

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-1125-589	Date	11-11-2025
Customer Name	AVINASH AGRAWAL	Contact No.	9918280694
VIN	MBLJF33ABF4K13524	Model	MAESTRO EDGE
Insurance Company		Reg No.	UP31AK7454
HMCGL Card No	1073015860007032	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53205AAW000WS -COV. HANDLE FR(TBM(BL-002M)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
2	61140AAW000S - SPEEDOMETER VISOR	87141090	Paid	175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	207.00
3	61000AAW000WS -FRONT FENDER(BL-002M)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
Parts Total											0.00	1,787.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	107032 - ACCIDENTAL LABOUR MAESTRO EDGL	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	1,787.00
Labour Total	2,000.10
SGST (Parts) 9%	136.30
CGST (Parts) 9%	136.30
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	3,787.10

Rupees in Words: Three Thousand Seven Hundred Eighty Seven and paise Ten Only

Authorised Signatory

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.

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
.....M.F.F.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.	AVINASH AGRAWAL 9918280694
2	Vehicle No. / वाहन संख्या	UP31AK7454
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/374015
4	Period of Insurance / बीमा अवधि	10/11/2024 से 09/11/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/11/2025 , 2:00 PM
6	Place of Accident / दुर्घटना का स्थान	राजापुर मण्डी के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आशीष अग्रवाल. UP3120070035740 9919979899
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : राजापुर मण्डी के पास सामने से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी लगी और गिरकर सार्वजनिक 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.	MOSARARA AUTO SALES, CRP ROAD LAKHIMPUR KHERI. 9151154036

Date / दिनांक : 09/11/2025
हस्ताक्षर

- Avinash Agrawal
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/2024/7001/0/46575/3740

Tel. No.

Period of Insurance 10/11/2024 से 09/11/2025¹⁵
Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

I. INSURED

- (a) Name : AMNASH AGRAWAL
(b) Address for correspondence : VILL- PURANI GALLA MANDI AS-KHERI, LAKHIMPUR-
(c) Telephone : 9918280694 KHERI PS- KOTWALI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2015</u>	Engine No. <u>TF33AARFHK20443</u> Chassis No. <u>MBLTF33ABF4K13524</u>	Registration No. <u>UP31AK</u> <u>7454</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?
(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 : ASHISH AGRAWAL
- (b) Age : 02-02-1988
- (c) Address : MAHARAJ NAGAR LAKHIMPUR KHURI, 262701
- (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 : UP3120070035140
- (h) Issuing Authority : 06-12-2022
- (i) Date of Expiry : 13-12-2027
- (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 : 07/11/2025 2:00 PM
- (b) Place : राजापुर मण्डि के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : राजापुर मण्डि के पास सामने से मोटरसाइकिल से टक्कर होगी
- (e) If any third party was responsible for this accident give the name and address : जिससे मेरी दाड़ी दीची और गिरकार क्षतिग्रस्त हो गई

6. DAMAGE TO INSURED VEHICLE

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

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 : N/A
- (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? : _____
 (g) When? : N/A
 (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 09/11/ 2005

Signature of the insured Avian / Agamal

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. UP31RK 7454 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 *Arjun Aggarwal*

Occupation

Address

.....

.....

Bank Account Number

Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2024/7001/0/46575/374015

Motorsathi Care Private Limited

B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

0974050643

941050643

email: info@motorsathi.com

or the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
AVINASH AGRAWAL	1987-10-13	9918280694	KRISHNA KUMAR AGRAWAL	Hero Motocorp	MAESTRO EDGE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
110	UP31AK74S4	JF33AA14K20443	MBJF33ABF4K13524	2015-11-15	110	1W
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
15500.00	NA	0.00	0.00	0.00	15500.00	
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	1675.76	
Address			City / District	Pin Code	State	
VILL-PURANI GALLA MANDI, PS- KOTWALI, LAKHIMPUR KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHALU AGRAWAL	Female	36 Years	WIFE	2024-11-10 16:05	Midnight of 2025-11-09	

Section A, VRC: 121.81 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 49.92 Total with GST(A): 74.89

Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EDC: 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: 212.09 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 38.18 Total with GST(D): 250.27

Total(Section A+B+C+D) Offered Price After Discount: 1676

Package Period Covered	2024-11-10 To 2025-11-09	2025-11-10 To 2026-11-09	2026-11-10 To 2027-11-09	2027-11-10 To 2028-11-09	2028-11-10 To 2029-11-09
ADV	15500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

The vehicles covered in this contract have a valid TP coverage from 2024-11-10 until 2025-11-09.

