

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-0126-129	Date	08-01-2026
Customer Name	MOHD RAFEEQUE	Contact No.	8808084853
VIN	MBLJAW131LHK03904	Model	PASSION PRO
Insurance Company		Reg No.	UP53DS5088
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	61000AAC800SS -FRONT FENDER BL-002M	87141090	Paid	850.85	1	9.00	9.00	0.00	0.00	0.00	0.00	1,004.00
2	3365BAAC80099S -WINKER ASSY L RR	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
3	3360BAAC80099S -WINKER ASSY R RR	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
4	18355AAC800S -COVER MUFFLER	87141090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
5	53200AAF410S -STEM COMP STRG	87141090	Paid	651.69	1	9.00	9.00	0.00	0.00	0.00	0.00	769.00
6	3310BAAC80099S -LIGHT ASSY HEAD	85122010	Paid	550.85	1	9.00	9.00	0.00	0.00	0.00	0.00	650.00
7	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
8	64100AAC800S -WIND SCREEN	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
9	61322AAC800ZS -SIDE COVER R FR COWL	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
10	61323AAC800ZS -SIDE COVER L FR COWL	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
11	61325AAC800S -BEZEL FR COWL	87141090	Paid	126.27	1	9.00	9.00	0.00	0.00	0.00	0.00	149.00
12	61301AAC800S -COWL FRONT	87141090	Paid	378.81	1	9.00	9.00	0.00	0.00	0.00	0.00	447.00
13	8340BAAC800S -PANEL INNER SUB ASSY	87141090	Paid	238.14	1	9.00	9.00	0.00	0.00	0.00	0.00	281.00
14	61312AAC800S -STAY METER MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
15	53100AAC800S -PIPE STRG HANDLE	87141090	Paid	265.25	1	9.00	9.00	0.00	0.00	0.00	0.00	313.00
16	53230AAF400S -BRIDGE COMP. FORK TOP	87141090	Paid	185.59	1	9.00	9.00	0.00	0.00	0.00	0.00	219.00
17	83550AAC800S -COVER SIDE RIGHT	87141090	Paid	158.47	1	9.00	9.00	0.00	0.00	0.00	0.00	187.00

Parts Total

0.00 6,874.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-PASSION PRO	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
Labour Total

6,874.00
1,770.00

SGST (Parts) 9%	524.29
CGST (Parts) 9%	524.29
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	8,644.00

rupees in Words: Eight Thousand Six Hundred Fourty Four Only

Authorised Signatory

10515 - Main WS

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.	Mohd RAFFEEQUE 8808084852
2	Vehicle No. / वाहन संख्या	UP53D55088.
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	08/11/25 to 07/11/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/26 @ 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	Bargahi Gharakhya
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohd. RAFFEEQUE UP5620140000326
8	Estimated Loss / अनुमानित हानि	8644
09.	Cause of Accident / दुर्घटना का कारण :	उपरोक्त रश्मि पट जाड़ी चलते समय सामने से दुसरी गाड़ी ने टक्कर मार दिया जिससे जाड़ी गिरकर क्षतिग्रस्त हो गई
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 / फ़ोन नं.	M. B. MOTOR 8818237680

Mohd Raffeeque

Date / दिनांक :

हस्ताक्षर 08/01/26

Mohd Raffeeque

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. _____

Tel. No. _____

Period of Insurance 08/11/85 to 07/11/86
 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 : Mohd. Rafique
 (b) Address for correspondence : Gurgaon 8808084852
 (c) Telephone : _____

