

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA  
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	10730-03-REST-1225-727	Date	30-12-2025
Customer Name	LAVKUSH..	Contact No.	9151154006
VIN	MBLHAW226RGL11499	Model	SPLENDOR +
Insurance Company		Reg No.	UP34BZ8389
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	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	83500AAEH00ZBS -R SIDE COVERBLACK (NH1(TYPE2))	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
4	K42426AAED230S -KIT WHEEL COMP REAR	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
5	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
6	88110AAFH31ZAS - MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
7	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	636.44	1	9.00	9.00	0.00	0.00	0.00	0.00	751.00
8	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
9	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
10	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	50100KCC710S -FRAME BODY COMP -KCC Y2K5	87141090	Paid	6,003.39	1	9.00	9.00	0.00	0.00	0.00	0.00	7,084.00
Parts Total											0.00	22,504.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	22,504.00
Labour Total	2,000.10
SGST (Parts) 9%	1,716.41
CGST (Parts) 9%	1,716.41
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>24,504.10</b>

Rupees in Words: Twenty Four Thousand Five Hundred Four and paise Ten Only

Authorised Signatory

1. Terms Cash  
 2. Prices & statutory levies prevailing at the time of delivery shall be charged

10730 - Main W/S

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
MEERUT

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.	LAVKUSH, 9219782021
2	Vehicle No. / वाहन संख्या	UP34 BZ 8389
3	Policy No. / पालिसी संख्या	252400/31/2025/75184.
4	Period of Insurance / बीमा अवधि	01/01/2025 से 31/12/2025.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/12/2025 4:00PM.
6	Place of Accident / दुर्घटना का स्थान	रेलवे क्रॉसिंग महीली तिराहा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANIL KUMAR PRAJBHAKAR. UP3420160006289, 9026257451
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	रेलवे क्रॉसिंग महीली तिराहा के पास बाईं ओर से खड़ी गाड़ी में वाइक वाले ने टक्कर मार दी जिससे मेरी गाड़ी बाईं ओर गिरकर सतलूमस्त 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.	MOSAKAM AUTO SALES, LRP ROAD LAKHEMPUR-KHERI, 9151154036

Date / दिनांक : 26/12/2025  
हस्ताक्षर

Lavkush  
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. 252400/31/2025/75184

Tel. No.

Period of Insurance 01/01/2025 से 31/12/2025  
 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 : LAVKUSH  
 (b) Address for correspondence : RIOAKHATYARPUR, SITAPUR, PS HARGAON, SITAPUR  
 (c) Telephone : 921978201

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E7RGL11540</u> Chassis No. <u>MIBLHAW226RGL11499</u>	Registration No. <u>UP34BZ</u> <u>8389</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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter N/A  
 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 : \_\_\_\_\_  
 (g) If Lorry/Jeep/Tractor, was trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ANIL KUMAR PRABHAKAR  
 (b) Age : 08/02/1996  
 (c) Address : VILLAGE - AKHATYARPUR, THANA - HARGAON, SITAPUR  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : Nephew  
 (e) If paid driver, how long has he been in your employment : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP 34 20160006289  
 (h) Issuing Authority : 04/Jun/2016  
 (i) Date of Expiry : 03/Jul/2036  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : NO  
 (l) Has he been involved in any accident before? : NO  
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 23/12/2025 4:00 PM.  
 (b) Place : महोली तिराहा के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : महोली तिराहा के पास दाईं ओर से खड़ी गाड़ी में बाईं  
 (e) If any third party was responsible for this accident give the name and address : वाले ने टक्कर मार दी जिससे मेरी गाड़ी बाईं ओर गिरकर गिर गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : RIGHT AND LEFT  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : MOSAKAM AUTO SALES, LRPR ROAD, LAKHIMPUR-KHERI

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 : NIA  
 (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? : NO
- (b) If yes, give full details : NO

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? : N/A
- (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? : N/A
- (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 26/12/2005

Signature of the insured Lav KUSH

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. UP34B78389 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 LavKUSH .....  
Occupation .....  
Address .....  
.....  
.....

