

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-1225-125
 Customer Name GAURAV BHARATI
 VIN MBLHAW330SHK24950
 Insurance Company
 HMCGL Card No

Date 21-12-2025
 Contact No. 8840222157
 Model SPLENDOR+ XTEC 2.0
 Reg No. UP53FM3264
 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	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
3	61311AAE940S -STAY SPEEDO MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
4	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	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
7	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
8	37100AAE94099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	3,457.00
9	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
10	3345BAAE941S -WINKER ASSEMBLY LEFT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
11	33650AAE941S -WINKER ASSEMBLY LEFT REAR	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
12	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
13	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
14	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
15	88110AACH41ZAS -MIRROR ASSEMBLY RIGHT BACK-NH-1	70091090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
Parts Total											0.00	17,936.00

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	1,800.00	9.00	9.00	0.00	0.00	0.00	0.00	2,124.00	
Jobs Total											0.00	2,124.00

Parts Total 17,936.00
 Labour Total 2,124.00
 SGST (Parts) 9% 1,368.00
 CGST (Parts) 9% 1,368.00

SGST (Labour) 9%	162.00
CGST (Labour) 9%	162.00
Total	20,060.00

Rupees in Words: Twenty Thousand Sixty 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
 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 GORAKHPUR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10515 - Main W/S

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.	-Gaurav Bhatt 9369040586.
2	Vehicle No. / वाहन संख्या	UP53FM 3264.
3	Policy No. / पालिसी संख्या	252400/31/2026/45656
4	Period of Insurance / बीमा अवधि	17/10/2025 to 16/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 12:45 PM
6	Place of Accident / दुर्घटना का स्थान	Motiram, Gorkhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sumit Prakash UP532025003280, 7275036103
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण:	गौरव भारती की गाड़ी सुमित प्रकाश पलारहे पर मौतम के पास पीछे से वो पहिया वाहन ने टकरा कर छतीग्रस्त 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.	M. B. MOTOR 8318227680.

Date / दिनांक : 21/12/2025
हस्ताक्षर

✓ गौरव भारती

✓ गौरव भारती
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. 252400/31/2026/2565
 Tel. No. _____ Period of Insurance 17/10/25 to 16/10/26
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name : Gaurav Bhatti
 (b) Address for correspondence : Gurgaon
 (c) Telephone : 92620210586

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>24656</u> Chassis No. <u>24950</u>	Registration No. <u>UP53FM</u> <u>3264</u>
-------------------------------------------	-----------------------------------------------------	--------------------------------------------------

(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 : 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 : A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sumit Parkash
 (b) Age : 22 years
 (c) Address : Address Wakpuzha - 0161KP
 (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 : UP53 2025 0032 080
 (h) Issuing Authority : R.T.O. GIKP
 (i) Date of Expiry : 23/12/2018
 (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 : 20/12/25 12:45 P.M
 (b) Place : Motiram, GIKP
 (c) Speed of vehicle at the time of accident : 30 kmph
 (d) Give a short description of the accident : गाड़ी से बस टक्कर मारने के कारण आरक्षित
 (e) If any third party was responsible for this accident give the name and address : विशाल साहू नाम का व्यक्ति बसक सेना

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : _____
 (b) Estimated cost of repairs : 20060
 (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? : A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : 1
(b) If yes, give full details : _____

9. WITNESS

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

10. THEFT

- (a) Date and Time : N _____
(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 Police Station? : _____ A
(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 21/12/25 200

Signature of the insured गौरव भारती

दिन, जल आकाश, सब की सुरक्षा हमारे पास
 एण्टरप्राइस कम्पनी लिमिटेड



The Oriental Insurance Company Ltd.



PRITHVI, AGNI, JAL, AAKASH, SUB KISHI SUKSHMA HAMARE PASS

(भारत सरकार का उपक्रम)



(Govt. of India Undertaking)

Page No: 1

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TAX INVOICE/CERTIFICATE OF PREMIUM POLICY SCHEDULE

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

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	17-OCT-25
Agent/Broker Code	252400/31/2026/45656	Proposal No. & Date	R/252400/31/2026/105962829/1 & 17-OCT-2025
Agent/Broker Name	DA0000155144	Policy Period (OWN DAMAGE)	FROM 19:23 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Insured Name	ARJUNAV BIHATI	Policy Period (LIABILITY)	FROM 19:23 ON 17/10/2025 TO MIDNIGHT OF 16/10/2026
Insured Address	GAURAV BIHARATI (GSTIN:)	Lead/Breakin No	/
	C.O BIPAT, R.O HARSEWAKPUR NO-2 HATA TOLA, GORAKHPUR, NA, 0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	HERO SPLENDOR PLUS NTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine - Chassis No	HAIHFSUK24656 - MBLHAW330SHK24950	TAIF CONTRACT NO	
Cubic Capacity	150	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
	191.99	Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	0	Legal Liability to Employees (IMT-29)	NA
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-16)	NA
Driving Licence Loading On OD Premium (60%)	0	Driving Licence Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GH36B3	3851
Deductibles	0	Net Liability Premium (B)	4043
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	728
Anti-Theft Device (IMT-10)	0	GST	0
AAI Membership (IMT-8)	0	SERVICE TAX	0.00
No Claim Bonus	0	STAMP DUTY	0
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess @ 0.50%	0
SIF Discount	0	Krishi Kalyan Cess @ 0.50%	0
Sub-Total Deductibles	0	Gross Premium Paid	4771
Nil Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium (A)	192		

Summance Details:	Nominee Name	Age	1	Relation	
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4771
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch	NEW DELHI	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	

In the event of a claim under the policy exceeding Rs.100 or a claim for refund of premium exceeding Rs.100, 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.

