

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-0426-20
 Customer Name MOHD SARTAJ
 VIN MBLJAW182MGK02800
 Insurance Company
 HMCGL Card No 1073021850003825

Date 03-04-2026
 Contact No. 9648210678
 Model SUPER SPLENDOR
 Reg No. UP34BK4498
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	64100AAGA00S -WIND SCREEN	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
2	61300AAGD00XS -FRONT VISOR NH-1 TYPE-2	87141090	Paid	964.41	1	9.00	9.00	0.00	0.00	0.00	0.00	1,138.00
3	3310AAAGH20S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
4	8340BAAGA00S -PANEL INNER SUB ASSY	87141090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
5	61303AAGA00S -FRONT COWL CHROME	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
6	3340AKTCA21S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
7	53175KSP900S -LEVER R STRG.HNDL	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
8	53100KTC900S -PIPE STRG.HANDLE	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
9	53200KTCA20S -STEM COMP STRG	87141090	Paid	1,175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	1,387.00
10	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
11	3365AKTCA21S -WINKER ASSY L RR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
12	51103AAG300S -GUARD SARI	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
Parts Total											0.00	7,433.00

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	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	7,433.00
Labour Total	1,000.64
SGST (Parts) 9%	566.92
CGST (Parts) 9%	566.92
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	8,433.64

Rupees in Words: Eight Thousand Four Hundred Thirty Three and paise Sixty Four Only

Authorised Signatory

- 1. Terms Cash
- 2. Prices & statutory levies prevailing at the time of delivery shall be charged

10730 - Main W/S

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.	Moha. Santaj, 9648210678
2	Vehicle No. / वाहन संख्या	UP34BK4498
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/432903
4	Period of Insurance / बीमा अवधि	29/04/2025 से 28/04/2026 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/03/2026, 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	मेंदोपुर के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Moha. Santaj, 9648210678 UP34 20130010837
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	शाहपुर से सीतापुर जा रहे थे तभी अचानक मेंदोपुर के पास ब्रामने से मोटर साइकिल से टक्कर हो गयी कि तभी अचानक पीछे आ रही मोटरसाइकिल वाले ने पीछे से बायीं ओर से टक्कर मार दी जिससे मरी जाड़ी बायीं ओर गिरकर क्षतिग्रस्त हो गयी।
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.	Masa Ram Auto Sales L.R.P. Road. Bakhimpur Kheri. 9151154036

Moha. Santaj
 Signature of Insured / बीमाधारक के

Date / दिनांक : 01/04/2026
 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. MS/2025/7001/0/46575/432

Tel. No.

Period of Insurance 29/04/2025 to 28/04/2026

Claim No. 903

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 Mohd. Santaj
 (b) Address for correspondence vi: Shahpur post - Shahpur, Dist: Sitapur, U.P. 261131
 (c) Telephone 9648 2106 78

2. THE INSURED VEHICLE

Make & Year <u>Hero/2021</u>	Engine No. <u>JA07ABMGK15269</u> Chassis No. <u>MBLJAWL B2MGK02800</u>	Registration No. <u>UP34BK</u> <u>4498</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? N/A
 (c) Was trailer attached? N/A
 (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
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Moh D. Savitaj
 (b) Age : 01/07/1993
 (c) Address : vi: Shahpur post Shahpur, Dis - Sitapur
 (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 : UP39 2013 00 10837
 (h) Issuing Authority : 8/10/2013
 (i) Date of Expiry : 7/10/2033
 (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 : 30/03/2026 / 9:00 PM
 (b) Place : Mehandi pur ke pass
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : मेहण्डिपुर के पास सामने से मोटर साइकिल से टक्कर दी जिस से मेरी कार का सामान्य पार्ट में आरटी मोटरसाइकिल वाला ने टक्कर मारी और मेरी गाड़ी बाईं ओर टूट गया और साइकिल से जया
 (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front Back and Right Side
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : MUSARAM AUTO sales, LRP Road, Bakhimpur Khan

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 : 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 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 30/03/26 200

Signature of the insured M. Sastri

Discharge Voucher

ACCIDENT DEPARTMENT

Discharge Voucher
Claim No. _____

RECEIVED BY

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. UP34BK4498 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 M. Sastri
Occupation
Address