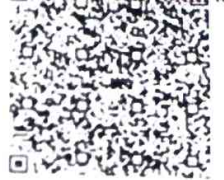
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34BZ8389 Registration Date : 03-Jan-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, . . . 153-262701  
 Owner Name : LAVKUSH Son/wife/daughter of : S/O SRI HARINAM  
 Full Address: (Permanent) : R/O AKHATYARPUR, SITAPUR, R/O AKHATYARPUR, SITAPUR, PS- HARGAON,  
 SITAPUR, UTTAR PRADESH-261121  
 Full Address: (Temporary) : R/O AKHATYARPUR, SITAPUR, R/O AKHATYARPUR, SITAPUR, PS- HARGAON,  
 SITAPUR-UTTAR PRADESH-261121  
 Fitness Up To : 02-Jan-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 : AA2117953571 Rear HSRP No : AA2118187260  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLHAW226RGL11499  
 Engine No : HA11E7RGL11540 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ BLK STRIPE 13 Wheel base : 1236  
 S (DRS)  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Steepear Cap : 0 Unladen Wt (kgs) : 111  
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241  
 Colour 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 TATA CAPITAL LIMITED, LUCKNOW, LUCKNOW, Lucknow, Uttar Pradesh-226001 w.e.f. 01-Jan-2025.

Purchase dt : 01-Jan-2025 Sale Amt : 77866/-  
 QTT Date : 01-Jan-2025 Amount/Rcpt No : 7787 / UP34D25010000599  
 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 03-Jan-2025 to 02-Jan-2040

01-Mar-2025 11:54:47  
 Particulars Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 01-Mar-2025

Lavkush



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01124963578, (GSTIN: 09AAACT0637R4Z1)

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.

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine -Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (In Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals, deductibles, add-on coverages, and premium amounts.

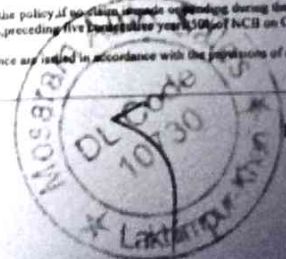
Table for Payment Details including Cheque No./Transaction No., Bank Name, Amount, Financer Name, TATA CAPITAL LIMITED, Financer Branch, POS ID, NA, POS PAN NO/Aadhar No, NA.

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 is order to comply with the MV Act 1988 is recoverable from the insured.

Limitations as to use: The policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Engaged racing (4) Pace Making (5) Speed testing (6) Felicitous trials (Any purpose in connection with motor fuel).



Approved By: VASIN/2706, Approved On: 01-JAN-25, Place: MBT, Printed On: 01-JAN-25



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



भारत सरकार  
Government of India



लवकुश  
Lavkush  
जन्म तिथि/DOB. 01/01/2005  
पुरुष/ MALE

Download Date: 09/10/2020

Issue Date: 29/09/2020

**9523 4700 6136**

**VID : 9194 8010 5632 3412**

मेरा आधार, मेरी पहचान

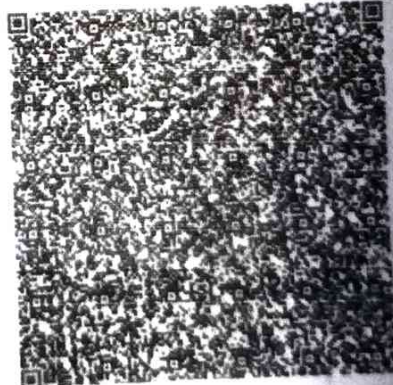


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मज: हरिनाम, अखात्यारपुर, सीतापुर,  
उत्तर प्रदेश - 261121

**Address:**  
S/O: Harinam, Akhatyarpur, Sitapur,  
Uttar Pradesh - 261121



**9523 4700 6136**

**VID : 9194 8010 5632 3412**



1947

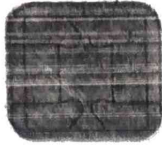


help@uidai.gov.in



www.uidai.gov.in

# UNION OF INDIA Driving Licence



जारी करने की तिथि  
Date of Issue

वैधता / Validity

जन्म तिथि  
Date of Birth

Blood Group

नाम / Name

ANIL KUMAR BABHA

पिता/पति का नाम / Son/Daughter/Wife of

RAJ K. RAO

पता / Address

1234567890  
1234567890

Holder's Signature

UP04000005MT



Form 7 Rule 16(2)

जारीकर्ता / Issuing Authority Sign

STIA



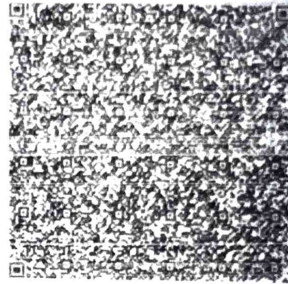
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
BXBPL5968F



नाम / Name  
LAVKUSH

पिता का नाम / Father's Name  
HARINAM

जन्म की तारीख /  
Date of Birth  
01/01/2005

लवकुश

हस्ताक्षर / Signature