

M.B.MOTORSKHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP,
INDIAState Code: 9 Contact: 0551-2503403, , 5512500160 ,
GSTIN No: 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATEEstimate No. 10515-03-REST-1225-121
Customer Name FAIZAN AHMAD
VIN MBLHAW338SHF22410
Insurance Company
HMCGL Card No
Part DetailsDate 11-12-2025
Contact No. 8896806745
Model SPLENDOR+ XTEC 2.0
Reg No. UP53FK9820
HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
2	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
3	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
4	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
5	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	53230KCC900S -BRIDGE COMP.FORK TOP	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
Parts Total											0.00	8,564.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
Jobs Total											0.00	1,180.00

Parts Total	8,564.00
Labour Total	1,180.00
SGST (Parts) 9%	653.19
CGST (Parts) 9%	653.19
SGST (Labour) 9%	90.00
CGST (Labour) 9%	90.00
Total	9,744.00

Rupees in Words: Nine Thousand Seven Hundred Fourty Four 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

10515 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
द्वि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

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.	Faizan Ahmad Mb- 7897913844
2	Vehicle No. / वाहन संख्या	UP53FK9820
3	Policy No. / पालिसी संख्या	252400/31/2026/34662
4	Period of Insurance / बीमा अवधि	27/08/2025 to 26/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/12/2025, 10.50 AM
6	Place of Accident / दुर्घटना का स्थान	medical college
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Faizan Ahmad Mb- 7897913844
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण : भरतपुर से गोरखपुर शहर में जाते वक़्त सामने से एक जानवर आने के कारण गाड़ी दाहिनी तरफ गिर कर सिलीय कर गयी	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M.B. Motors Baghatpur Bankpur

Date / दिनांक : 10/12/2025
हस्ताक्षर

Faizan Ahmad

Faizan Ahmad
Signature of Insured / बीमाधारक के

7897913844



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. 252400/31/2025/34662

Tel. No. _____

Period of Insurance 27/08/2025 to 26/08/2026
 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 : Fayzan Ahmad
 (b) Address for correspondence : Vill - Amwa, Po - Bhatnat, P.S - Liporeich, Gorakhpur
 (c) Telephone : Nb-7897913844 PIN-273306

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>29/08/2025</u>	Engine No. <u>HALLFBSHF23413</u> Chassis No. <u>MDLHAW338SHF22410</u>	Registration No. <u>UP.53</u> <u>FK.9820</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? PERSONAL
 (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 : 2000
 (b) Unladen Weight : 1200
 (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 : 1A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Faizan Ahmad
(b) Age : 21 year
(c) Address : Amwa, Bhatthal, Pipraich Gorakhpur
(d) Is the Driver :
1. Owner : owner
2. paid driver?
3. Owner's relative or friend?
(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 : UP 58 2023 0006937
(h) Issuing Authority : Sant Kabir Nagar RT O
(i) Date of Expiry : 25/04/2044
(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 : 01/12/2025, 10.50 Am
(b) Place : Medical college
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
श्री ११११ - ६१११ वरुण सिटी @ रिहायश
गंगा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs :
(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? :

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

(a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : N/A
(c) Was accident reported to Police? If not, Why? : 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? : N/A
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : A
(g) When? : _____
(h) Which Police 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 10/12/25²⁰⁰

Faizan Ahmad
Signature of the insured _____

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

Faizoon Ahmed
Signature
Occupation
Address
Amwca Bhatnagar
Wazir P. D. S. H.

Bank Account Number
Name of the Bank

अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास

PRITHVI, AGNI, JAL, AAKASH, SUB SURAKSHA HAMARE PASS

रिएण्टल योरेंस कम्पनी लिमिटेड
(भारत सरकार का उपक्रम)
U66010DL1947GOI007158



THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking)
U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570 (GSTIN: 09AAACT0627R4ZU)

Table with 2 columns: 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.

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (In Rs.)

Table with 2 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Classis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMT CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)

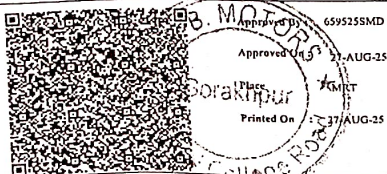
LIABILITY SECTION (B)

Table with 2 columns: Own Damage Section (A) and Liability Section (B) detailing various premium components like Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, etc.

Table with 2 columns: Nominee Details and Payment Details, including Name, Age, Relation, Cheque No./Transaction No., Bank Name, Amount.

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.

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) Race Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.



Signature of Faizun Ahmad

For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP58 20230006937



Issue Date: 27-09-2023
Validity (NT): 25-04-2044
Validity (TR):



(27-09-2023)

Holder's Signature

Name: FAIZAN AHMAD
Date of Birth: 26-04-2004 Blood Group:
Son/Daughter/Wife of: FIROJ AHMAD
Address:
Vill And Post- Chhitahi Chhitahi Sant
Kabir Nagar Uttar Pradesh 272172

Organ Donor: N

Date of First Issue

Faizan Ahmad

7897913844

DL No: UP58 20230006937

UPDL000011062875



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	MCWG	UP58	27-09-2023	NT			
LMV	LMV	UP58	27-09-2023	NT			
MVSD							

Form 7/Rule 16(2)

Emergency Contact Number

Licensing Authority
UP58 SANT KABIR NAGAR



भारतीय पहचान प्राधिकरण
Unique Identification Authority of India



Aadhaar No. Issued: 1201/2014



फैज़ान अहमद
Falzan Ahmad
जन्म तिथि / DOB : 26/04/2004
पुरुष / Male



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

3276 9772 6085

मेरा आधार, मेरी पहचान

Faizun Ahmad

7897913844

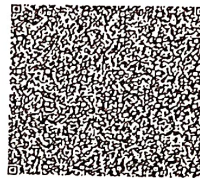


भारतीय पहचान प्राधिकरण
Unique Identification Authority of India



Details as on 05/10/2025

पता: S/O फ़िरोज अहमद, ग्राम व पोस्ट- छितही,
छितही, मैन कबीरनगर, उत्तर प्रदेश, 272172
Address: S/O Firoj Ahmad, Vill And Post-
Chhitahi, Chhitahi, PO:Mahuli, DIST:Sant
Kabir Nagar, Uttar Pradesh, 272172



3276 9772 6085



1947



help@uidai.gov.in



www.uidai.gov.in

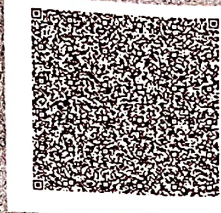
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ERGPA8440H



नाम / Name
FAIZAN AHMAD

जन्म की तारीख / Date of Birth
26/04/2004

Faizan Ahmad

A PAN Application Digitally Signed. Card Not Valid unless Physically Signed

34534

Faizan Ahmad