

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-1225-126
 Customer Name SONU
 VIN MBLHAW475SHC00227
 Insurance Company
 HMCGL Card No
 Part Details

Date 25-12-2025
 Contact No. 8303558991
 Model SPLENDOR +
 Reg No. UP53FH2615
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
3	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
4	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
5	83410AAE3054S -FRONT VISOR NH-1 TYPE-4	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	53230KCC900S -BRIDGE COMP.FORK TOP	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
8	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
9	51410KWA941S -PIPE COMP FRONT	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
10	K4446AAFB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
11	52110AAE300S -SWINGARM COMP REAR	87141090	Paid	800.00	1	9.00	9.00	0.00	0.00	0.00	0.00	944.00
12	52147KIC900S -RUBBER BUSH RR.FORK PIVOT	40169990	Paid	38.14	2	9.00	9.00	0.00	0.00	0.00	0.00	90.00
13	50100ADHB30S -FRAME BODY COMPLETE	87141090	Paid	6,374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	7,522.00
14	51103AAEH00S -GUARD SAREE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
15	51104AAEH00S -STEP PILLION	87141090	Paid	112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	133.00
16	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
17	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
18	33650KCC710S -WINKER ASSY L RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
19	40M0AAT000S -CHAIN CASE UPPER	87141090	Paid	166.95	1	9.00	9.00	0.00	0.00	0.00	0.00	197.00
20	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	21,089.00

Labour Details

S No	Job Code	SAC	Billing	Rate	SGST	CGST	UTGST	IGST %	Discount	Discount	Net
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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.	Sonu 8303556991.
2	Vehicle No. / वाहन संख्या	UP53RH2615
3	Policy No. / पालिसी संख्या	252400/31/2026/5788
4	Period of Insurance / बीमा अवधि	21/04/2025 to 20/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/25 4:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Banjara, Ghorakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Praduman Mishra 8303556991 UP5320190021072
8	Estimated Loss / अनुमानित हानि	227211
09.	Cause of Accident / दुर्घटना का कारण :	सोने की गाड़ी प्रदुम निशान यमा रहे थे। बाइरही के माफ पीई से मा रहे दो पहिया बाइरही एनका गार दिया बिगुल गाड़ी दालिये नरुप डिअर का इती गारन हो गई ।
0	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
1	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
2	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M.B. MOTOR 8318237680

दिनांक : 23/12/25
ताक्षर
SONU

SONU
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. 252400/21/2026/5788
 Tel. No. _____ Period of Insurance 21/02/2025 to 20/02/2026
 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 : Sony
 (b) Address for correspondence : G1089 Khp 48
 (c) Telephone : 8302556221

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>30319</u> Chassis No. <u>00227</u>	Registration No. <u>UP53EA</u> <u>2615</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 : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Chalan 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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Badam Mishal
 (b) Age : 26 years
 (c) Address : Gurgaon
 (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 : UP5220190021072
 (h) Issuing Authority : R. To. GWP
 (i) Date of Expiry : 03/02/2020
 (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 : 22/12/25 11:30 PM
 (b) Place : 23 kmph
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : पार्किंग में पार्किंगवाहन के चक्कर
 (e) If any third party was responsible for this accident give the name and address : शर मिश्रा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 227500
 (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 : NA
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? _____
- (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? _____
- (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 _____

The accident?
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 23/12/2000

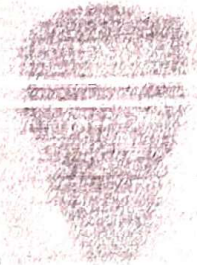
Signature of the insured SONU



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20190021072



Issue Date 13-09-2019 Validity (NT) 03-02-2040 Validity (TR) _____



Holder's Signature

Name: **PRADIJ NISHAD**
Date of Birth: **04-02-2000** Blood Group: _____ Organ Donor: **N**

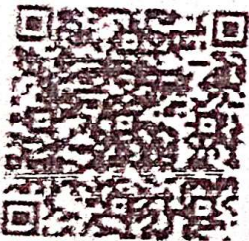
Son/Daughter/Wife of: **GANESH NISHAD**

Address:
BANSAI TOLA BANURAH BAPTI
BAZAR GORAKHPUR, UP 273013

Date of First Issue: 13-09-2019

DL No: **UP53 20190021072**

UPDL000001051056



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
MCWG	MCWG	UP53	13-09-2019	NT			
LMV	LMV	UP53	13-09-2019	NT			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 2 Rule 16(2)

अग्नि, अमल, आकाश, सब की सुरक्षा हमारे पास
रिप्टोरेंस कम्पनी लिमिटेड
 (भारत सरकार का उपक्रम)
 U66010DL1947GOI007158



PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA HAMARE PASS
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, (GSTIN: 09AAAAC0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	21-APR-25
Policy No	252400/31/2026/3788	Proposal No. & Date	R/252400/31/2026/9879485426 & 21-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:48 ON 21/04/2025 TO MIDNIGHT OF 20/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18:48 ON 21/04/2025 TO MIDNIGHT OF 20/04/2026
Insured Name	SONU (GSTIN:)	Lead/Break In No	
Insured Address	C/O BHAIJAN, R/O BANJARAH BANGAL PO, BHUNGIA BAZAR, GORAKHPUR, N.A.D	Injured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTOCORP	Vehicle	76110
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total DVV	76110
Engine -Chassis No	HAI1F6SHIC30319 - MBLHAW473SHIC00227	IMT CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1275.6	Basic Third Party Liability	3851
Elect Accessories	0	Compulsory PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 0 Person Of Rs.(0) each (IMT-16)	0
Basic Premium	114.6	Legal Liability (WC)to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA-Paid Driver, Conductor, Cleaner-GR3613	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4156
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	728
AAI Membership (IMT-8)	0	GST	0.00
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-on Coverages	100	Gross Premium Paid	4904
Nil. Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	190		
Sub Total Add-on Coverages	305		
Net own Damage Premium(A)			

Payment Details:	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
				4904
Financier Type	Financier Name	Cash	Financier Branch	
		NA		
POS Name	POS ID	POS PAN NO/Aadhar No		NA

In the event of a claim under the policy exceeding Rs.1000 or a claim for refund of premium exceeding Rs.1000, 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.

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).

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 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.

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 21-APR-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 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) Organised racing (4) Race Making (5) Speed testing (6) Intentional trials.

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 limits of liability clause under section II-1 (1) of the policy - Death of or bodily injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988, under section II-1 (1) of the policy.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on OD premium No Claim Bonus only for the period of the policy as follows: preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50%.

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 MV Act, 1988.

This insurance excludes all pre-existing damages.

Approved By: UNIV@252400

Approved On: 21-APR-25

Place: MRT

Printed On: 21-APR-25

General Manager
 Authorized Signature

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FH2615 Registration Date : 27-Apr-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 : SONU Son/wife/daughter of : BHAJAN
 Full Address: (Permanent) : BANJARAHA, BANGAI,, PO: JHUNGIA BAZAR,, , GORAKHPUR, UTTAR PRADESH-273013
 Full Address: (Temporary) : BANJARAHA, BANGAI,, PO: JHUNGIA BAZAR,, , GORAKHPUR-UTTAR PRADESH-273013
 Fitness Up To : 26-Apr-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 Rear HSRP No : AA21244889077
 Front HSRP No : AA2124467608 Month/Year of Manuf. : 03/2025
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW475SHC00227
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11F6SHC30319 Cubic Capacity : 97.20
 Horse Power(BHP) : 8.17 Wheel base : 1235
 Maker's Classification : SPLENDOR+BLACK&ACCEN T 13S(DRS) Standing Cap : 0
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 113
 Step up Cap : 0 Laden/GV Wt (kgs) : 243
 Colour : BLACK AND ACCENT AC Fitted : NO
 Other Criteria :
 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 w.e.f.

Purchase dt : 21-Apr-2025 Sale Amt : 80116/-
 OTI Date : 21-Apr-2025 Amount/Rept No : 8012 / UP53D25040007998
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 31-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Apr-2025 to 26-Apr-2040

Signature of Registering Authority

Date : 12-Jun-2025

Date 12-Jun-2025 15:50:35

Taxation Particulars / Advance Registration Mark Fee Details

2589981

भारत सरकार
Government of India

सोनु
Sonu
जन्म तिथि / DOB : 01/01/1999
पुरुष / MALE

3694 7206 4083

मेरा आधार, मेरी पहचान

एनआर
National
Unique Identification Authority of India

पता: S/O: भजन, वंजरहा, बंगई, गोरखपुर,
उत्तर प्रदेश, 273013

Address: S/O: Bhajan, Banjaraha, Bangai,
Gorakhpur, Uttar Pradesh, 273013

3694 7206 4083

1947 helpline@uidai.gov.in www.uidai.gov.in

8887980024

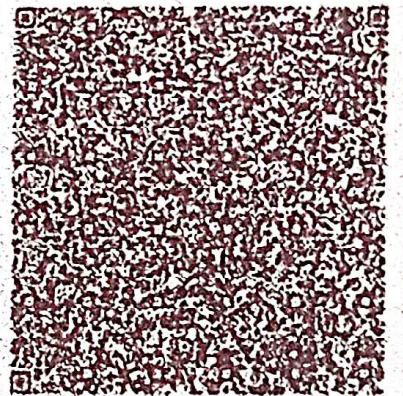
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

NOTPS2391N



नाम / Name
SONU

पिता का नाम / Father's Name
BHAJAN

जन्म तिथि / Date of Birth
01/01/1999

हस्ताक्षर / Signature

00982