

ESTIMATE

Estimate No. 10730-03-REST-0126-764
 Customer Name SHIVAM KUMAR ..
 VIN MBLJAW406RGF05630
 Insurance Company
 HMCGL Card No 1073024810004206
 Part Details

Date 08-01-2026
 Contact No. 9506432153
 Model SUPER SPLENDOR XTEC
 Reg No. UP31CK1152
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
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	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
4	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
5	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
6	K50508AANNB00S -KIT ENGINE GUARD	87149100	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
7	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.51	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
8	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
9	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	432.20	1	9.00	9.00	0.00	0.00	0.00	0.00	510.00
10	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
11	17520ADG000US -FUEL TANK BL(BR)-021M(F)	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
Parts Total											0.00	16,715.00

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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	16,715.00
Labour Total	2,000.10
SGST (Parts) 9%	1,274.87
CGST (Parts) 9%	1,274.87
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	18,715.10

Rupees in Words: Eighteen Thousand Seven Hundred Fifteen and paise Ten Only

Authorised Signatory

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.

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.F.R.U.T

Oriental Insurance Co Ltd
महाराष्ट्र 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.	SHIVAM KUMAR, 9506432153
2	Vehicle No. / वाहन संख्या	UP31CK1152
3	Policy No. / पालिसी संख्या	252400/31/2025/83220
4	Period of Insurance / बीमा अवधि	05/02/2025 से 04/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/01/2026, 9:30AM
6	Place of Accident / दुर्घटना का स्थान	जिला अस्पताल हामावेन्द के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ABHISHEK KUMAR VERMA, 8795770026, UP3120110019694
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	खोरी से ओपन जा रहे थे तभी अचानक जिला अस्पताल एवं हामावेन्द के पास लामने दाहिनी ओर से आती वाहन से टक्कर मार दी जिससे मेरी गाड़ी बायीं ओर गिरकर चरित्रगस्त 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 / फोन नं.	MASARAM AUTO SALES LRP ROAD LAKHIMPUR KHARI, 9151154036

Date / दिनांक : 06/01/2026
हस्ताक्षर


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. 252400/31/2025/83220

Tel. No.

Period of Insurance 05/02/25 to 04/02/26
 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 : SHIVAM KUMAR
 (b) Address for correspondence : NO. SARKHANPUR, KHARI, PS-KHARI, UP-262702
 (c) Telephone : 9506432153

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMRGF06726</u> Chassis No. <u>MBLJAW406RGF05630</u>	Registration No. <u>UP31CK</u> <u>1152</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
 1. Was a side-car attached
 2. Was a pillion rider carried

N/A

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

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ABHI SHEKKUMAR VERMA
 (b) Age : 30/05/1988
 (c) Address : SARKHANPUR, PO-KHERI, LAKHIMPUR-KHERI
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAI
 (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 : UP31 2011 0019674
 (h) Issuing Authority : 22/06/2023
 (i) Date of Expiry : 07/11/2031
 (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 : 03/01/2026, 9:30 AM
 (b) Place : पिप्रा अस्पताल इलासेन्टर के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : पिप्रा अस्पताल इलासेन्टर के पास सामने दहिरी और के आगे वाले के बचकर मार में गिरते थे।
 (e) If any third party was responsible for this accident give the name and address : श्री अशोक कुमार सातगढ़ के पास

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : FRONT/RIGHT/LEFT
 (b) Estimated cost of repairs : MO SARAMA AUTO SALES LR ROAD
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR KHERI, 9151154036

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? : _____
 N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured?
- (b) If yes, give full details

_____ N/A

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?
- (f) Has theft been reported to Police?
- (g) When?
- (h) Which Police Station?
- (i) C.R. diary Number

_____ N/A

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 06/01/2006

Signature of the insured Shivan

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. UP 31K115 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 Shivan
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

FORM 60**[See third provision to of Rule 114B]**

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant शिवम कुमार, S/O: जमुना प्रसाद
R/O: सरखनापुर, खीरी, उदुपि प्रदेश - 262702

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, शिवम कुमार do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 06/01/2026

Place KHERRI

Shivan

Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B; para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2025/83220), Agent/Broker Code (BA000155144), Insured Name (SHIVAM KUMAR), Insured Address (C/O SRI JAMUNA PRSAD, R/O SARKHANPUR, KHERLPS- KHERI, LAKHIMPUR KHERI, NA).

INSURED MOTOR VEHICLE DETAILS and INSURED DECLARED VALUE (IDV) (in Rs.). Includes Make (HERO MOTOCORP), Model (HERO SUPER SPLENDOR DRS XTECH), Registration No (NEW), Year of Manufacture (2025), Engine-Chassis No (JA07AMRGF06726 - MBLJAW406RGF05630), Cubic Capacity (125), Seating Capacity (1 + 1), Type of Body (SOLO), Type of Fuel (PETROL), RTO Location, Vehicle (78338), Electrical Accessories (0), Non Electrical Accessories (0), Total IDV (78338), TMF CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area (INDIA).

