

USHA AUTOMOBILES

Date 08-12-2025 Kilometer's.....

Mehrauna Road, Lar, Deoria, (U.P)

Owener's Name Rany sahani

Chassis No. MBLHAW210RHL08065

Address R. P. Chh. Pasa Lar

Engine No. HALLERHL14432

Deoria up

Registration No. UP52CE0517

Mobile No. 6394161813

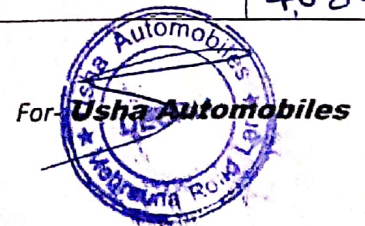
Model. SP2 + xtec

Dear sir,

Here Under we are forwarding our estimate for your acceptance ,please sign and return copy to us so that we may take up the work in hand.

SR NO	PARTS OF DESCRIPTION'S	PART NUMBER	RATE	QTY	Amount
1	Vibor	83410-AAE-B00R		1	981
2	Head light	33120-AAE-B0099		1	300
3	Vibor Innet	83402-AAE-B00		1	328
4	Mirror Aegy L	88120AAE-H31		1	140
5	Lever L	53178-AAF-H00		1	84
6	Winker aegy L	3345B-AAE-B0099		1	180
7	Engine Guard	50803-KST-940		1	622
8	Rear winker L	3365B-AAE-B0099		1	180
9	FR Fender	61100-KST-940ZA		1	792
10	Labour				480
11					
12					
13					
14					
15					
16					
17					
TOTAL.....					4087

- Note. 1. If Required, Labour for above material shall be Changed extra.
2. price of partare subjects to change without notice.
3. vehicle delivery againt payment only.
4. All dispatch subjects to Deoria Jurisdiction only.



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. / 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.	Ranu Sahani 6394161813
2	Vehicle No. / वाहन संख्या	UP52 CE 0517
3	Policy No. / पालिसी संख्या	252400/31/2025/81626
4	Period of Insurance / बीमा अवधि	30-01-2025 To 29-01-2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03-12-2025 - 2 Pm
6	Place of Accident / दुर्घटना का स्थान	लार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Avnish - UP52 20210017772 8874555687
8	Estimated Loss / अनुमानित हानि	4,087
09. Cause of Accident / दुर्घटना का कारण : सामने से दोपहिया वाहन ने टक्कर मार दिया और मेरी गाड़ी L पाये कि और से गिर कर क्षतिग्रस्त हो गयी		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Usha Automobile Lar 9161892881

Date / दिनांक : 08-12-2025
हस्ताक्षर

Ranu Sahani
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 2524-00/31/2025/81626

Tel. No.

Period of Insurance 30-01-2025 To 29-01-2026
 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 : Ronu Sahani
 (b) Address for correspondence : Vill - Rapan Chhapara, Lar, Deoria U.P
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HAVE7RHL14432</u> Chassis No. <u>MBLHAW210RHL08065</u>	Registration No. <u>UP52 CE 0577</u>
-------------------------------------	---	---

- (a) Was the vehicle in proper working condition? NA
 (b) For what purpose was the vehicle being used at the time of accident? Personal Use
 (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 : NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Arvish
(b) Age : 17-01-2002
(c) Address : Vill - Rupan Chhapar, Lar, Deoria U.P
(d) Is the Driver
1. Owner : Friend
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 : UP52 2021 001772
(h) Issuing Authority : Deoria
(i) Date of Expiry : 16-01-2024
(j) Was the licence temporary/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 : 03-12-2025 - 2 Pm
(b) Place : बार
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : सामने से दो पहिया वाहन ने टक्कर मार दिया
(e) If any third party was responsible for this accident give the name and address : और मेरी गाड़ी L वायें कि और से गिर कर क्षतिग्रस्त हो गई.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As for Estimate
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 4087

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 : NA
(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? : NA
(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? : NA
(c) Was accident reported to Police? If not, Why? : _____
(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? : _____
(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 08-12-2025

Signature of the insured Rajni Sahani

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 .. *Ranu Sahani* ..
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

