

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-0126-128
 Customer Name NANDLAL .
 VIN MBLJAW404S9B02448
 Insurance Company
 HMCGL Card No
 Part Details

Date 08-01-2026
 Contact No. 9326569878
 Model SUPER SPLENDOR XTEC
 Reg No. UP53FH3097
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount %	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	83402ADG000S -PANEL INNER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
4	6131AADG000S -STAY METER SUB ASSEMBLY	87141090	Paid	155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	184.00
5	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
6	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
7	35010ADG00099S -KEY SET	83012000	Paid	1,016.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,200.00
8	ADGAA7Y00000099GS - METER ASSEMBLY COMBINATION	87141090	Paid	2,889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	3,410.00
9	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
10	88120AANH01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
11	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
12	53230AACB00S -BRIDGE COMP FORK TOP	87141090	Paid	182.20	1	9.00	9.00	0.00	0.00	0.00	0.00	215.00
13	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
14	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
15	51400AAF400S -FORK ASSY, R FRONT	87141090	Paid	1,899.15	1	9.00	9.00	0.00	0.00	0.00	0.00	2,241.00
16	51500AAF400S -FORK ASSY, L FRONT	87141090	Paid	1,899.15	1	9.00	9.00	0.00	0.00	0.00	0.00	2,241.00
17	K44446AACNB00S -KIT WHEEL COMP FRONT (DRUM)	87141090	Paid	4,218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	4,978.00
18	17520ADG000RS -FUEL TANK NH-1	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
19	18350AANB02S -MUFFLER COMPLETE EXHAUST	87141090	Paid	7,030.51	1	9.00	9.00	0.00	0.00	0.00	0.00	8,296.00
20	18355AAGA02S -COVER MUFFLER	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
21	50100AAGJ00S -FRAME BODY COMPLETE	87141090	Paid	5,738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	6,771.00
22	83600ADG000RS -SIDE	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00

COVER LEFT NH-1

83500ADG000RS -SIDE	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	829.00
COVER RIGHT NH-1												
46544AGA10S -RR BRAKE	87141090	Paid	664.41	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	784.00
PEDAL & ROD SUB ASSY												
Parts Total											0.00	47,393.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	47,393.00
Labour Total	1,770.00
SGST (Parts) 9%	3,614.72
CGST (Parts) 9%	3,614.72
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	49,163.00

Rupees in Words: Forty Nine Thousand One Hundred Sixty Three Only

Authorised Signatory

10515 - 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
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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.	NANDLAL 9621336340
2	Vehicle No. / वाहन संख्या	UP53EH3097.
3	Policy No. / पालिसी संख्या	252400/31/2026/72090
4	Period of Insurance / बीमा अवधि	25/04/2025 to 24/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/01/2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Rampur, Ghanshyam Gola
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	GHANSHYAM GAUTAM UP532025001091
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण :	नन्दलाल की गाड़ी घनश्याम गोलाम पल्ला रहे थे रामपुर के पास आगे चल रही गाड़ी ने घानश्याम गोलाम को जल्पा जिससे गाड़ी उस गाड़ी से टकराकर गिरकर क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	M.B. MOTOR 8818237680

Date / दिनांक : 05/01/26
हस्ताक्षर

नन्दलाल

नन्दलाल
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. 2522400/31/2026/7209
 Tel. No. _____ Period of Insurance 25/04/2025 to 24/04/2026
 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 : Namda
 (b) Address for correspondence : Bhatkhat, Gonsakhpur
 (c) Telephone : 96213340

2. THE INSURED VEHICLE

Make & Year <u>2025</u> <u>Hero</u>	Engine No. <u>02837</u> Chassis No. <u>02448</u>	Registration No. <u>UP 53</u> <u>EH 3097</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 : 41
 (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 : Ghanashyam Gautam
 (b) Age : 34 years
 (c) Address : Chhatrapur
 (d) Is the Driver
 1. Owner : Yes
 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 : UP 5200250010191
 (h) Issuing Authority : R.T.O. MKD
 (i) Date of Expiry : 01/04/2025
 (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 : 04/01/26
 (b) Place : Rambur, Chhatrapur
 (c) Speed of vehicle at the time of accident : 30 km/h
 (d) Give a short description of the accident : अज्ञात चल रही गाड़ी ने अचानक मोड़ते
 (e) If any third party was responsible for this accident give the name and address : नाही

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 49163
 (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 : A
 (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 : _____

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.

