

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-0626-228
 Customer Name RAMPHAL /
 VIN MBLJAR035J9C44856
 Insurance Company
 HMCGL Card No 1073025510001910
 Part Details

Date 20-06-2026
 Contact No. 9559672422
 Model SUPER SPLENDOR
 Reg No. UP34AS2059
 HMCGL Card Category Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310AAAGH20S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	559.32	1	9.00	9.00	0.00	0.00	0.00	0.00	660.00
2	83402AAG300S -PANEL INNER	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
3	83600AAGD00RS -L SIDE COVER BLACK NH 1 T1	87141090	Paid	694.92	1	9.00	9.00	0.00	0.00	0.00	0.00	820.00
4	17520AAGD20ZS -FUEL TANK (BLACK NH-1)	87141090	Paid	6,080.5	1	9.00	9.00	0.00	0.00	0.00	0.00	7,175.0
Parts Total												0
Labour Details												0.00
												8,885.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR	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	8,885.00
Labour Total	2,000.10
SGST (Parts) 9%	677.67
CGST (Parts) 9%	677.67
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	10,885.10

Rupees in Words: Ten Thousand Eight Hundred Eighty Five and paise Ten Only

Authorised Signatory

10730 - Main W/S

1. Terms Cash
 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
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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.	रामफल. 9559672422
2	Vehicle No. / वाहन संख्या	UP34 AS 2059
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/573472.
4	Period of Insurance / बीमा अवधि	09/06/2026 से 08/06/2027.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/06/2026 11:00 AM.
6	Place of Accident / दुर्घटना का स्थान	चौरा ग्राम के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रामफल. UP3420100010475 9559672422.
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	चौरा ग्राम के पास सामने से मोटरसाइकिल से जोरदार टक्कर हो गई जिससे मेरी गाड़ी आनियंत्रित होकर बाईं 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.	MOSARRAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERI, 9151154036.

Date / दिनांक : 16/June/2026
हस्ताक्षर

राम फल
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/2026/7001/0/46575/

Tel. No.

Period of Insurance 09/06/2026 से 08/06/2027
 Claim No. 573472

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 : RAMPHAL
 (b) Address for correspondence : RIO RUKNAPUR, PO-MARSANDA PS. LAHARPUR,
 (c) Telephone : 9559672422 SIJAPUR.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2018</u>	Engine No. <u>JA05EG79C44464</u>	Registration No. <u>UP34AS</u> <u>2059</u>
	Chassis No. <u>MBLTAR0 3579C44856</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 : RAMFAL
- (b) Age : 26/09/1988
- (c) Address : R/O ROKNAPUR, LAHARPUR, SITAPUR, 261136.
- (d) Is the Driver
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 : UP34 20100010475
- (h) Issuing Authority : 19/09/2022
- (i) Date of Expiry : 07/09/2030
- (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 11:00am.
- (b) Place : चौरा माम के पास
- (c) Speed of vehicle at the time of accident : 30-40km/h.
- (d) Give a short description of the accident : चौरा माम के पास सामने से मोटर साइकिल से जोर
- (e) If any third party was responsible for this accident give the name and address : वॉल्ट टंकर हो गई जिससे मेरी गाड़ी आम्पानित होकर और थिरका लविकत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs : MOSARAM AUTO & GALS LPP
- (c) When and where can the damaged vehicle be inspected : ROAD, LAKHIMPUR - KHERI

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? : N/A
(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 16/June/20 26

Signature of the insured रामजल

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. UP34AS2059 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/-