35-4

GOVERNMENT OF UTTAR PRADESH

**Transport Department DEORIA
FORM 23**

CERTIFICATE OF REGISTRATION

Registration No : UP52CE0517 Registration Date : 04-Feb-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAH A GKP ROAD, DEORIA, , , 190-274001
Owner Name : RANU SAHANI Son/wife/daughter of : DHANESHAR SAHANI
Full Address: (Permanent) : VILL-ROPAN CHHAPARA, PO-ROPAN CHHAPARA LAR, SALEMPUR, DEORIA, UTTAR PRADESH-274502
Full Address: (Temporary) : VILL-ROPAN CHHAPARA, PO-ROPAN CHHAPARA LAR, SALEMPUR, DEORIA-UTTAR PRADESH-274502
Fitness UpTo : 03-Feb-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 : AA2118650569 Rear HSRP No : AA2118324054
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
No of Cylinders : 1 Chassis No : MBLHAW210RHL08065
Engine No : HA11E7RHL14432 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK SPARKING BLUE 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, . . . , Deoria, Uttar Pradesh-274001 w.e.f. 03-Feb-2025.

Purchase dt : 30-Jan-2025 Sale Amt : 81601/-
OTT Date : 30-Jan-2025 Amount/Rcpt No : 8161 / UP52D25020000305
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 07-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Feb-2025 to 03-Feb-2040

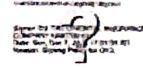
Date : 21-Feb-2025 15:11:59

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीकरण अधिकारी
Signature of Registering Authority
Date : 21-Feb-2025
देवरिया


Q 2138857

Government of Uttar Pradesh Government of Uttar Pradesh
Government of Uttar Pradesh Government of Uttar Pradesh




TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE																					
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)																					
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01114063570, (GSTIN: 09AAACT0627R4ZU)																					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)			Policy Issued On	30-JAN-25																
Policy No	252400/31/2025/81626			Proposal No.& Date	R/252400/31/2025/61543 & 30-JAN-2025																
Agent/Broker Code	BA0000155144			Policy Period (OWN DAMAGE)	FROM 18 27 ON 30/01/2025 TO MIDNIGHT OF 29/01/2026																
Agent/Broker Name	ABHINAV BIHATI			Policy Period (LIABILITY)	FROM 18 27 ON 30/01/2025 TO MIDNIGHT OF 29/01/2026																
Insured Name	RANU SAHANI (GSTIN: 0)			Lead/Breakin No	/																
Insured Address	C/O DHANESHAR SAHANI, VILL. ROPAN CHHAPARA, PO. ROPAN CHHAPARA, DEORIA UP, VILL. ROPAN CHHAPARA, PO. ROPAN CHHAPARA, DEORIA UP, DEORIA, NA.			Insured State	UTTAR PRADESH																
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)																		
Make	HERO MOTOCORP			Vehicle	77521																
Model & Variant	HERO SPLENDOR PLUS XTECH E20			Electrical Accessories	0																
Registration No	NEW			Non Electrical Accessories	0																
Year Of Manufacture	2025			Total IDV	77521																
Engine - Chassis No	HA11E7RIL14432 - MBLHAW210RHL08065			INF CONTRACT NO																	
Cubic Capacity	100			Policy Type	Zone B - Rest of India																
Seating Capacity	1 + 1			Geographical Area	INDIA																
Type Of Body	SOLO	Type Of Fuel	PETROL																		
RTO Location																					
Schedule Of Premium (Amount in Rs.)																					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)																		
Vehicle	1299.25		Basic Third Party Liability	3851																	
Elec Accessories	0		Compulsary PA Cover Premium	0																	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0																	
			Legal Liability (WC) to driver (IMT-28)	0																	
Basic Premium	1221.25		Legal Liability to Employees (IMT-29)	0																	
Geographical Area Extn (IMT-1)	0		Legal Liability to Passenger (IMT-46)	NA																	
Driving Tuition Loading On OD Premium (60%)	0		Driving Tuition Loading On TP Premium (60%)	NA																	
Sub-Total Additions	0		PA Paid Driver, Conductor, Cleaner-GRJ6B3	3851																	
Deductibles			Net Liability Premium (B)	4162																	
Voluntary Deductibles (IMT 22A)	0		Total Premium (A+B)	750																	
Anti-Theft Device (IMT-10)	0		GST	0																	
AAI Membership (IMT-8)	0		SERVICE TAX	0.60																	
No Claim Bonus	0		STAMP DUTY	0																	
Discount for vehicle designed for handicapped	0		Swachh Bharat Cess@0.50%	0																	
SIP Discount	1104		Krishi Kalyan Cess@0.50%	0																	
Sub-Total Deductibles	1104		Gross Premium Paid	4912																	
Add-On Coverages																					
NIL Depreciation	194																				
Return to Invoice	0																				
Key Replacement	0																				
Consumables	0																				
Sub Total Add-on Coverages	194																				
Net own Damage Premium(A)	311																				
<table border="1"> <thead> <tr> <th>Nominee Details :</th> <th>Nominee Name</th> <th>Age</th> <th>Relation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Nominee Details :	Nominee Name	Age	Relation												
Nominee Details :	Nominee Name	Age	Relation																		
<table border="1"> <thead> <tr> <th>Payment Details :</th> <th>Payment Method</th> <th>Cheque No./Transaction No.</th> <th>Bank Name</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>4912</td> </tr> </tbody> </table>						Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount					4912						
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount																	
				4912																	
<table border="1"> <thead> <tr> <th>Financer Type</th> <th>Financer Name</th> <th>HERO FINCORP LTD.</th> <th>Financer Branch</th> </tr> </thead> <tbody> <tr> <td>POS Name</td> <td>NA</td> <td>POS ID</td> <td>NA</td> </tr> <tr> <td></td> <td></td> <td></td> <td>POS PAN NO/Aadhar No</td> </tr> <tr> <td></td> <td></td> <td></td> <td>NA</td> </tr> </tbody> </table>						Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	POS Name	NA	POS ID	NA				POS PAN NO/Aadhar No				NA
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch																		
POS Name	NA	POS ID	NA																		
			POS PAN NO/Aadhar No																		
			NA																		
<p>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.</p> <p>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.</p> <p>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 ab initio (from inception).</p> <p>Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.</p> <p>I/We hereby certify that the policy to which this 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.</p> <p>In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 30-JAN-25</p> <p>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".</p> <p>Limitations as to use: (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</p> <p>(7) Any Purpose in connection with motor trials.</p> <p>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 also 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.</p> <p>Limit of Liability Clause: Under section II-1 (b) 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 (d) of the policy - Damage to third party property is Rs.7.5 lakhs PA Cover under section III for owner-Driver is RS.</p> <p>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 five 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.</p> <p>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, 1998.</p> <p>* This insurance excludes all pre-existing damage.</p>																					
<p>Approved By: 2550925MD</p> <p>Approved On: 30-JAN-25</p> <p>Place: MBT</p> <p>Printed On: 07-DEC-25</p>			<p>For and on behalf of</p> <p>The Oriental Insurance Company Limited</p> <p>General Manager</p> <p>Authorized Signature</p>																		


