

**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-0626-210	Date	11-06-2026
Customer Name	FURKAN	Contact No.	9555591915
VIN	MBLHAW261RHA18853	Model	PASSION +
Insurance Company		Reg.No.	UP31CH2434
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAC800YS -FENDER COMPLETE FRONT	87141090	Paid	1,224.58	1	9.00	9.00	0.00	0.00	0.00	0.00	1,445.00
2	6414AAACK00S -WIND SCREEN SUB ASSY	87141090	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
3	83400AAC00SS -COWL FRONT NH-1(T1)	87141090	Paid	1,135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	1,340.00
4	3310BAAC20099S -LIGHT ASSY HEAD (W/O BULB)	85122010	Paid	644.07	1	9.00	9.00	0.00	0.00	0.00	0.00	760.00
5	50803KWA940S -GUARD LEG	87141090	Paid	440.68	1	9.00	9.00	0.00	0.00	0.00	0.00	520.00
6	17520AAC00SS -FUEL TANK NH-1(T1)	87141090	Paid	5,741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	6,775.00
7	83500AAC00SS -RIGHT SIDE COVER B NH-1(T1)	87141090	Paid	864.41	1	9.00	9.00	0.00	0.00	0.00	0.00	1,020.00
8	53100AAC231S -PIPE STRG HANDLE	87141090	Paid	406.78	1	9.00	9.00	0.00	0.00	0.00	0.00	480.00
9	53200ACK000S -STEM COMP STRG	87141090	Paid	800.85	1	9.00	9.00	0.00	0.00	0.00	0.00	945.00
10	K50506KCCA900RS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
11	3340BAACK01S -FRONT WINKER LIGHT ASSY RH	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
12	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00
<b>Parts Total</b>											0.00	14,150.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PASSION +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	2,000.10

Parts Total	14,150.00
Labour Total	2,000.10
SGST (Parts) 9%	1,079.24
CGST (Parts) 9%	1,079.24
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>16,150.10</b>

Rupees in Words: Sixteen Thousand One Hundred Fifty and paise Ten Only

Authorised Signatory

- Terms Cash
- 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  
.....M.E.E.R.U.T. ....

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.	FURQAN ALI ANSARI 8318569761
2	Vehicle No. / वाहन संख्या	UP31CH2434
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/570285
4	Period of Insurance / बीमा अवधि	01/02/2026 से 06/02/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/06/2026 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	बैराजट के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	FURKAN ALI ANSARI - 8318569761 UP3120020000015
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	लवयुट से खरी आ रहे थे तथा अचानक बैराजट के पास अचानक आकार पशु आ जाने के कारण तुरन्त ब्रेक लगाया जिससे भी गाडी अनियंत्रित होकर दायी ओट गिक्कट क्षतिग्रस्त हो गई
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.	MOSA RAM AUTO SALES 9151154036 U.P. Road Lakhimpur Kheri

Date / दिनांक :  
हस्ताक्षर

Furqan Ali  
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. \_\_\_\_\_

Tel. No. \_\_\_\_\_

Period of Insurance \_\_\_\_\_

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 : FURQAN ALI ANSARI.  
 (b) Address for correspondence : KATRA KHURI, TOWAN, Lakhimpurkheri  
 (c) Telephone : 8318569761

2. THE INSURED VEHICLE

Make & Year <u>HERO/2024.</u>	Engine No: <u>HA11E1RHA72 012</u> Chassis No: <u>MBLHAW261RHA18853.</u>	Registration No. <u>UP31CH</u> <u>2434.</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? NO  
 (c) Was trailer attached? NO  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached | NO  
 2. Was a pillion rider carried | NO

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 : FURKAN ALI ANSARI
- (b) Age : 24/06/1980
- (c) Address : Moh - KATRA KHERI TOWN HANAKHERI
- (d) Is the Driver : 262702
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 : UP3120020000015
- (h) Issuing Authority : 07-04-2022
- (i) Date of Expiry : 06-04-2032
- (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 : 09-06-2026 - 7:00 PM
- (b) Place : दरौडा के पीछे
- (c) Speed of vehicle at the time of accident : 30-40 km/hr
- (d) Give a short description of the accident : दरौडा के पीछे अचानक अंतरिक्ष यान आ गिरा के कारो को
- (e) If any third party was responsible for this accident give the name and address : अचानक एक कारो जो डिपेंड हो जाये अतिपत्रि एकेट  
दाय अंत-डिपेंड करी अंतरिक्ष यान

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Right
- (b) Estimated cost of repairs : NO
- (c) When and where can the damaged vehicle be inspected : MOSA RAM AUTO SALES L.R.P 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 : NA
- (f) Has notice of any claim been given to you? : \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_
- (b) If yes, give full details : \_\_\_\_\_ N/A

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 11/06/2026 200

Signature of the insured Furqan Ali

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 Purjan Ali  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

**GOVERNMENT OF UTTAR PRADESH**

**Transport Department LAKHIMPUR KHERI**

**FORM 23**

**CERTIFICATE OF REGISTRATION**

Registration No : UP31CH2434      Registration Date : 20-Sep-2024  
 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, , , 153-262701  
 Owner Name : FURQAN ALI ANSARI      Son/wife/daughter of : SRI KASIM ALI  
 Full Address: (Permanent) : R/O KATRA KHERI TOWAN, LAKHIMPUR KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262702  
 Full Address: (Temporary) : R/O KATRA KHERI TOWAN, LAKHIMPUR KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262702

