

GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

| | | | |
|-------------------|------------------------|---------------------|------------|
| Estimate No. | 10730-03-REST-1225-652 | Date | 06-12-2025 |
| Customer Name | AHAD ALI ... | Contact No. | 6265257714 |
| VIN | MBLHAW231RHLB5488 | Model | SPLENDOR + |
| Insurance Company | | Reg No. | UP31CJ8732 |
| HMCGL Card No | 1073024820004970 | HMCGL Card Category | Gold |

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|---|----------|--------------|--------|-----|--------|--------|---------|--------|------------|----------|-----------------|
| 1 | 80100AAE300S -FENDER COMPLETE REAR | 87141090 | Paid | 796.61 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 940.00 |
| 2 | 50803KST940S -GUARD LEG | 87141090 | Paid | 527.12 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 622.00 |
| 3 | 83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1 | 87141090 | Paid | 866.95 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,023.00 |
| 4 | 33100AAEC1099S -LIGHT ASSEMBLY HEAD | 85122010 | Paid | 453.39 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 535.00 |
| 5 | 3340AKCC830S -WINKER ASSY.R FR.(W/O BULB) | 85122010 | Paid | 161.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 190.00 |
| 6 | 53100AAE110S -PIPE STRG HANDLE | 87141090 | Paid | 389.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 460.00 |
| 7 | 53200KCC690S -STEM COMP STRG | 87141090 | Paid | 726.27 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 857.00 |
| 8 | 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 |
| Parts Total | | | | | | | | | | | 0.00 | 6,655.00 |

| S No | Job Code | SAC No. | Billing Type | Rate | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount | |
|-------------------|---------------------------------------|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|-----------------|
| 1 | 102032 - ACCIDENTAL LABOUR-SPLENDOR + | 998729 | Paid | 1,272.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,500.96 | |
| Jobs Total | | | | | | | | | | | 0.00 | 1,500.96 |

| | |
|------------------|-----------------|
| Parts Total | 6,655.00 |
| Labour Total | 1,500.96 |
| SGST (Parts) 9% | 507.58 |
| CGST (Parts) 9% | 507.58 |
| SGST (Labour) 9% | 114.48 |
| CGST (Labour) 9% | 114.48 |
| Total | 8,155.96 |

Rupees in Words: Eight Thousand One Hundred Fifty Five and paise Ninety Six 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. | AHAD ALI, 9797828973 |
| 2 | Vehicle No. / वाहन संख्या | UP31CJ8732 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2025/78484 |
| 4 | Period of Insurance / बीमा अवधि | 17/01/2025 से 16/01/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 04/12/2025, 10:00 AM |
| 6 | Place of Accident / दुर्घटना का स्थान | चिंदवाबा की मजार के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Siby Khan, 7651909960 UP3120200016985 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. | Cause of Accident / दुर्घटना का कारण : | रंगीला बगर से लुकेपडा गांव जा रहे थे तभी अचानक चिंदवाबा की मजार के पास सामने से टांगी से टक्कर हो गई जिससे मेरी गाड़ी दायां ओर गिरकर हाताग्रस्त 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. | MOSARAM AUTO SALES LRP ROAD WAKHIMPORKNERI, 9151154036 |

Date / दिनांक : 06/12/2025
हस्ताक्षर


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. 252400/31/2025/78484

Tel. No.

Period of Insurance 17/01/2025 to

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 : AHAD ALI
- (b) Address for correspondence : VILL: RANGILA NAGAR, PO- RANGILA, KHERI
- (c) Telephone : 9797828973

2. THE INSURED VEHICLE

| | | |
|---|--|--|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>HA11E8RAL67141</u> Chassis No. <u>MBLHAW231RHLB5488</u> | Registration No. <u>UP31CT</u> <u>8732</u> |
|---|--|--|

- (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 : SIRU KHAN
 (b) Age : 01/01/1998
 (c) Address : VILL: GHOSIYANA BANWARIYAPO-BANJARAYA LAKHIMPUR KHERRI
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : Friend
 (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 : UP31 20200016985
 (h) Issuing Authority : 21/12/2020
 (i) Date of Expiry : 31/12/2037
 (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 other insurance policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 04/12/2025, 10:00 AM
 (b) Place : बिंदू बाबा की मजार के पास
 (c) Speed of vehicle at the time of accident : 40-45 km
 (d) Give a short description of the accident : बिंदू बाबा की मजार के पास साबुने से लंगरी से टक्कर हो गई
 (e) If any third party was responsible for this accident give the name and address : धिलदी मेरी गाड़ी यंपी ओर मिरकर हरिगुरुत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LAPROAD
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERRI, 9151154036

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? : _____
- (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? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

N/A

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 : _____

N/A

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 06/12 2005

Signature of the insured Ahmed

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. UP31C J8732 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 *Shaf*
Occupation
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID PGIR0925

Page No 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, ... (GSTIN: 09AAACT0627R4ZU)

Table with fields: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

Table with sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with sections: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid).

