

**M.B.MOTORS**

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP,  
INDIA

State Code: 9 Contact: 0551-2503403, , 5512500160 ,

GSTIN No: 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

|                   |                        |                     |                    |
|-------------------|------------------------|---------------------|--------------------|
| Estimate No.      | 10515-03-REST-1225-119 | Date                | 08-12-2025         |
| Customer Name     | MAYA .                 | Contact No.         | 6394917276         |
| VIN               | MBLHAW339SHF22996      | Model               | SPLENDOR+ XTEC 2.0 |
| Insurance Company |                        | Reg No.             | UP53FM1829         |
| 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                  | 83410AAE930DS -VISOR<br>FRONT NH-1 | 87141090 | Paid         | 831.36   | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 981.00          |
| 2                  | 17520AAE930DS -FUEL<br>TANK NH-1   | 87141090 | Paid         | 3,905.93 | 1   | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 4,609.00        |
| <b>Parts Total</b> |                                    |          |              |          |     |        |        |         |        |            | 0.00     | <b>5,590.00</b> |

**Labour Details**

| S No              | Job Code  | SAC No. | Billing Type | Rate     | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |                 |
|-------------------|---|---------|--------------|----------|--------|--------|---------|--------|------------|----------|------------|-----------------|
| 1                 | 102032 - ACCIDENTAL<br>LABOUR-SPLENDOR+ XTEC<br>2.0 | 998729  | Paid         | 1,500.00 | 9.00   | 9.00   | 0.00    | 0.00   | 0.00       | 0.00     | 1,770.00   |                 |
| <b>Jobs Total</b> |   |         |              |          |        |        |         |        |            |          | 0.00       | <b>1,770.00</b> |

|                         |                 |
|-------------------------|-----------------|
| <b>Parts Total</b>      | <b>5,590.00</b> |
| <b>Labour Total</b>     | <b>1,770.00</b> |
| <b>SGST (Parts) 9%</b>  | <b>426.36</b>   |
| <b>CGST (Parts) 9%</b>  | <b>426.36</b>   |
| <b>SGST (Labour) 9%</b> | <b>135.00</b>   |
| <b>CGST (Labour) 9%</b> | <b>135.00</b>   |
| <b>Total</b>            | <b>7,360.00</b> |

Rupees in Words: Seven Thousand Three Hundred Sixty Only

Authorised Signatory

**1. Terms Cash**

10515 - Main W/S

- Prices & statutory levies prevailing at the time of delivery shall be charged
  - Vehicles in this workshop are handled/driven and kept at owner's risk.
  - Customers are requested to satisfy themselves with the quality of work done before taking the delivery
  - Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
  - Actual amount may vary from estimate
  - Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
  - All disputes subject to jurisdiction of GORAKHPUR 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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय .

As per details below, kindly arrange to depute the Spot / Final surveyor, / बीमा सर्वेयर के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें।

|    |   |                             |
|----|---|-----------------------------|
| 1  | Name of the Insured & Mobile No./<br>बीमाधारक का नाम & मोबाइल नं.   | माया 6892217276             |
| 2  | Vehicle No. / वाहन संख्या   | UP53FM1829                  |
| 3  | Policy No. / पालिसी संख्या  | 252400/31/2026/43772        |
| 4  | Period of Insurance / बीमा अवधि   | 05/10/2025 to 05/10/2026    |
| 5  | Date of loss & Time / दुर्घटना का दिनांक & समय  | 07/12/2025 10:30AM          |
| 6  | Place of Accident / दुर्घटना का स्थान   | Gulharिया (Gosakher)        |
| 7  | Name of the Driver, D L No. & Mobile No./<br>ड्राइवर का नाम, डी एल नं. & मोबाइल नं  | Shivmath<br>UP5220220019266 |
| 8  | Estimated Loss / अनुमानित हानि  |                             |
| 9  | Cause of Accident / दुर्घटना का कारण : गाड़ी अचानक छूट का छूटने पर गिर गया और गाड़ी घर पर खड़ी थी स्टकर की छूटने से गाड़ी क्षतिग्रस्त हो गया। |                             |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम  | NA                          |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No.  | A                           |
| 12 | Name of the Workshop, Address & Contact No./<br>वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.   | M. B. MOTOR<br>8818227680.  |