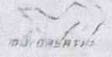


Witness
Name
Signature
Address

Signature 21/1/2011
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/573472

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	Mobile No.	Father/Husband Name	Make	Model	
RAMPHAL	1980-01-01	9559672422	SKI MAHAVEER	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST E20	UP34AS2059	JA05EGJ9C44464	MBLJAR035J9C44856	2018-07-10	175	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
20500.00	NA	0.00	0.00	0.00	20500.00	
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	1370.86	
Address			City / District	Pin Code	State	
VILL- RUKNAPUR PO- MARSANDA PS- LAHARPUR, SITAPUR				261001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ASHOK KUMAR	Male	21 Years	SON	2026-06-09 11:05	Midnight of 2027-06-08	
Section A, VRC: 418.51 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 117.61 Total with GST(A) 300.90						
Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EED: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60 Total with GST(B): 908.60						
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: 152.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 27.36 Total with GST(D): 179.36						
Total(Section A+C+D) Offered Price After Discount: 1831						
Package Period Covered	2026-06-09 To 2027-06-08	2027-06-09 To 2028-06-08	2028-06-09 To 2029-06-08	2029-06-09 To 2030-06-08	2030-06-09 To 2031-06-08	
ADV	20500	NIL	NIL	NIL	NIL	
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL	

Package covered in this contract have a valid TP coverage from 2026-06-09 until 2027-06-08.

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. 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 canceled or void in the event of the Insured Dishonored. The company may cancel the package by sending 7 days notice in case of fraud, misrepresentation, non-disclosure of material fact or non-compliance of the coverage.

ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 Lakh or a request for refund of payment exceeding Rs 1 Lakh, the accountability will be subject to the provisions of AML package of the company. The AML package is available to our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No: 7941050643 Email: 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 claim by the insured against 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 jurisdiction of the courts at Meerut.



Received with Thanks Rs 1830.86 ON 2026-06-05 from Mr. Ms. RAMPHAL against the ARY No. INCP00573472
 The collection/adjustment is subject to a compulsory excess of Rs 100/- & Depreciation is applicable per terms & conditions*
 Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMI - 22, 16-5
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH
Transport Department Sitapur
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP34AS2059
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES L R P ROAD, LAKHIMPUR KHERI, , , -
 Owner Name : RAMPHAL
 Full Address: (Permanent) : VILL- RUKNAPUR PO- MARSANDA, VILL- RUKNAPUR PO- MARSANDA, PS- LAHARPUR, SITAPUR, UTTAR PRADESH- 201001
 Full Address: (Temporary) : VILL- RUKNAPUR PO- MARSANDA, VILL- RUKNAPUR PO- MARSANDA, PS- LAHARPUR, SITAPUR-UTTAR PRADESH- 201001

Registration Date : 10-Jul-2018

Purpose For Printing RC : NEW/TMP

Son/wife/daughter of : SRI MAHAVEER

Fitness Up To : 09-Jul-2033

Tax Up To : One Time

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER

Ownership : INDIVIDUAL

Maker's Name : HERO MOTOCORP LTD

Front HSRP No :

Type of Body : SOLO WITH PILLION

No of Cylinders : 1

Engine No : JA05EGJ9C44464

Horse Power(BHP) : 9.00

Maker's Classification : SUPER SPLENDOR(DRUM-S
ELF-CAST)

Seating Cap(in all) : 2

Sleeper Cap : 0

Colour : GBK

Other Criteria

Link Vehicle No :

Norms : BHARAT STAGE IV

Rear HSRP No :

Month/Year of Manuf. : 03/2018

Chassis No : MBLJAR035J9C44856

Fuel : PETROL

Cubic Capacity : 124.70

Wheel base : 1265

Standing Cap : 0

Unladen Wt (kgs) : 121

Laden/GV Wt (kgs) : 251

Not Fitted : NO

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 : 10-Apr-2018

Sale Amt : 56246/-

OTT Date : 10-Apr-2018

Amount/Rcpt No : 5625 / UP34D18040002708

TaxUpTo : One Time

Vehicle is Govt./ Pvt. : PRIVATE

Tax Exempted or Not : NOT EXEMPTED

Date of Approval : 10-Jul-2018

Other State/Transfer/Conversion Details

Previous RegNo

Previous Owner

Entry Date

Old State

Conversion Date

Transfer Date
 This certificate is valid from 10-Jul-2018 to 09-Jul-2033

Date : 12-Jul-2018 11:36:27

Taxation Particulars / Advance Registration Mark Fee Details

Registrar Authority
 Signature of Registering Authority
 Date : 12-Jul-2018
 Sitapur (U.P.)