2. THE INSURED VEHICLE

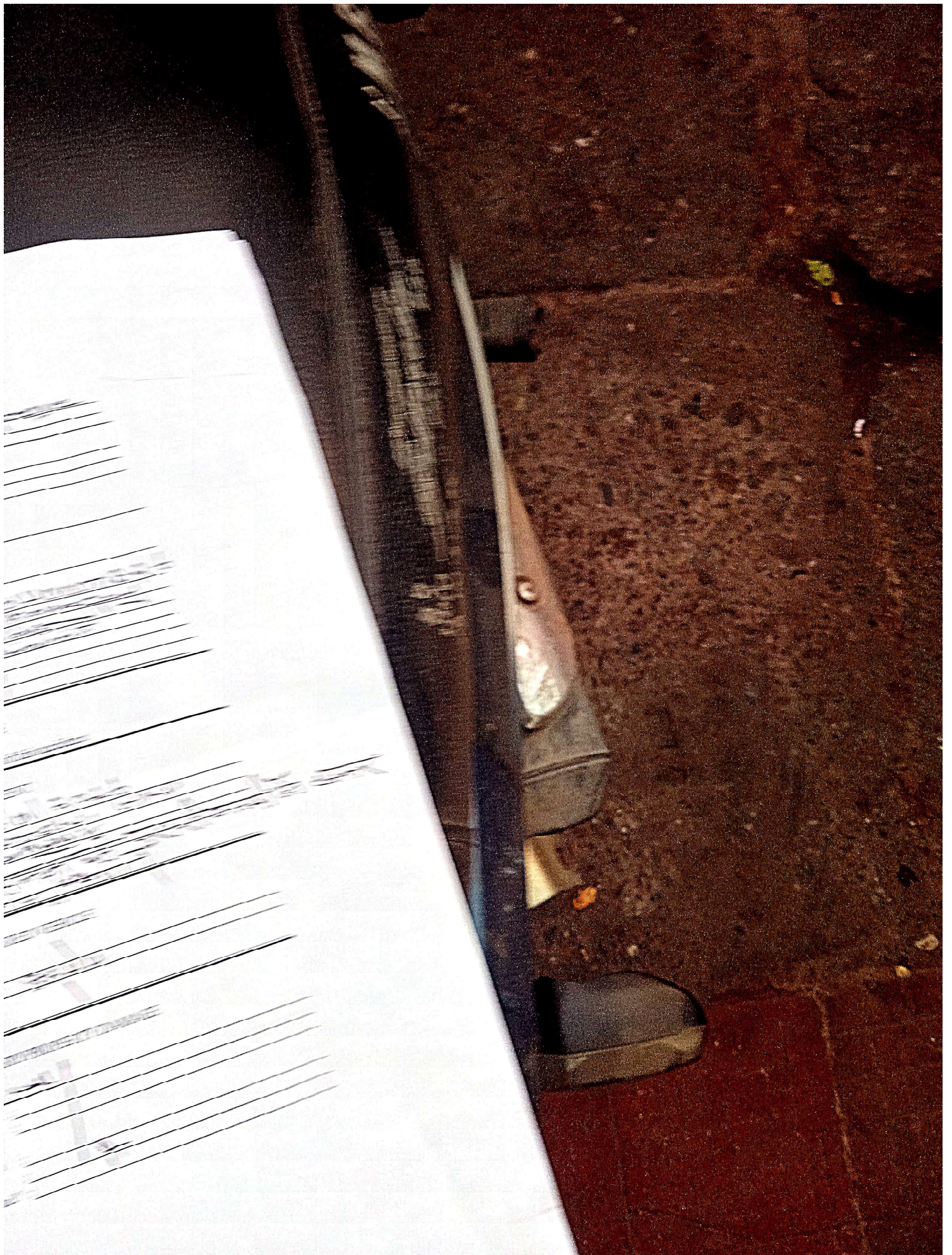
Make & Year <u>Hero</u> <u>2020</u>	Engine No. <u>82761</u> Chassis No. <u>02904</u>	Registration No. <u>UP53</u> <u>255088</u>
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- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? 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 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 | <u>A</u> |



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 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 8/01/20 200

✓ Mohd Rafique
Signature of the insured _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Mohd. Raheque
(b) Age : 34 years
(c) Address :
(d) Is the Driver :
1. Owner : owner
2. paid driver? :
3. Owner's relative or friend? :
(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 : UP5620140000826
(h) Issuing Authority : L.A. Mahabubnagar
(i) Date of Expiry : 07/01/2024
(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 : 07/01/2024
(b) Place : Bandhni GWP
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
श्रीमती श्री सुप्रिया देवी देवर
श्रीराम

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : 8644
(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

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. _____

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

Witness
Name
Signature
Address

✓ *Mold. Rafique*
Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Proposal for Two-Wheeler Policy - Bundled

Contract No: MS/2025/7001/O/46575/492712

Motorsathi Care Private Limited
Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Phone: 91 70410 50013
Email: info@motorsathi.com
Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
MOHD RAFEEQUE	1994-07-15	8808084853	ABDUL KAREEM	Hero Motocorp	SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
SPLENDOR PRO	UP53DS5088	JA06EVLHK39761	MBLJAW131LHK03904	2020-11-18	100
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV
34500.00	NA	0.00	0.00	0.00	34500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
GORAKHPUR	Solo			2	2345.03 -
Address			City / District	Pin Code	State
SARAI GULHARIA PO-GULHARIYA BAZAR			GORAKHPUR	273013	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
BADRUN NISHA	Male	50 Years	MOTHER	2025-11-08 12:15	Midnight of 2026-11-07

Section A. VRC: 635.01 ICR: 529.23 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1164.27
 Section B. FC: 604.00 EC Service: 106.00 ECPD: 0.00 Sub Total: 770.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 13
 Total with GST(B): 908.60
 Section C. MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D. Drive Assure: 230.64 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 41.52 Total with GST(D): 272.16
 Total(Section A+B+C+D) Offered Price After Discount: 2345

Package Period Covered	2025-11-08 To 2026-11-07	2026-11-08 To 2027-11-07	2027-11-08 To 2028-11-07	2028-11-08 To 2029-11-07	2029-11-08 To 2030-11-07
MS Services Period Covered (NODL)	34500	NIL	NIL	NIL	NIL
	1 Year	NIL	NIL	NIL	NIL

The vehicle covered in this contract have a valid TP coverage from 2025-11-08 until 2026-11-07.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) Organized Business or Pure Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1939.

LIMIT OF ACCIDENT LIABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/- The amount is intended as estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com

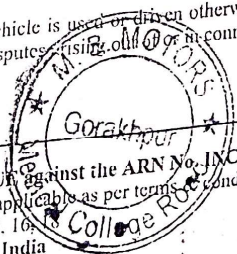
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability to comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No: 704105006



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.



