

**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**

11-12-2025  
9598587230  
SPLENDOR+ XTEC 2.0  
UP53FL9623

Estimate No. 10515-03-REST-1225-122  
Customer Name GOBIND GOND  
VIN MBLHAW33XSHJ08557  
Insurance Company  
HMCGL Card No  
Part Details

Date  
Contact No.  
Model  
Reg No.  
HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
											0.00	792.00
1	61100KST940ZAS -FENDER	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
2	COMPLETE.FRONT NH-1 53230KCC900S -BRIDGE	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
3	COMP.FORK TOP 53200AAE940S -STEM	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
4	COMPLETE STEERING K44446AAFB000S -KIT,	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
5	WHEEL COMP. FRONT 51410KWA941S -PIPE	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	COMP. FR FORK 53100AAE110S -PIPE STRG	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
7	HANDLE 53230KCC900S -BRIDGE	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
8	COMP.FORK TOP 83410AAE930DS -VISOR	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
9	FRONT NH-1 17520AAE930DS -FUEL	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	TANK NH-1 50803KST940S -GUARD	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	15,105.00
	LEG										0.00	0
Parts Total												

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	0.00	1,180.00	
Jobs Total												0.00	1,180.00

Parts Total	15,105.00
Labour Total	1,180.00
SGST (Parts) 9%	1,152.08
CGST (Parts) 9%	90.00
SGST (Labour) 9%	90.00
CGST (Labour) 9%	
<b>Total</b>	<b>16,285.00</b>

Authorised Signatory

Rupees in Words: Sixteen Thousand Two Hundred Eighty Five Only

10515 - 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

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस 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.	Gobind Goyal 9598587230
2	Vehicle No. / वाहन संख्या	UP53FL9623
3	Policy No. / पालिसी संख्या	252400/31/2026/42106
4	Period of Insurance / बीमा अवधि	11/10/2025 to 10/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025 3:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Bethahata Gorakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Pradeep 8172867194 UP5320250019974
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	गोबिंद की गाड़ी प्रदीप-चला रहे थे बेतीहाता के पास मोड़ में आकर आगे वाले ने आगे-बोमिन से आके टक्कर मार दिया जिससे गाड़ी दाहिने गिर कर क्षतिग्रस्त हो गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	8218227680 M.B. Motors

08/12/25  
Date / दिनांक :  
हस्ताक्षर

Gobind.

Gobind.

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 \_\_\_\_\_ Certificate/Policy No. 252400/31/2026/4210-6  
 Tel. No. \_\_\_\_\_ Period of Insurance 11/10/25 to 10/10/2026  
 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 : Gabind Goud  
 (b) Address for correspondence : Gulharia Bazar, Gorakhpur  
 (c) Telephone : 9598987230

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>08198</u> Chassis No. <u>08557</u>	Registration No. <u>UP53FL</u> <u>9623</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 : NA  
 (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 : NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Pradeep

(b) Age: 25

(c) Address: Chandigarh

(d) Is the driver  
 1. Trainer  
 2. paid driver?  
 3. Trainer's relative or friend?  
Resident

(e) If paid driver, how long has he been in your employment? |

(f) Was he under the influence of intoxication (alcohol or drugs)? |

(g) Driving License Number: UP522005000974

(h) Issuing Authority: P.O. Gwalior

(i) Date of Expiry: 11/10/2023

(j) Was the license temporarily suspended? |

(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: 02/10/2023 3:30 PM

(b) Place: Chandigarh

(c) Speed of vehicle at the time of accident: 20 km/hr

(d) Give a short description of the accident: Car hit by a truck

(e) If any third party was responsible for this accident give the name and address: Mr. Raj Singh

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: |

(b) Estimated cost of repairs: 15000

(c) When and where can the damaged vehicle be inspected: |

7. THIRD PARTY BURY/PROPERTY DAMAGE

(a) Name: NA

(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

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : NA  
(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. : NA

10. THEFT

- (a) Date and Time : NA  
(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 : \_\_\_\_\_

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 09/12/25 200

Signature of the insured

Gobind

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 ..... *Gabinol.*  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....

Name of the Bank .....

**GOVERNMENT OF UTTAR PRADESH**

**Transport Department Gorakhpur RTO**

**FORM 23**

**CERTIFICATE OF REGISTRATION**

Registration No : UP53FL9623 Registration Date : 13-Oct-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC :NEW  
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , , 188-273004  
 Owner Name : GOBIND GOND Son/wife/daughter of : RAMBELASH  
 Full Address: (Permanent) : ASRAFPUR PO-GULHARIYA BAZAR, ASARPHPUR GORAKHPUR, . GORAKHPUR, UTTAR PRADESH-273013  
 Full Address: (Temporary) : ASRAFPUR PO-GULHARIYA BAZAR, ASARPHPUR GORAKHPUR, . GORAKHPUR-UTTAR PRADESH-273013

Fitness UpTo : 12-Oct-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 : AA2136850568 Rear HSRP No : AA2138244803  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW33XSHJ08557  
 Engine No : HA11FBSHJ08198 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, NEW DELHI, , , New Delhi, Delhi-110001 w.e.f. 10-Oct-2025.