https

C

459201



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP

UP34 20100010475



Issue Date: **19-09-2022** Validity (NT): **07-09-2030** Validity (TR): _____



Holder's Signature

(06-09-2010)

Date of First Issue

Name: **RAM FAL**
 Date of Birth: **26-09-1988** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **MAHAVEER JAISWAL**
 Address: **RUKNAPUR, LAHARPUR SITAPUR
 LAHARPUR, SITAPUR 261136**

DL No: UP34 20100010475

UPDL 000009309718



Invalid Carriage (Regn Numbers)*

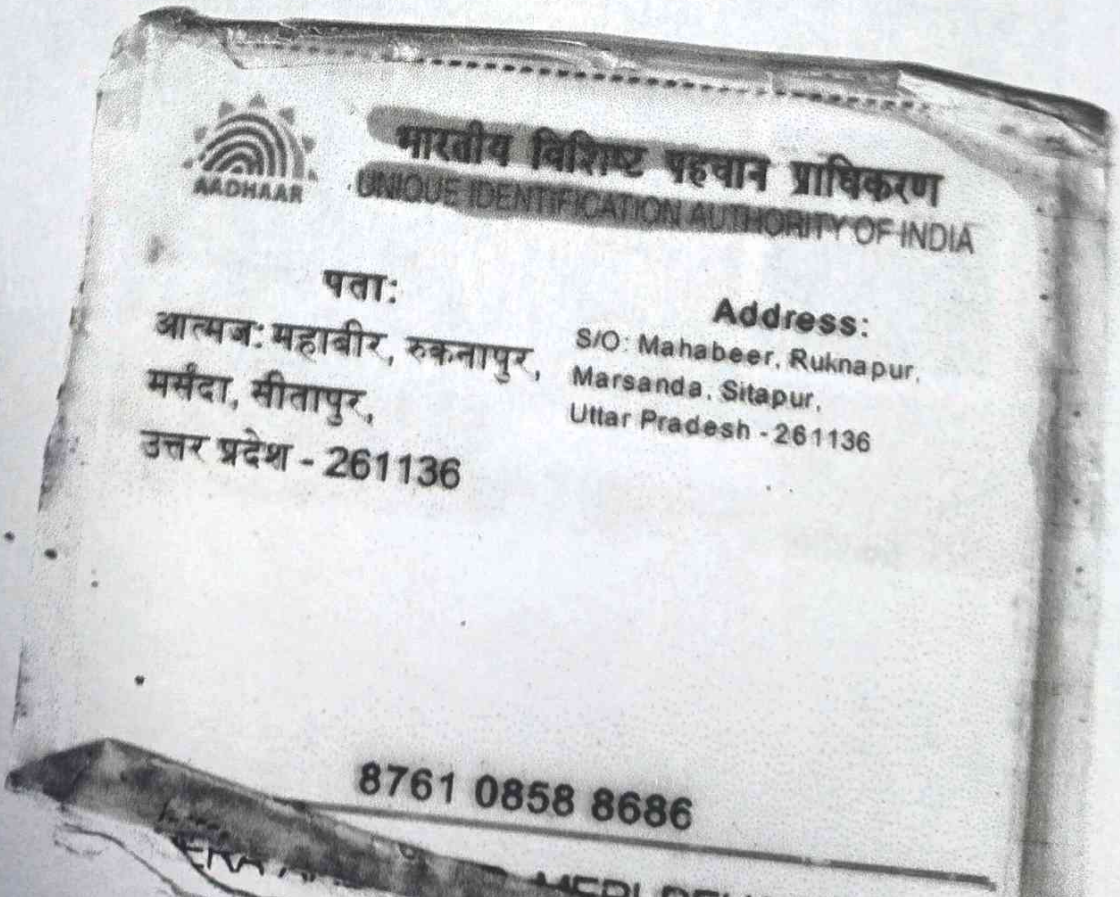
