

SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	13,002.00

Rupees in Words: Thirteen Thousand Two Only

Authorised Signatory

66816 - 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 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

DEEPA CHAND TRADERS
 NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India
 State Code: 9 Contact: 7054923970, , ,
 GSTIN No: 09BKDPP2013C2ZN
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66816-03-REST-1225-9	Date	26-12-2025
Customer Name	SANJAY CHAUHAN	Contact No.	9056617509
VIN	MBLHAW478SHHB1328	Model	SPLENDOR +
Insurance Company	Motorsathi Solutions	Reg No.	UP53FM8675
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	51410KWA941 -		Paid		2	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	K44446AAFB000S -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
3	61000ADH700CS -FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
4	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
5	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
8	37100ADHB1099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
9	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
10	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
11	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
12	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
13	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
14	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
15	53230KCC900S -BRIDGE COMP.FORK TOP	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
16	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
Parts Total											0.00	12,294.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
Jobs Total											0.00	708.00

Parts Total	12,294.00
Labour Total	708.00
SGST (Parts) 9%	937.68

भारत सरकार
Government of India

संजय चौहान
Sanjay Chauhan
जन्म तिथि/DOB: 30/06/2007
पुरुष/ MALE

Issue Date: 25-09-2014

9043 7884 9879
VID : 9131 0965 8008 7550

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: श्री कुशहर चौहान, खजनी, ग्राम- सुरैनी कटया,
पोस्ट- करनपुरा खजनी गोरखपुर, करनपुरा, गोरखपुर,
उत्तर प्रदेश - 273212

Download Date: 11/08/2022

Address:
S/O: Sri Kushhar Chauhan, khajni, vill- suraini
kataya, post- karanpura khajni gorakhpur,
Karanpura, Gorakhpur,
Uttar Pradesh - 273212

9043 7884 9879
VID : 9131 0965 8008 7550

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



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FGR0028

Page No: 1

Form No. 51 of the Central Motor Vehicles Rules, 1989
Date: 22-10-2025
Time: 11:07 AM

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA NEERUT, 0121486379, (GSTIN: 09AAACT8627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)	Policy Issued On	22-OCT-25
Policy No	25240031/2026/49387	Proposal No. & Date	R/25240031/2026/106118737/15 & 22-OCT-2025
Agent/Broker Code	BA000153144	Policy Period (OWN DAMAGE)	FROM 11:07 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 11:07 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Insured Name	SANJAY CHAUHAN (GSTIN:)		
Insured Address	C/O SRI KUSHIAR, R/O VILL - SURAINI, PO - KARANTPURA, PS - KHAJANI, GORAKHPUR, NA, 0	Lead /Breaker No	1
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	71249
Model & Variant	HERO SPLENDOR PLUS FI			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025				
Engine -Chassis No	HA11F6SH186135 - MBLHAW478SHH1328			Total IDV	71249
Cubic Capacity	100			IMF CONTRACT NO	
Seating Capacity	1 + 1			Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL	Geographical Area	
RTO Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1194.13	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person OFRs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	179.13	Legal Liability to Employees (IMT-29)	0
Geographical Area Extra (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (50%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
		Net Liability Premium (B)	3851
		Total Premium (A+B)	4030
		GST	726
		SERVICE TAX	0
		STAMP DUTY	0.00
		Swachh Bharat Cess @ 0.50%	0
		Krishi Kalyan Cess @ 0.50%	0
		Gross Premium Paid	4756
		Note:	
		1. Policy Issuance is the subject of 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, 28,	

Nominee Details :		Nominee Name	Age	1	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name	Amount
					4756
Financer Type		Financer Name	Cash	Financer Branch	
POS Name		POS ID	NA	POS PAN NO/Aadhar No	
				NA	

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.

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.co.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.

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 herein to set his/his hands at 252400 on 22-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: 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) Pace Making (5) Speed testing (6) Reliability trials

(3) 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.

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 property is 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), up to 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

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 : UNIV@257-00

Approved On : 22-OCT-25

Place : MRT

Printed On : 08-NOV-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

UNION OF INDIA Driving Licence



HP95 20210000417

Date of Issue: 28-10-2021 Validity: 27-10-2031

Date of Birth: 01-01-1986 Blood Group: AB+

Name: **SONU**

Father's Name: **LAL JI CHAUHAN**

HP95 20210000417

Mobile No: *****6153

Endorsement Date: 28-10-2021

Endorsement No: HP95 /PDL/0000417/2021

Present Address:
 C/O ROMI PANDY MATEOG,
 Kumharsan,
 Kumharsan, Shimla, HP, 172029

Holder's Signature: *Sonu*

Issuing Authority:
 RLA KUMARSAIN (HP95)

Form 7 Rule 16(2)



GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FM8675 Registration Date : 27-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, . . 188-273001
 Owner Name : SANJAY CHAUHAN Son/wife/daughter of : SRI KUSHHAR
 Full Address: (Permanent) : VILL-SURAINI, PO-KARANPURA, PS-KHAJNI, GORAKHPUR, UTTAR PRADESH-273212
 Full Address: (Temporary) : VILL-SURAINI, PO-KARANPURA, PS-KHAJNI, GORAKHPUR-UTTAR PRADESH-273212
 Fitness UpTo : 26-Oct-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : SUNITA
 Relationship with the Nominee : Mother Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2140306872 Rear HSRP No : AA2142018689
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
 No of Cylinders : 1 Chassis No : MBLHAW478SHHB1328
 Engine No : HA11F6SHH86138 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235
 RS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : MATT GREY Laden/GV Wt (kgs) : 243
 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 w.e.f. .

Purchase dt : 24-Oct-2025 Sale Amt : 74999/-
 OTT Date : 24-Oct-2025 Amount/Rcpt No : 7500 / UP53D25100015302
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 08-Nov-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-Oct-2025 to 26-Oct-2040

Date : 15-Nov-2025 17:02:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 15-Nov-2025

मोटर वाहन विभाग
 गोरखपुर

Q 4833705

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 13002 Day of 24/12/2005

From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 13002
(In words Rupees तेरस हजार दो सौ मात्र)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP57FM8675 insured under Policy No. 49787 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. 13002

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature Sanjay
Occupation
Address
.....

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
(b) If yes, give full details : X

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : X
(b) Did a Police Constable take particulars of The accident? : X
(c) Was accident reported to Police? If not, Why? : X
(d) If yes, to which Police Station? : X
(e) Date and Diary No. : X

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? : N.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 24/12/2025

Signature of the insured

Sanjay

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sonu
 (b) Age : 01/10/1986 39 Years
 (c) Address : _____
 (d) Is the Driver
 1. Owner _____
 2. paid driver? X
 3. Owner's relative or friend? Owner's relative
 (e) If paid driver, how long has he been in your employment : X
 (f) Was he under the influence of intoxication Liquor or drugs? : _____
 (g) Driving Licence Number : HP9520210000 417
 (h) Issuing Authority : _____
 (i) Date of Expiry : 27/10/2031
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : _____
 (l) Has he been involved in any accident before? : X
 (m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 24/12/2025 11:00 AM
 (b) Place : Rampur Pandey (Gorakhpur)
 (c) Speed of vehicle at the time of accident : _____
 (d) Give a short description of the accident : वृत्तान्त की समझ पाठके जो है व्हे गार्डी दुकान के सामने लगे
 (e) If any third party was responsible for this accident give the name and address : मिसे सामने से गा (डी) व न समझा जा पाएया ने लोग गा (दिवा) मिलान गार्डी सामने ने क्षति ग्रान हो गये।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Alloy wheels, fork pipe, fendar, Vivot
 (b) Estimated cost of repairs : 15000
 (c) When and where can the damaged vehicle be inspected : Deep Chand Tredars Katsabay G.I.P

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 : N.A
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____



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. 2524ed/31/2026/49387

Tel. No. _____

Period of Insurance 22/10/2025 TO 21/10/2026
 Claim No. _____

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

1. INSURED
 (a) Name Sanjay Chauhan
 (b) Address for correspondence Suzani Post - Karanpura Khajani Gosakpur
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HAIIF6SHH86138</u> Chassis No. <u>MBLHAW478SHHB1328</u>	Registration No. <u>UP53FM</u> <u>8675</u>
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- (a) Was the vehicle in proper working condition? No
 (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 Challan No. | : | <u>NA</u> |
| (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 | : | _____ |

To/सेवा में

The Oriental Insurance Co Ltd /

दि ओरिएण्टल इन्सुरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

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.	Sanjay Chauhan 8219986153
2	Vehicle No. / वाहन संख्या	UP53FM8675
3	Policy No. / पॉलिसी संख्या	252400/31/2026/49387
4	Period of Insurance / बीमा अवधि	22/10/2025 to 21/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Rampur Pandey (Gosakhpur)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sonu 8219986153
8	Estimated Loss / अनुमानित हानि	13000/-
9.	Cause of Accident / दुर्घटना का कारण :	24/12/2025 को 11 बजे रामपुर पाण्डेय (मौलपुर) जा रहे थे चाय की दुकान गाड़ी रुकी किन्हा तभी लागने लें तेज रफ्तार से आ रही अनिर्धारित चार पहिया वाहन ठोकर मार दिया और गाड़ी लागने लें क्षतिग्रस्त हो 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 / फोन नं.	Deep Chand Traders Katsahara Bazaar Gosakhpur 7521065310

Date / दिनांक :

हस्ताक्षर 24/12/2025

सोनू

Signature of Insured / बीमाधारक के

Sanjay