Purchase dt	: 10-Oct-2025	Sale Amt	: 80517/-
OTT Date	: 10-Oct-2025	Amount/Rcpt No	: 8052 / UP53D25100005257
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 30-Oct-2025		

**Other State/Transfer/Conversion/Reassign Details**

Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 13-Oct-2025 to 12-Oct-2040

Date : 17-Nov-2025 19:32:16

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registration Authority  
 Date : 17-Nov-2025  
 मोटर वाहन विभाग  
 गोरखपुर

6305709

श्री, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास

PRITHVI, AGNI, JAL, AAKASH, SUBH, SUBHAKSHA HAMARE PASS



THE ORIENTAL INSURANCE COMPANY LIMITED

(भारत सरकार का उपक्रम) Policy Schedule (Govt. of India Undertaking)

U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE OF POLICY SCHEDULE

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

DIVISIONAL OFFICE, 345 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 4 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-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location.

Table with 2 columns: Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

Large table with 4 columns: Section (OWN DAMAGE SECTION(A) and LIABILITY SECTION (B)), Description, Amount, and Sub-Totals.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory deductible of Rs 0(IMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT,7,10,25.

Table with 4 columns: Nominee Details, Payment Details, Financer Type, POS Name.

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 AMI policy of the Company. The AMI 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 cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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/her hands at 252-400 on 11-OCT-25

IMPORTANT NOTICE

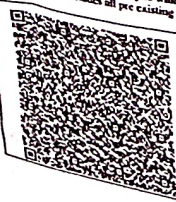
The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use are 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) Express or racing (4) Pace Making (5) Speed testing (6) Re liability trials (7) Any purpose in connection with motor trade.

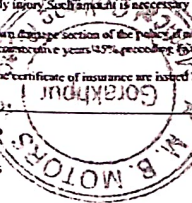
Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 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 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: 65925534D Approved On: 11-OCT-25 Place: MRT Printed On: 11-OCT-25



For and on behalf of The Oriental Insurance Company Limited

General Manager Authorized Signature



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



**UP53 20250019974**



Issue Date: 24-06-2025  
Validity (NT): 11-12-2037  
Validity (TR):



Holder's Signature

Name: **PRADEEP**

Date of Birth: 12-12-1997 Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **RAMBELASH**

Address:

**ASARHPUR GULAHARIYA BAZAR GORAKHPUR  
GULHARIA ASARHPUR SAHJANWA GORAKHPUR  
Uttar Pradesh 273013**

Date of First Issue: 24-06-2025

**DL No: UP53 20250019974**

**UPDL531000032339**



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	24-06-2025	NT			
	LAV	UP53	24-06-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Issuing Authority  
**UP53 GORAKHPUR**



सर्वोच्च सरकार

Government of India

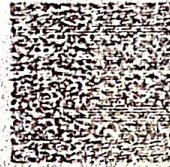


गोबिंद गोंड

Gobind Gond

जन्म तिथि/DOB: 01/01/2002

पुरुष/ MALE



9182 2115 5469

VID: 9144 2178 4279 7747

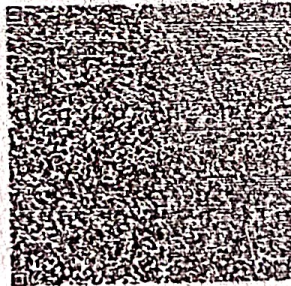
मेरा आधार, मेरी पहचान



Unique Identification Authority of India

पता:  
S/O रामबेलश, असरफपुर, मो-गुलहरिया बाजार,  
गोरखपुर, असरफपुर, गोरखपुर,  
उत्तर प्रदेश - 273013

Address:  
S/O Rambelash, Asrafpur, Po-Gulhariya  
bazar, Gorakhpur, Asarphpur,  
Gorakhpur,  
Uttar Pradesh - 273013



One State with Many Aspirations

9182 2115 5469

VID: 9144 2178 4279 7747



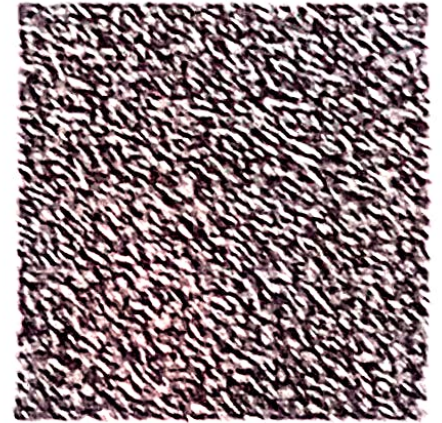
आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card


EBTPG1260G



नाम / Name  
GOBIND GOND

पिता का नाम / Father's Name  
RAMBELASH

जन्म की तारीख /  
Date of Birth  
01/01/2002

  
हस्ताक्षर / Signature

25/12/2022