We warrant that in case of dishonour of premium cheques 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/ have hereunto set his/their hands at 252400 on 17-OCT-25

IMPORTANT NOTICE

This insurance is not to be used 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 uses: 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.

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

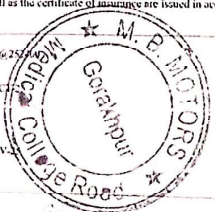
Limit of Liability: Clause Under section 11-1 (1) of the policy - Death or body injury: such amount is necessary to meet the requirements of the motor vehicle act 1988. Under Section II-1 (a) of the policy - Damage to third party property: Rs. 7.5 Lakhs. P.A. Cover under section III for owner-Driver is RS 0

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 30%, preceding four 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.

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 provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre-existing damages

Approved By: UNIV/252400/17-OCT-25
 Approved On: 17-OCT-25
 Place: MHT
 Printed On: 06-NOV-2025



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

1 YEAR OD 4 YEARS SHROD PAID
 REFERENCE

STATEMENT OF UTILITY EXPENSES

City of Sacramento
Public Utility Department



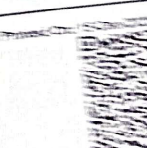
STATEMENT

Account No: 123456789
Department: 1000
Transaction: 1000000000

Amount	Free/Reduced/Assist Fee	Total
100	0	100
500	0	500
1000	0	1000

STATEMENT OF UTILITY EXPENSES

City of Sacramento
Public Utility Department



STATEMENT

Account No: 123456789
Department: 1000
Transaction: 1000000000

Amount	Free/Reduced/Assist Fee	Total
100	0	100
500	0	500
1000	0	1000

STATEMENT OF UTILITY EXPENSES

City of Sacramento
Public Utility Department



STATEMENT

Account No: 123456789
Department: 1000
Transaction: 1000000000

Amount	Free/Reduced/Assist Fee	Total
100	0	100
500	0	500
1000	0	1000

STATEMENT OF UTILITY EXPENSES

City of Sacramento
Public Utility Department



STATEMENT

Account No: 123456789
Department: 1000
Transaction: 1000000000

Amount	Free/Reduced/Assist Fee	Total
100	0	100
500	0	500
1000	0	1000

DL No: UP53 20250032280

UPDL531000052949



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	30-09-2025	NT			
	LMV	UP53	30-09-2025	NT			
	MVSD						

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP53 20250032280



Issue Date 30-09-2025 Validity (NT) 31-12-2043 Validity (TR)*



Holder's Signature

Name: SUMIT PRAKASH

Date of Birth: 01-01-2004 Blood Group: Organ Donor: N

Son/Daughter/Wife of: SUNIL KUMAR

Address:

HARSEWAKPUR NO.2 HATA TOLA JANGLE
LAXMIPUR HARSEWAKPUR NO.2 SAHJANWA
GORAKHPUR UTTAR PRADESH 273014

Date of First Issue: 30-09-2025

आयकर विभाग
INCOME TAX DEPARTMENT

GAURAV BHARTI

BIPAT

20/10/1995

Permanent Account Number

BZPPB5161G

गौरव भारती

Signature



सत्यमेव जयते

भारत सरकार
GOVT. OF INDIA



13082014



भारत सरकार
Government of India



Issue Date: 14/10/2011



गौरव भारती
Gaurav Bharati
जन्म तिथि/DOB: 25/03/1995
पुरुष/ MALE

3115 0781 9677

VID : 9149 4695 5811 2234

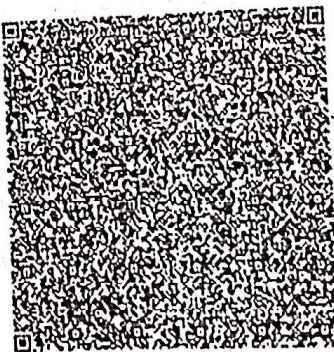
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: बिपत, हरसेवकपुर न - 2 , हाता टोला, हरसेवकपुर
न.2, गोरखपुर,
उत्तर प्रदेश - 273014
Download Date: 01/10/2022
Address:
C/O: Bipat, Harsewakpur No - 2 , Hata Tola,
Harsewakpur No.2, Gorakhpur,
Uttar Pradesh - 273014



3115 0781 9677

VID : 9149 4695 5811 2234

1947



help@uidai.gov.in



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