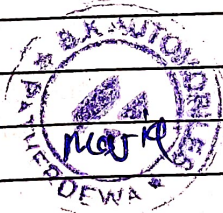
MAGAMA HDI GENERAL INSURANCE CO.LTD

CLAIM NO. -

DEORIA U.P.

| MODEL | COLOUR | FRAME NO. | ENGINE NO. | VEHICLE NO |
|-------|--------|-----------|------------|------------|
| SPLA | GREY | TO 380 | TO 300 | UP52BM5203 |

| | PARTICULAR | QTY. | RATE (RS) | TOTAL AMOUNT(RS) |
|----|---------------|------|-----------|------------------|
| 1 | VISOR | 1 | | 1065 |
| 2 | Headlight | 1 | | 510 |
| 3 | Fender | 1 | | 1450 |
| 4 | Indicators | 1 | | 220 |
| 5 | legguard | 1 | | 675 |
| 6 | Mirror | 1 | | 140 |
| 7 | Socket pipe | 2x | 1150 | 2300 |
| 8 | Liver | 1 | | 95 |
| 9 | Labour charge | | | 500 |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| | | | TOTAL | 6955 |



& conditions apply-

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/470259

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

| | | | | | | |
|-----------------------------------|--------------------------|---|--|----------------------------|------------------------------------|---------------------|
| Name of Certificate Holder | Date of Birth | Moble No. | Father/Husband Name | Make | Model | |
| Muhammad Salim | 1976-04-03 | 9919365805 | | Hero | SPLENDOR PLUS | |
| Sub Model | Vehicle Regn. No. | Engine No. | Chassis No. | Year of Mfg | Cubic Capacity | Vehicle Type |
| ZX | | HA11EVMHB***** | MBLHAW110MHB70380 | 14/09/2021 | | TW |
| Asset Declared Value (ADV) | Side Car ADV | Non-Electrical Accessories ADV | Electrical Accessories ADV | CNG/LPG/BI-Fuel ADV | Total ADV | |
| 35000.00 | NA | 0.00 | 0.00 | 0.00 | 35000.00 | |
| 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 | 1307.72 | |
| Address | | | City / District | Pin Code | State | |
| | | | | | Uttar Pradesh | |
| Nominee Name | Nominee Gender | Nominee Age | Nominee Relation | Package Start Date | Package End Date | |
| SAFIKUN NISHA | Female | 45 Years | WIFE | 2025-09-30 00:00 | Midnight of 2026-09-29 | |

Section A, VRC: 408.09 TCR: 454.30 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 1051.69

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): 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: 216.97 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 39.05 Total with GST(D): 256.02

Total(Section A+B+C+D) Offered Price After Discount: 1308

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Package Period Covered | 2025-09-30 To 2026-09-29 | 2026-09-30 To 2027-09-29 | 2027-09-30 To 2028-09-29 | 2028-09-30 To 2029-09-29 | 2029-09-30 To 2030-09-29 |
| ADV | 35000 | 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.

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 Meerut.

#: Received with Thanks Rs 1307.72 ON 2025-09-30 from Mr./Ms. Muhammad Salim
 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

UTTAR PRADESH
Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP52BM5203
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
Owner Name : MUHAMMAD SALIM
Full Address: (Permanent) : VILL-DHARMAGAT PATTI SIDHAW, PO-PATHERDEWA, PS-TARKULWA, DEORIA,
Full Address: (Temporary) : VILL-DHARMAGAT PATTI SIDHAW, PO-PATHERDEWA, PS-TARKULWA, DEORIA-
Registration Date : 14-Sep-2021
Purpose For Printing RC : NEW
Son/wife/daughter of : MUHAMMAD IDRISH
Fitness Up To : 13-Sep-2036
Tax Up To : One Time
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Link Vehicle No :
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Rear HSRP No : AA2039862058
Front HSRP No : AA2041468361
Month/Year of Manuf. : 02/2021
Type of Body : SOLO WITH PILLION
Chassis No : MBLHAW110MHB70380
No of Cylinders : 1
Fuel : PETROL
Engine No : HA11EVMHB70300
Cubic Capacity : 97.20
Horse Power(BHP) : 7.91
AC Fitted : NO
Maker's Classification : SPLENDOR + (SELF-DRUM-Wheel base
CAST) : 1236
Seating Cap(in all) : 2
Standing Cap : 0
Sleeper Cap : 0
Unladen Wt (kgs) : 111
Colour : BLACK-SILVER STR
Laden/GV Wt (kgs) : 241
Other Criteria :
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 : 26-May-2021
OTT Date : 26-May-2021
TaxUpTo : One Time
Tax Exempted or Not : NOT EXEMPTED
Other State/Transfer/Conversion Details
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 65975/-
Amount/Rcpt No : 6598 / UP52D21090000813
Vehicle is Govt/ Pvt. : PRIVATE
Date of Approval : 14-Sep-2021
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 14-Sep-2021 to 13-Sep-2036