Schedule Of Premium (Amount in Rs.). Own Damage Section (A) and Liability Section (B). Includes Vehicle (1312.95), Elec Accessories (0), Non-Elec Accessories (0), Basic Premium (1312.95), Geographical Area Extn (IMT -1) (0), Driving Tuition Loading On OD Premium (60%) (0), Sub-Total Additions (0), Deductibles (Voluntary Deductibles (IMT 22A) (0), Anti-Theft Device (IMT-10) (0), AAI Membership (IMT-8) (0), No Claim Bonus (0), Discount for vehicle designed for handicapped (0), SIP Discount (1116), Sub-Total Deductibles (1116), Add-On Coverages (NIL Depreciation, Return to Invoice (0), Key Replacement (0), Consumables (0), Sub Total Add-on Coverages (0), Net own Damage Premium (A) (197)), Liability Section (B) (Basic Third Party Liability (3851), Compulsory PA Cover Premium (0), PA Cover for 0 Person Of Rs (0) each (IMT-16) (0), Legal Liability (WC) to driver (IMT-28) (0), Legal Liability to Employees (IMT-29) (0), Legal Liability to Passenger (IMT-46) (NA), Driving Tuition Loading On TP Premium (60%) (NA), PA Paid Driver, Conductor, Cleaner-GR36B3 (0), Net Liability Premium (B) (3851), Total Premium (A+B) (4048), GST (728), SERVICE TAX (0), STAMP DUTY (0.00), Swachh Bharat Cess@0.50% (0), Krishi Kalyan Cess@0.50% (0), Gross Premium Paid (4776)).

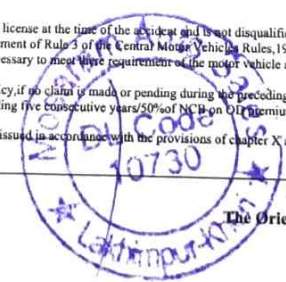
Nominee Details, Payment Details, and POS Name. Includes Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount (4776), POS Name (NA), POS ID, POS PAN NO/Aadhar No (NA).

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.org.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. I/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/their hands at 252400 on 05-FEB-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 MVAct, 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 trails (7) 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. 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), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding ten 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. I/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 : 2550925MD
Approved On : 05-FEB-25
Place : MRT
Printed On : 05-FEB-25



For and on behalf of The Oriental Insurance Company Limited

General Manager
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK1152 Registration Date : 07-Feb-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 : SHIVAM KUMAR Son/wife/daughter of : S/O SRI JAMUNA PRSAD
 Full Address: (Permanent) : R/O SARKHANPUR, KHERI, R/O SARKHANPUR, KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262702
 Full Address: (Temporary) : R/O SARKHANPUR, KHERI, R/O SARKHANPUR, KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262702

Fitness UpTo : 06-Feb-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 : AA2120938482 Rear HSRP No : AA2120644770
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2024
 No of Cylinders : 1 Chassis No : MBLJAW406RGF05630
 Engine No : JA07AMRGF06726 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : MATT NEXUS BLUE Laden/GV Wt (kgs) : 252
 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 : 05-Feb-2025 Sale Amt : 82461/-
 OTT Date : 05-Feb-2025 Amount/Rcpt No : 8247 / UP31D25020000978
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-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 07-Feb-2025 to 06-Feb-2040

Date : 05-Mar-2025 09:53:32

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 मऊ के वाहन विभाग
 Date : 05-Mar-2025
 लखीमपुर खेरी

Q 1568966

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20110019674

Issue Date: 22-06-2023 Validity (NT): 07-11-2031 Validity (TR)*: _____

Name: **ABHISHEK KUMAR VERMA**

Date of Birth: 30-05-1988 Blood Group: _____

Son/Daughter/Wife of: **GANGA RAM VERMA**


Address: **SARKHANI PUR POST KHERI LAKHIMPUR KHERI
 LAKHIMPUR, LAKHIMPUR KHERI 262702**

Holder's Signature: _____

Organ Donor: **N**

8795 770026
 अभिषेक कुमार वर्मा

DL No: UP31 20110019674 UPDL 000011188277

 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*
MCWG	MCWG	UP31	06-11-2011	MT			
LWV	LWV	UP31	06-11-2011	MT			
MVSD							

Emergency Contact Number: _____

Licensing Authority
 UP31 LAKHIMPURKHERI

Form 7 Rule 16(2)



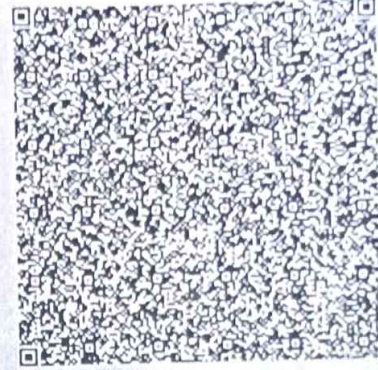
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date : 13/11/2020

पता: संबोधित: जमुना प्रसाद, सरखनपुर,
सरखानपुर, खीरी, उत्तर प्रदेश, 262702

Address: S/O: Jamuna Prasad, Sarkhanpur,
Sarkhanpur, Kheri, Uttar Pradesh, 262702



6135 2614 1041



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
Government of India



Issue Date : 03/12/2014



शिवम कुमार
Shivam Kumar
जन्म तिथि / DOB : 15/06/1997
पुरुष / Male



Shivam

6135 2614 1041

मेरा आधार, मेरी पहचान