नन्दलाल
Signature of the insured _____

Date: 05/01/26 200

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. _____

Witness
Name
Signature
Address

Signature नन्दलाल
Occupation
Address
.....

Bank Account Number
Name of the Bank

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

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No
Description of Vehicle
Owner's Name & Address
Owner Name
Full Address: (Permanent)
Full Address: (Temporary)
Fitness Up To

UP53FH3097
M CYCLE/SCOOTER
M.P. MOTORS, BASARATPUR,
NANDLA
TARKULAHA, TARKULAHA
TARKULAHA, TARKULAHA
28 Apr-2040

Registration Date: 29 Apr-2025
Purpose For Printing RC: NEW
Son/wife/daughter of: HAMAASHANKAR
BHATHAL, GORAKHPUR, UTTAR PRADESH-273398
BHATHAL, GORAKHPUR, UTTAR PRADESH-273398
Owner Serial No: 1

Detailed Description

Class of Vehicle
Ownership
Maker's Name
Front HSRP No
Type of Body
No of Cylinders
Engine No
Horse Power(BHP)
Maker's Classification

M CYCLE/SCOOTER
INDIVIDUAL
HERO MOTOCORP LTD
AA2124467637
SOLO WITH PILLION
1
JA07AMS9802837
10.72
SUPER SPLENDOR XTEC D

Link Vehicle No Norms: BHARAT STAGE VI
Rear HSRP No: AA21244681105
Month/Year of Manuf: 02/2025
Chassis No: MBLJRW40459B02448
Fuel: PETROL
Cubic Capacity: 124.70
Wheel base: 1267
Standing Cap: 0
Unladen Wt (kgs): 122
Laden/GV Wt (kgs): 252
AC Fitted: NO

Seating Cap(m all)
Sleepar Cap
Colour
Other Criteria

BLACK
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: 25-Apr-2025
OTI Date: 25-Apr-2025
Vehicle is Govt./ Pvt.: PRIVATE
Date of Approval: 30-May-2025

Sale Amt
Amount/Rept No
Tax Exempted or Not

82461/-
8247 / UP53D25040008643
NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details
Previous Owner
Old State
Transfer Date

Previous RegNo
Entry Date
Conversion Date

This certificate is valid from 29-Apr-2025 to 28-Apr-2040

Date: 12-Jun-2025 15:51:24

Taxation Particulars / Advance Registration Mark For Details

Signature of RTO
मोटर 12-जून-2025
गोरखपुर

Uttar Pradesh

भारत सरकार
Government of India

आधार

धनश्याम गौतम
Ghanshyam Gautam
जन्म तिथि DOB: 01/05/1999
पुरुष Male

Issue Date: 13/07/2020

Download Date: 28/07/2020

3782 3363 4950

मेरा आधार, मेरी पहचान

भारतीय विचित्र पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता :
आलय : रामनयन औरंगाबाद, मुगलान सिरसिया उर्फ
भरवसिया, मुल्तिया गोरखपुर
उत्तर प्रदेश - 273013

Address :
S/O : Ramnayan aurangabad, mugalan sirsiya urf
bharwasiya, Guleriha Gorakhpur
Uttar Pradesh - 273013

3782 3363 4950

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



Indian Union Driving Licence



Issued by Uttar Pradesh

UP53 20250010191

Issue Date 02-04-2025 Validity (NT) 01-04-2035 Validity (TR)*



Holder's Signature

Name: GHANSHYAM GAUTAM

Date of Birth: 01-05-1989 Blood Group:

Son/Daughter/Wife of: RAMNAYAN

Organ Donor: N

Address:

AURANGABAD MUGALAN SIRSIYA URF
BHARWALIYA GULLIAR GULLARIHA SAJUANWA
GORAKHPUR UTTAR PRADESH 273013

Date of First Issue 02-04-2025

INDIA UP, INDIA

DL No: UP53 20250010191

UPDL531000016306

Invalid Carriage (Regn Numbers)*

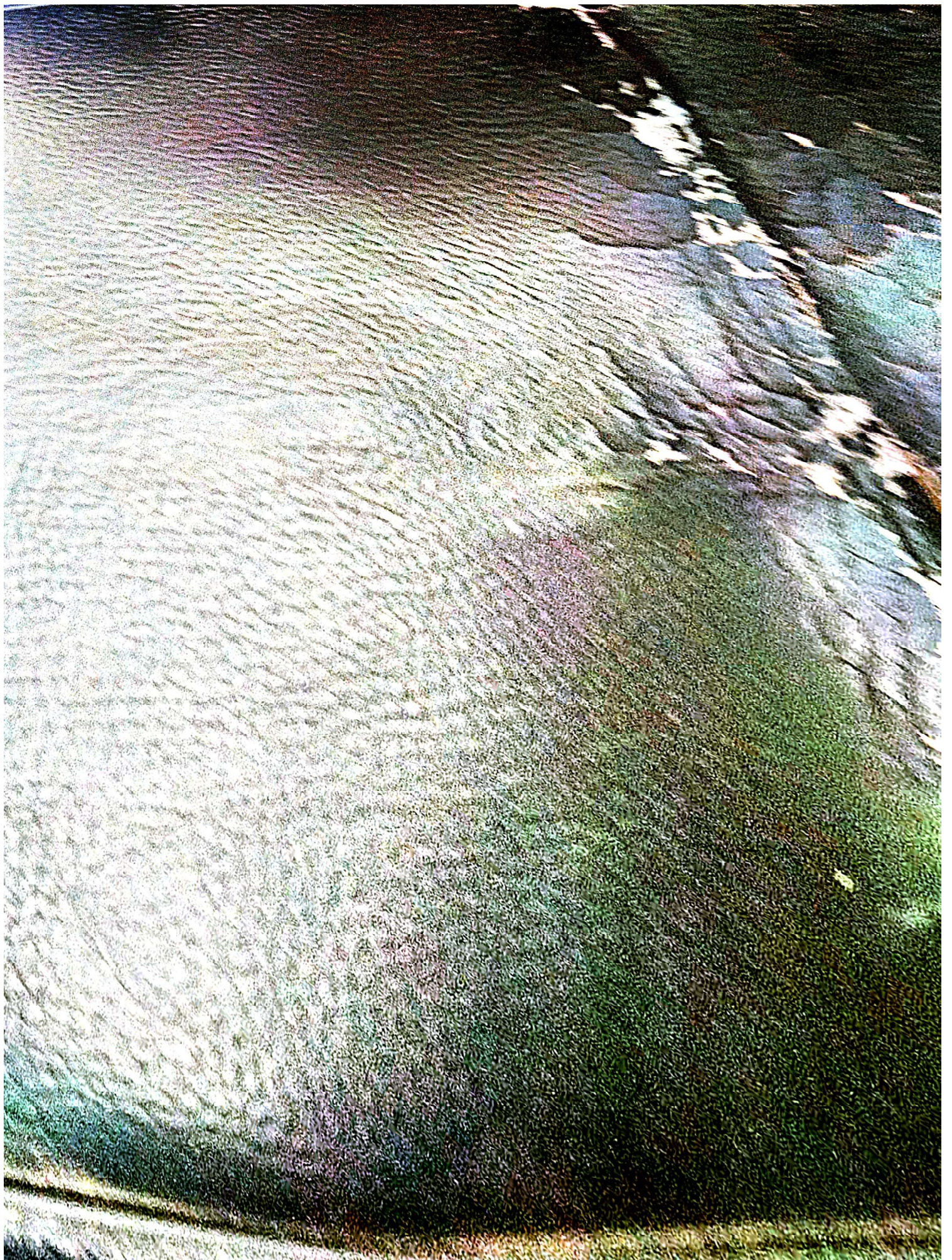
Hazardous Validity* Hill Validity*



Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCTWG	UP53	UP53	02-04-2025	NT			
LMV	UP53	UP53	02-04-2025	NT			
MVSD							

Emergency Contact Number

Issuing Authority
UP53 GORAKHPUR





भारत सरकार

Government of India

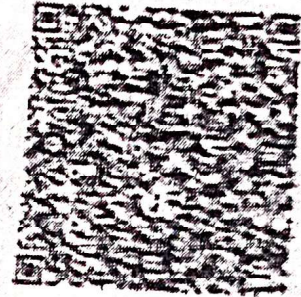


नन्दलाल

Nandlal

जन्म तिथि / DOB : 01/01/1995

पुरुष / Male



7382 7153 3503

आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: रमाशंकर, तरकुलहा,
तरकुलहा, भटहट, गोरखपुर, उत्तर
प्रदेश, 273306

Address:

S/O: Ramashankar, tarkulaha,
Tarkulaha, Bhathal, Gorakhpur,
Uttar Pradesh, 273306

7382 7153 3503



1947
1800 300 1947



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