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur
FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34BK4498 Registration Date : 23-Nov-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW/TMP
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , -
 Owner Name : MOHD SARTAJ Son/wife/daughter of : SRI MOHD AMIN
 Full Address: (Permanent) : VILL-SHAHPUR, PO-SHAHPUR, PS LAHERPUR, SITAPUR, UTTAR PRADESH-261135
 Full Address: (Temporary) : VILL-SHAHPUR, PO-SHAHPUR, PS LAHERPUR, SITAPUR-UTTAR PRADESH-261135
 Fitness UpTo : 22-Nov-2036 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 : AA1017431934 Rear HSRP No : AA2047204591
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2021
 No of Cylinders : 1 Chassis No : MBLJAW182MGK02800
 Engine No : JA07ABMGK15269 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR-DS-SLF Wheel base : 1265
 -CST SS
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 123
 Colour : BLACK-SILVER STR Laden/GV Wt (kgs) : 253
 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 : 09-Nov-2021 Sale Amt : 78500/-
 OTT Date : 09-Nov-2021 Amount/Rcpt No : 7850 / UP34D21110002010
 TaxUpTo : One Time Vehicle is Govt/ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 23-Nov-2021
 Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 23-Nov-2021 to 22-Nov-2036

Signature of Registering Authority
 Date: 18-Dec-2021

Date : 18-Dec-2021 11:39:25

Taxation Particulars / Advance Registration Mark Fee Details

N 0284094

Uttar Pradesh Government Uttar Pradesh Government Uttar Pradesh



भारत सरकार
Government of India



Aadhaar no. issued: 10/05/2015



मो सरताज
Mohd Sartaj
जन्म तिथि/DOB: 01/07/1993
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता का जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की 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)**

4293 0295 1797

मेरा आधार, मेरी पहचान



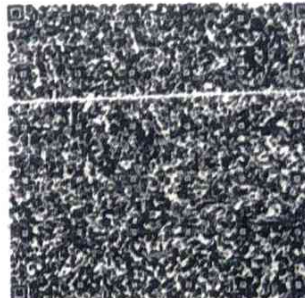
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्तुज, मो अमीन, शाहपुर, शाहपुर, सीतापुर,
उत्तर प्रदेश - 261135

Address:
S/O: Mohd Amin, Shahpur, PO: Shahpur, DIST:
Sitapur,
Uttar Pradesh - 261135

Details as on: 15/03/2026



4293 0295 1797

VID : 9122 5830 1122 4717

☎ 1947

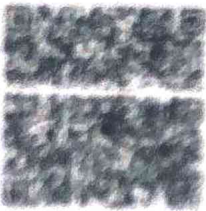
✉ help@uidai.gov.in

🌐 www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्वाधीन लेखा संख्या कार्ड
Dominant Account Number Card

HTTPS6344L

नाम / Name

MOHD SARTAJ

पिता का नाम / Father's Name

MOHD AMIN

जन्म तिथि / Date of Birth

01/07/1993


हस्ताक्षर / Signature



Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/432403

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	
MOHD SARTAJ	1993-07-01	9648210678	SRI MOHD AMIN	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST E20	UP34BK4498	JA07ABMGK15269	MBLJAW182MGK02800	2021-11-23	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
47000.00	NA	0.00	0.00	0.00	47000.00	
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	2030.27	
Address			City / District	Pin Code	State	
VILL-SHAHPUR, PO-SHAHPUR, PS LAHERPUR, SITAPUR, UTTAR PRADESH-261135				261135	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MOHD AMEEN	Male	55 Years	FATHER	2025-04-29 16:26	Midnight of 2026-04-28	

Section A, VRC: 723.57 TCR: 388.22 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A) 1111.79**
 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: **403.80** AHDC, DOC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 GST (CGST @9% + SGST @9%): 72.68 **Total with GST(D): 476.48**
Total(Section A+B+C+D) Offered Price After Discount: 2030

Package Period Covered	2025-04-29 To 2026-04-28	2026-04-29 To 2027-04-28	2027-04-29 To 2028-04-28	2028-04-29 To 2029-04-28	2029-04-29 To 2030-04-28
ADV	47000	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 2026-11-08 (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 2030.27 ON 2025-04-29 from Mr./Ms. MOHD SARTAJ against the ARN No. INCP00432403
 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