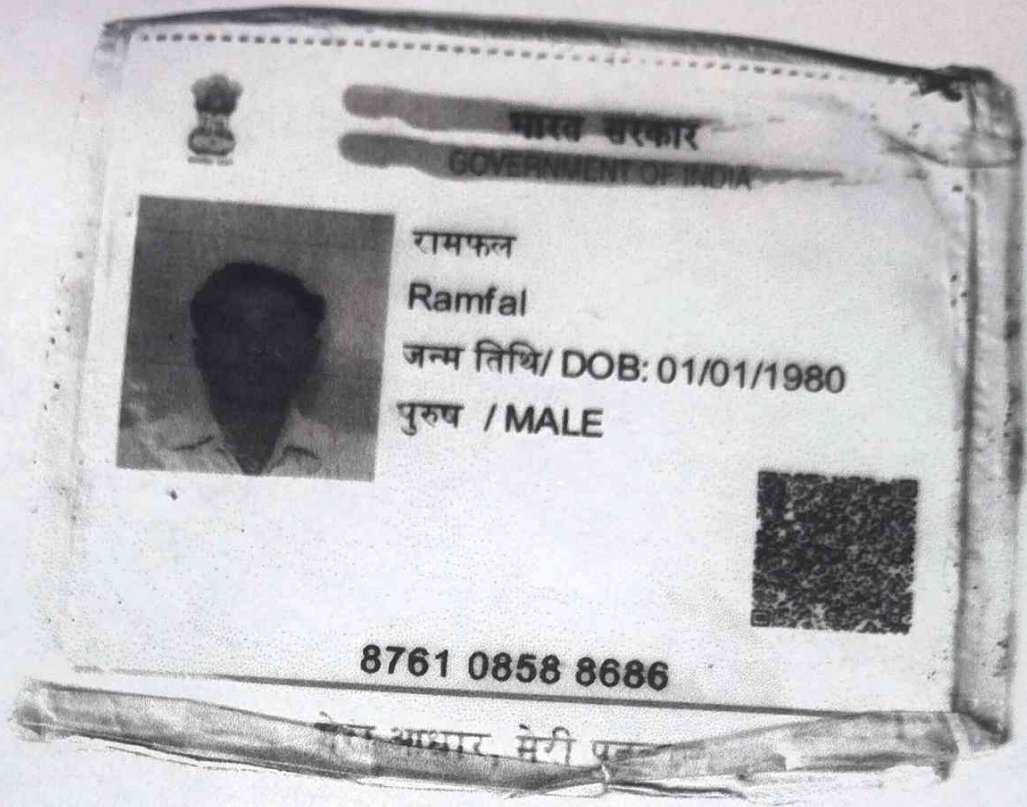
Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP34	08-09-2010	NT			
	LMV	UP34	08-09-2010	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licence Authority
UP34 SITAPUR



आयकर विभाग
INCOME TAX DEPARTMENT

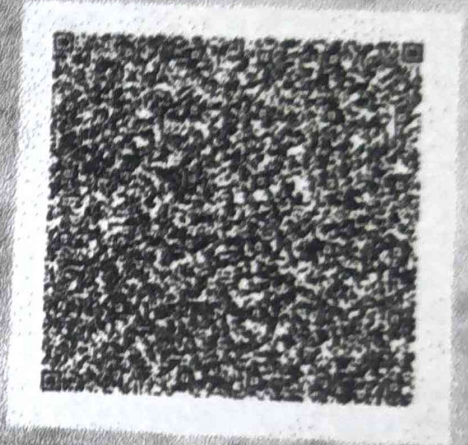


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HJRPR6196B



नाम / Name
RAMFAL

पिता का नाम / Father's Name
MAHAVEER

जन्म की तारीख / Date of Birth
01/01/1980

PAN Application Digitally Signed. Card Not Valid unless Physically Signed

07125