भारत सरकार
 Government of India



आधार


आधार नं. (आधार ID): 01012015


रानू साहनी
 Ranu Sahani
 जन्म तिथि/ DOB: 12/07/2001
 पुरुष/ MALE

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

6555 3627 8833
मेरा आधार, मेरी पहचान

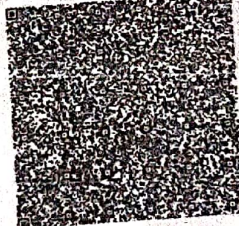

भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India


आधार

पता:
 द्वारा: धनेश्वर साहनी, रोपण छपरा, रोपण छपरा, देवरिया,
 उत्तर प्रदेश - 274502

Address:
 C/O: Dhaneshwar Sahani, Ropon Chhapra,
 P.O: Ropon Chhapara, DIST: Deoria,
 Uttar Pradesh - 274502

Details as on: 05/12/2023



6555 3627 8833

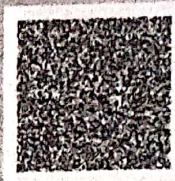
1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

SARPS6848R



नाम / Name
RANU SAHANI

पिता का नाम / Father's Name
DHANESHAR SAHANI


जन्म तिथि / Date of Birth
12/07/2001

32163

2

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


UP52 20210017772



Issue Date
22-11-2021

Validity (NT)
16-01-2042

Validity (TR)




Holder's Signature

Date of First Issue (22-11-2021)

Name: **AVNISH**
 Date of Birth: **17-01-2002** Blood Group: _____ Organ Donor: **Y**
 Son/Daughter/Wife of: **MADAN YADAV**
 Address:
VILL POST ROPAN CHHAPRA Ropan Chhapra
Salempur, Deoria, UP 274502

DL No: **UP52 20210017772** UPDL300006865144




Invalif 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*
Auto	MCWG	UP52	22-11-2021	NT			
Motorcycle	LMV	UP52	22-11-2021	NT			
Other							
MVSD							

Emergency Contact Number _____


 License Authority
UP52 DEORIA

Form 7 Rule 16(2)