Table with sections: Nominee Details (Nominee Name, Age, Relation, Amount) and Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount, Financer Name, HERO FINCORP LTD., Financer Branch, POS Name, NA, POS ID, NA, POS PAN NO/Aadhar No, NA).

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs 1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website. The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website. www.orientalinsurance.org.in or on demand from the policy issuing office. Warranted that in case of dishonour of premium cheques (s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception). Claim is not admissible if driving license is found fake or is not valid whether or not in the knowledge of the insured. I We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has hereon set his/his hands at 252400 on 17-JAN-25. IMPORTANT NOTICE The Insured 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 in order to comply with the MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trails (7) Any Purpose in connection with motor trade. Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of rule 116 of the Central Motor Vehicles Rules, 1989. Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the Motor Vehicle Act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is Rs. 5 lakhs. No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s), as per the The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy. I We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988. * This insurance excludes all pre existing damages.

Approved By : 6595258MD
Approved On : 17-JAN-25
Place : MRT
Printed On : 17-JAN-25
For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature



FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31CJ8732 Registration Date : 21-Jan-2025
 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 : AHAD ALI Son/wife/daughter of : SRI ABDUL HAMEED
 Full Address: (Permanent) : VILL - RANGILA NAGAR, PO- RANGILA NAGAR, PS- KOTWALI SADAR, KHERI, UTTAR
 PRADESH-262701
 Full Address: (Temporary) : VILL - RANGILA NAGAR, PO- RANGILA NAGAR, PS- KOTWALI SADAR, KHERI-UTTAR
 PRADESH-262701

Fitness UpTo : 20-Jan-2040 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 : AA1038955631 Rear HSRP No : AA1039287620
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW231RHLB5488
 Engine No : HA11E8RHL67141 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239
 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 HERO FINCORP LTD, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 17-Jan-2025.

Purchase dt : 17-Jan-2025 Sale Amt : 77027/-
 OTT Date : 17-Jan-2025 Amount/Rcpt No : 7703 / UP31D25010003122
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 24-Jan-2025

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

This certificate is valid from 21-Jan-2025 to 20-Jan-2040

Date : 19-Feb-2025 18:51:18
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 Date: 19-Feb-2025

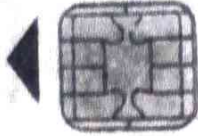
Q 1479173



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



UP31 20200016985



Issue Date: 21-12-2020 Validity (NT): 31-12-2027 Validity (TR): _____



Holder's Signature

Date of First Issue: 01-12-2020

Name: **SIBU KHAN**
 Date of Birth: **01-01-1998** Blood Group: _____
 Son/Daughter/Wife of: **SALEEM KHAN**
 Address:
**VILL GHOSIYANA BANJARIYA POST BANJARIYA
 Lakhimpur, Kheri, UP 262726**

Organ Donor:

Sibu Khan

7651909960

DL No: UP31 20200016985

UPDL000004524/20



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 | 21-12-2020 | NT | | | |
| | LMV | UP31 | 21-12-2020 | NT | | | |
| | MVSD | | | | | | |
| | | | | | | | |

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
 UP31 LAKHIMPUR, KHERI



भारत सरकार
Government of India



अहद अली
Ahad Ali
जन्म तिथि / DOB : 01/01/1997
पुरुष / Male

9175 4854 6748

मेरा आधार, मेरी पहचान

Ahad Ali

9797828

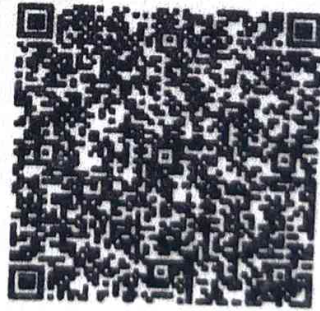


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज : अब्दुल हमीद, रंगीला नगर, रंगीला
नगर लखीमपुर खीरी उत्तर प्रदेश - 262701

Address:
S/O: Abdul Hameed, Rangila Nagar,
Rangila nagar Lakhimpur Kheri Uttar
Pradesh - 262701



9175 4854 6748

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

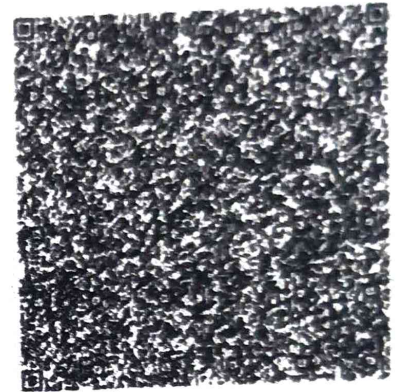
FZLPA7625C



नाम / Name
AHAD ALI

पिता का नाम / Father's Name
ABDUL HAMEED

जन्म की तारीख /
Date of Birth
01/01/1997



18032025

PAN Application Digitally Signed, Card Not
Valid unless Physically Signed