Fitness Up To : 19-Sep-2039      Owner Serial No : 1

**Detailed Description**

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	: 1
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2106520025
Front HSRP No	: AA1035721233	Month/Year of Manuf.	: 01/2024
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW261RHA18853
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11E1RHA72012	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: PASSION+ I3S (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 115
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 245
Colour	: BLACK GREY STRIPE	AC Fitted	: NO
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 : 17-Sep-2024      Sale Amt : 78391/-  
 OTT Date : 17-Sep-2024      Amount/Rcpt No : 7840 / UP31D24090001462  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 23-Sep-2024

Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 20-Sep-2024 to 19-Sep-2039

Date 22-Oct-2024 09:01:16

Taxation Particulars / Advance Registration Mark Fee Details

  
 Signature of Registering Authority  
 Date : 22-Oct-2024

**P 9936078**

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/570285

**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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
FURQAN ALI ANSARI	1980-06-24	9555591915	SRI KASIM ALI	Hero Motocorp	PASSION	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
PASSION PLUS i3S SELF	UP31CH2434	HA11E1RHA72012	MBLHAW261RHA18853	2024	113	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
63500.00	NA	0.00	0.00	0.00	63500.00	
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	2031.04	
Address			City / District	Pin Code	State	
R/O KATRA KHERI TOWAN, LAKHIMPUR KHERI, PS- KHERI, Kheri, Uttar Pradesh-262702				262702	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHUMAILA	Female	35 Years	WIFE	2026-02-07 12:04	Midnight of 2027-02-06	

Section A, VRC: 850.07 TCR: 374.65 Less Handicapped Discount: 0.00 For Anti-Theft Discout: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1224.72  
 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: 308.75 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 55.57 Total with GST(D): 364.32  
**Total(Section A+C+D) Offered Price After Discount: 2031**

Package Period Covered	2026-02-07 To 2027-02-06	2027-02-07 To 2028-02-06	2028-02-07 To 2029-02-06	2029-02-07 To 2030-02-06	2030-02-07 To 2031-02-06
ADV	63500	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 2029-09-16 (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 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](http://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](http://www.motorsathi.com) Customer Care / Toll Free Phone No :7041050643 email id: info@motorsathi.com



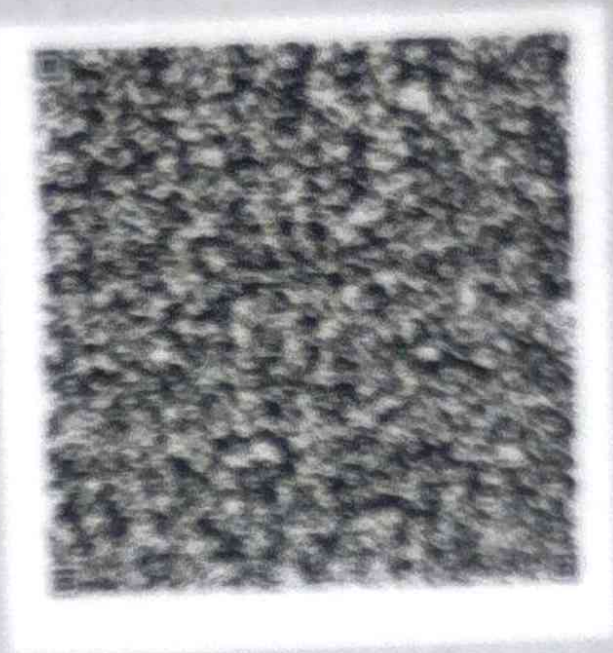
**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made to the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

#: Received with Thanks Rs 2031.04 ON 2026-02-07 from Mr./Ms. FURQAN ALI ANSARI against the ARN No. INCP00570285  
 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

भारत सरकार  
GOVT. OF INDIA



आयकर विभाग  
INCOME TAX DEPARTMENT



04102020

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
DVRPA2744G



पिता / Name  
FURQAN ALI ANSARI

पिता की संख्या / Father's Name  
KASIM ALI

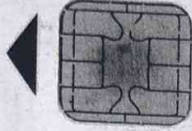
जन्म की तारीख /  
Date of Birth  
24/06/1988

*[Handwritten Signature]*  
हस्ताक्षर / Signature



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

**UP31 20020000015**



Issue Date **07-04-2022** Validity (NT) **06-04-2032** Validity (TR)\* \_\_\_\_\_



Holder's signature

Date of First Issue **(29-01-2002)**

Name: **FURKAN ALI ANSARI**

Date of Birth: **24-06-1980** Blood Group: \_\_\_\_\_

Son/Daughter/Wife of: **KASIM ALI** Organ Donor: **N**

Address:  
**MOH KATRA KHERI TOWN THANA KHERI  
LAKHIMPUR, LAKHIMPUR KHERI, UP 262702**

**DL No: UP31 20020000015**

UPDL000007990792



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	UP31	29-01-2002	NT			
	LMV	UP31	29-01-2002	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number \_\_\_\_\_

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

भारत सरकार  
Government of India

आधार

Issue Date: 13/02/2015

फुरकान अली अंसारी  
Furqan Ali Ansari  
जन्म तिथि / DOB : 24/06/1980  
पुरुष / MALE

7481 1157 1832

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

AADHAAR

पता: दवारा: कसिम अली, कटरा, खीरी टाउन,  
लखीमपुर, खीरी, उत्तर प्रदेश, 262702  
Address: C/O: Kasim Ali, Katra, Kheri  
Towan, Lakhimpur, Kheri, Uttar Pradesh,  
262702

7481 1157 1832

1947 help@uidai.gov.in www.uidai.gov.in