9/12/25  
Date / दिनांक  
हस्ताक्षर

माया

Signature of Insured / बीमाधारक के

माया

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Shivnath  
(b) Age : 23 years  
(c) Address : Gidarakpur, U.P.  
(d) Is the Driver  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : Relative  
(e) If paid driver, how long has he been in your employment :  
(f) Was he under the influence of intoxication Liquor or drugs? :  
(g) Driving Licence Number : UPS820020019066  
(h) Issuing Authority : R.T.O GMP  
(i) Date of Expiry : 21/06/2018  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before? :  
(m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 07/10/2025 10:30 A.M  
(b) Place : Gidarakpur GMP  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : एक बस अचानक ब्रेक फेल होकर रुक गई जिससे कार टकरा गई  
(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 :  
(b) Estimated cost of repairs : 7360  
(c) When and where can the damaged vehicle be inspected :

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? : NA



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 \_\_\_\_\_

Certificate/Policy No. 252100/31/2026/43772

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

Period of Insurance 05/10/25 to 21/10/26  
 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 \_\_\_\_\_
- (b) Address for correspondence \_\_\_\_\_
- (c) Telephone \_\_\_\_\_

Maya  
G102AKHpur  
6394917276

2. THE INSURED VEHICLE

|  |   |  |
|--|---|--|
| Make & Year<br><u>UP53FM</u><br><u>1829 Mar 2025</u> | Engine No. <u>25841</u><br>Chassis No. <u>22996</u> | Registration No.<br><u>UP53FM</u><br><u>1829</u> |
|--|---|--|

- (a) Was the vehicle in proper working condition? YES
- (b) For what purpose was the vehicle being used at the time of accident? permanent
- (c) Was trailer attached? \_\_\_\_\_
- (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 \_\_\_\_\_

5H  
A

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\_\_\_\_  
(In words Rupees \_\_\_\_\_)  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. \_\_\_\_\_  
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/-

Signature 41211 .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....

Witness  
Name .....

Signature .....

Address .....

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA  
(b) If yes, give full details : NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : NA  
(b) Did a Police Constable take particulars of The accident? : NA  
(c) Was accident reported to Police? If not, Why? : NA  
(d) If yes, to which Police Station? : NA  
(e) Date and Diary No. : NA

10. THEFT

- (a) Date and Time : NA  
(b) Place : NA  
(c) What was stolen? : NA  
(d) Estimated cost of replacement? : NA  
(e) By whom discovered and reported? : NA  
(f) Has theft been reported to Police? : NA  
(g) When? : NA  
(h) Which Police Station? : NA  
(i) C.R. diary Number : NA

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 09/12/2000

Signature of the insured MAHA



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\* Hill Validity\*

Form 7 Rule 16(2)

| Class of Vehicle | Code | Issued By | Date of Issue | Vehicle Category | Badge Number* | Badge Issued Date* | Badge Issued By* |
|------------------|------|-----------|---------------|------------------|---------------|--------------------|------------------|
| MCWC             | MCWC | UP53      | 02-08-2022    | NT               |               |                    |                  |
| LNAV             | LNAV | UP53      | 02-08-2022    | NT               |               |                    |                  |
| MVSD             |      |           |               |                  |               |                    |                  |

Licensing Authority  
UP53

Emergency Contact Number



# Indian Union Driving Licence

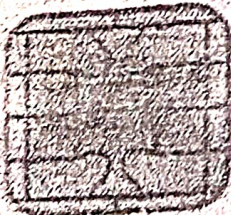
Issued by **Uttar Pradesh**



**UP53 20220019266**

Issue Date: 02-08-2022  
Validity (NT): 11-08-2033

Validity (TR)\*



Holder's Signature

Name: **SHIVAM**

Date of Birth: 12-08-2003

Blood Group:

Organ Donor:

Son/Daughter/Wife of: **HANOHAR LAL**

Address:

for e-1 chauraha, kolan more ganj, post  
Mungla on Gaurangpur to wadiya, Uttar

UPDL-0373



## GOVERNMENT OF UTTAR PRADESH

Transport Department  
Gorakhpur RTO, Uttar Pradesh



RECEIPT/APPL No:  
Vehicle Class:  
Received From:  
Receipt date:  
Chassis No:  
FinancerName  
Bank Ref No:  
Remarks:

UP53D25100008120/UP25101526714293  
M-Cycle/Scooter  
MAYA  
17-Oct-2025  
MBLHAW339SHF22996  
HERO FINCORP LTD  
CHU9667522  
ONLINE-PAYMENT

Vehicle No: UP53FM1829  
Sale Amount: 80517/-  
Transaction Id: UPY2510171205401

| Particular                      | Amount | Fine/Penalty/Addl.Fee | Total |
|---------------------------------|--------|-----------------------|-------|
| New Registration (RTO Side)     | 300    | 0                     | 300   |
| Hypothecation Addition          | 500    | 0                     | 500   |
| MV Tax(15-Oct-2025 to One Time) | 8052   | 0                     | 8052  |

GRAND TOTAL (in Rs): 8852/- (EIGHT THOUSAND EIGHT HUNDRED AND FIFTY TWO ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).  
(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid. )

PRIYANKA  
M.B. MOTORS

Customer Copy

Printed On: 08-Dec-2025 13:20:42



## GOVERNMENT OF UTTAR PRADESH

Transport Department  
Gorakhpur RTO, Uttar Pradesh



RECEIPT/APPL No:  
Vehicle Class:  
Received From:  
Receipt date:  
Chassis No:  
FinancerName  
Bank Ref No:  
Remarks:

UP53D25100008120/UP25101526714293  
M-Cycle/Scooter  
MAYA  
17-Oct-2025  
MBLHAW339SHF22996  
HERO FINCORP LTD  
CHU9667522  
ONLINE-PAYMENT

Vehicle No: UP53FM1829  
Sale Amount: 80517/-  
Transaction Id: UPY2510171205401

| Particular                      | Amount | Fine/Penalty/Addl.Fee | Total |
|---------------------------------|--------|-----------------------|-------|
| New Registration (RTO Side)     | 300    | 0                     | 300   |
| Hypothecation Addition          | 500    | 0                     | 500   |
| MV Tax(15-Oct-2025 to One Time) | 8052   | 0                     | 8052  |

GRAND TOTAL (in Rs): 8852/- (EIGHT THOUSAND EIGHT HUNDRED AND FIFTY TWO ONLY)

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PRIYANKA  
M.B. MOTORS



भारत सरकार  
Government of India



Aadhaar no. issued: 10/01/2015



माया  
Maya  
जन्म तिथि/DOB: 01/01/1982  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सर्वोच्च सुरक्षा (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).

2046 4657 1379

मेरा आधार, मेरी पहचान

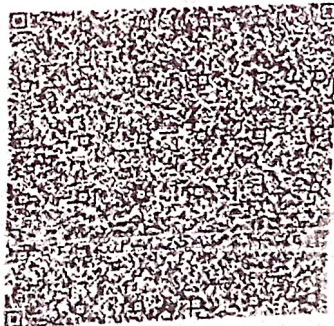


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
अर्धाग्निनी राजेन्द्र, गुलहरिया, झुंगिया बाजार, गुलहरिया,  
गुलहरिया, गोरखपुर,  
उत्तर प्रदेश - 273013

Address:  
W/O: Rajendra, Gulhariya, Jhunia bazar, Gulariha,  
PO: Gulhariya, DIST: Gorakhpur,  
Uttar Pradesh - 273013



2046 4657 1379

VID : 9178 3912 4663 8476

1947

help@uidai.gov.in

www.uidai.gov.in

Details as on: 11/01/2025

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

MAYA

GOVIND

01/01/1982

Permanent Account Number

BUNPM9233M

भारत

Signature



15052012

DL No: UP53 20220019266

UPDL000008937186



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 | UP53      | 02-08-2022    | NT               |               |                    |                  |
|                  | LMV  | UP53      | 02-08-2022    | NT               |               |                    |                  |
|                  | MVSD |           |               |                  |               |                    |                  |

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP53 GORAKHPUR



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP53 20220019266



Issue Date  
02-08-2022

Validity (NT)  
11-08-2043

Validity (TR)\*



Holder's Signature

Name:

SHIVNATH

Date of Birth:

12-08-2003

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

MANOHAR LAL

Address:

Jat Gai chattradhai tola meerganj post  
himgia on Gorakhpur G roadhpur Uttar  
India 226013