Received with Thanks Rs 2345.03 ON 2025-11-08 from Mr./Ms. MOHD RAFEEQUE against the ARN No. INCP00492712
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22.10.2025
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION



Registration No
Description of Vehicle
Dealer's Name & Address
Owner Name
Full Address: (Permanent)
Full Address: (Temporary)
Fitness UpTo
Owner Serial No

: UP53DS5088
: M-CYCLE/SCOOTER
: M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , , -
: MOHD RAFEEQUE
: SARAI GULHARIA, P.O-GULHARIYA BAZAR, , GORAKHPUR, UTTAR PRADESH-273013
: SARAI GULHARIA, P.O-GULHARIYA BAZAR, , GORAKHPUR-UTTAR PRADESH-273013
: 17-Nov-2035
: 1

Registration Date : 18-Nov-2020
Purpose For Printing RC : NEW
Son/wife/daughter of : ABDUL KAREEM
Tax UpTo : One Time

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
: AA2018815314
: SOLO WITH PILLION
: 1
: JA06EWLHK39761
: 9.02
: PASSION PRO (DISC-SELF-CAST)

Link Vehicle No : BHARAT STAGE VI
Norms
Rear HSRP No : AA2019450281
Month/Year of Manuf. : 10/2020
Chassis No : MBLJAW131LHK03904
Fuel : PETROL
Cubic Capacity : 113.20
Wheel base : 1270

Seating Cap(in all)
Sleepar Cap
Colour
Other Criteria
Vehicle Purchase As

: 2
: 0
: TECHNO BLUE METALLIC
: Fully Built
Standing Cap : 0
Unladen Wt (kgs) : 118
Laden/GV Wt (kgs) : 248
AC Fitted : NO

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 : 22-Oct-2020
OTT Date : 22-Oct-2020
TaxUpTo : One Time
Tax Exempted or Not : NOT EXEMPTED
Other State/Transfer/Conversion Details
Previous Owner
Old State
Transfer Date

Sale Amt : 68700/-
Amount/Rcpt No : 6870 / UP53D20100004946
Vehicle is Govt./pvt. : PRIVATE
Date of Approval : 18-Nov-2020
Previous RegNo
Entry Date
Conversion Date

This certificate is valid from 18-Nov-2020 to 17-Nov-2035

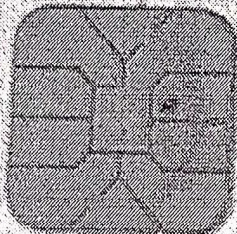
Signature of Registrar Authority
Date: 09-Feb-2021

Date : 09-Feb-2021 13:13:39
Taxation Particulars / Advance Registration Mark Fee Details

UNION OF INDIA Driving Licence



UP56-20140000326



जारी करने की तिथि
Date of Issue

वैधता / Validity

08/01/2014

07/01/2034

जन्म तिथि
Date of Birth

Blood Group

15/07/1994

Unknown

नाम / Name

MOHD RAFEEQUE

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

ABDUL KAREEM

Authority / Issuing Authority Sign

Holder's Signature

VILL - TARKILAWA URF BHATGAWA
POST - KARPUR TIWARI
M-HARJGANJ - 273201

Address

Form 7 (Rule 10A)



08/01/2014 08/01/2014

LMV
JACWG



UP00879554NT

UP56 20140000326

आयकर विभाग
INCOME TAX DEPARTMENT

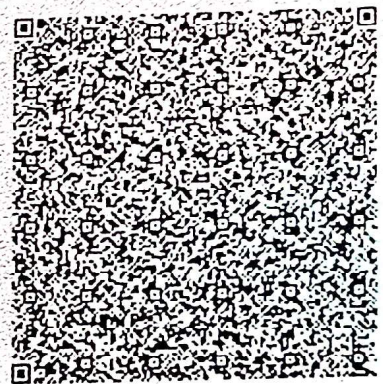


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BRQPR9437L



नाम / Name
MOHD RAFEEQUE

पिता का नाम / Father's Name
ABDUL KAREEM

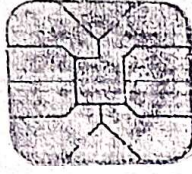
जन्म की तारीख / Date of Birth
15/07/1994

Mohd. Rafeeque
हस्ताक्षर / Signature 5761450

UNION OF INDIA Driving Licence



UP56 20140000326



जारी करने की तिथि
Date of Issue

वैधता / Validity

08/01/2014

07/01/2034

जन्म तिथि
Date of Birth

Blood Group

15/07/1994

Unknown

नाम / Name

MOHD. RAFEEQUE

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

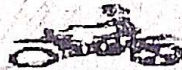
ABDUL KAREEM

UP56 20140000326

UP50879554MT



LMV
08/01/2014



MCWG
08/01/2014



Form 7 Rule 16(2)

पता / Address

VILL - TARKULAWA URF-BHATGAWA
POST - HARPUR TIWARI
MAHARAJGANJ - 273301

Holder's Signature

जारीकर्ता / Issuing Authority Sign