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) Race 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 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 1 lakh 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 at 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: 0941050643 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 or if the vehicle is damaged by reason of wider terms appearing in the Certificate.



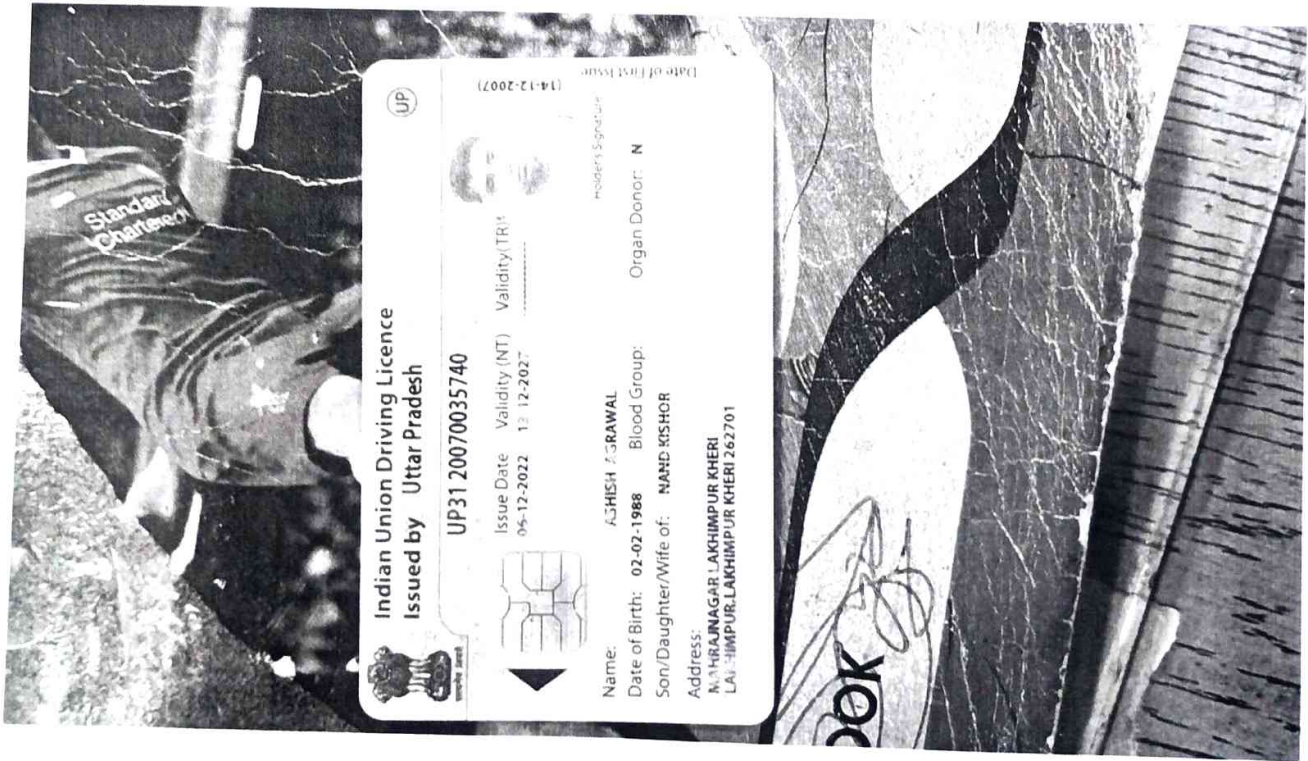
Received with Thanks Rs 1675.75 ON 2024-11-08 from Mr./Ms. AVINASH AGRAWAL against the ARN No. INCP00374015

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

Avinash Agrawal





आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

AVINASH AGRAWAL
KRISHNA KUMAR AGRAWAL

13/10/1987

AIHPA7136J



Avinash Agrawal