Date : 27-Sep-2021 14:34:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registered Authority
 Date : 27-Sep-2021



Indian Union Driving Licence
Issued by Uttar Pradesh

UP52 20210018890



Issue Date: 14-12-2021
Validity (NT): 13-12-2031



Holder's Signature

Name: MUHAMMAD SALIM
Date of Birth: 04-03-1976
Blood Group: _____
Son/Daughter/Wife of: MUHAMMAD IDRISH

Organ Donor: Y

Address:
DHUBHAGAT PATTI SIDDHAWTE JOBANA
Deoria, UP 274404

Date of First Issue: (14-12-2021)

DL No: UP52 20210018890

UPDL 000007037502



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 |
|------------------|------|-----------|---------------|------------------|--------------|-------------------|-----------------|
| Carriage | MCWG | UP52 | 14-12-2021 | NT | | | |
| Hill | LHW | UP52 | 14-12-2021 | NT | | | |
| Invalid | | | | | | | |

Emergency Contact Number: _____

Director, Transport Authority
UP-52 Deoria

भारत सरकार
GOVT. OF INDIA



आयकर विभाग
INCOME TAX DEPARTMENT
MUHAMMAD SALIM

MUHAMMAD IDRISH

04/03/1976

Permanent Account Number
EAFPS742A

Muhammad

Signature



22032012

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. | Muhammad Salim |
| 2 | Vehicle No. / वाहन संख्या | UP52BM5203 |
| 3 | Policy No. / पालिसी संख्या | MS/2025/1001/0/46575/470259 |
| 4 | Period of Insurance / बीमा अवधि | 30/09/2025 - 29/09/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 17/12/2025 Time = 5:00 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | Patherdewa |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Muhammad Salim UP5220210018890 |
| 8 | Estimated Loss / अनुमानित हानि | 8000 |
| 09. | Cause of Accident / दुर्घटना का कारण : | में अपनी गाड़ी लेकर सिधावे से पथरदेवा कुड़ काम ले जा रहे थे। पथरदेवा में फल मण्डी के पास के सामने से लड्डू बाइक वाले ने झूठ कर टक्कर मार दिया। जिससे मेरा गाड़ी उससे टक्कर का 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. | B.k Automobiles Patherdewa (1275552909) |

Date / दिनांक : 17/12/25
हस्ताक्षर

मु० लमीम
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 _____ Certificate/Policy No. MS/2025/7001/0/46575/470259
 Tel. No. _____ Period of Insurance 30/09/2025 - 29/09/2026
 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 : Mahammad Salim
 (b) Address for correspondence : vill = Dharmagat Patti
 (c) Telephone : _____

2. THE INSURED VEHICLE

| | | |
|--|---|--|
| Makc & Year <u>HERO MOTOR CORP</u> <u>2021</u> | Engine No. <u>10300</u> Chassis No. <u>70380</u> | Registration No. <u>UP52BMS 203</u> |
|--|---|--|

(a) Was the vehicle in proper working condition? Yes
 (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 NIA
 1. Was a side-car attached NIA
 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 | : | _____ |

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Muhammad Salim
 (b) Age : _____
 (c) Address : _____
 (d) Is the Driver : _____
 1. Owner : Owned
 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 : UP 52 2021 00 18890
 (h) Issuing Authority : 14/12/2021
 (i) Date of Expiry : 13/12/2031
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : N/A
 (l) Has he been involved in any accident before? : N/A
 (m) Has he been charged by the policy? If so, Why? : N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 17/12/2025 Time 5:00PM
 (b) Place : Patherdewa
 (c) Speed of vehicle at the time of accident : 20-30KPH
 (d) Give a short description of the accident : मेरी अपनी गाड़ी लेकर सिधावेली
 (e) If any third party was responsible for this accident give the name and address : पथरदेवा कुड़ काम से जा रहा था। पथरदेवा
 में फल मण्डी के पास साजने से एक बाइक वाले ने हमा कट टकरा भार दिया। जिससे मेरा गाडी उससे टकरा कर हाइड्रिक हो गई
 6. DAMAGE TO INSURED VEHICLE : Front
 (a) Full details of damage : Front
 (b) Estimated cost of repairs : 8000
 (c) When and where the damaged vehicle be inspected : B. K Automobiles

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 : N/A
 (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? : No
(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? : N/A
(c) Was accident reported to Police? If not, Why? : _____
(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 17/12/2005

Signature of the insured मुं ललीम