

**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-0126-132	Date	09-01-2026
Customer Name	NUTAN CHHABRA.. .	Contact No.	9336649044
VIN	MBLJFN353PGM01888	Model	DESTINI PRIME
Insurance Company		Reg No.	UP53EW5902
HMCGL Card No	1051524530000225	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAY000RS -FRONT FENDER A ASSEMBLY (WH-004P)	87141090	Paid	1,522.88	1	9.00	9.00	0.00	0.00	0.00	0.00	1,797.00
2	64309ABS000SS -FRONT COVER LOWER	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
3	64303ABS000S -FRONT GRILL	87141090	Paid	450.00	1	0.00	0.00	0.00	0.00	0.00	0.00	450.00
4	6432AABS200SS -COVER R FLOOR SIDE SA PSWESM WH 004P	87141090	Paid	632.20	1	9.00	9.00	0.00	0.00	0.00	0.00	746.00
5	6433AABS200SS -COVER L FLOOE SIDE SA PSWESM WH 004P	87141090	Paid	632.20	1	9.00	9.00	0.00	0.00	0.00	0.00	746.00
6	3310BABS201S -LIGHT ASSY HEAD	85122010	Paid	504.24	1	9.00	9.00	0.00	0.00	0.00	0.00	595.00
7	18318ABS300S - PROTECTOR MUFFLER	87141090	Paid	229.66	1	9.00	9.00	0.00	0.00	0.00	0.00	271.00
8	83300ABSD00SS -BODY COVER RIGHT SIDE WH-004P	87141090	Paid	1,679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,982.00
9	83400ABSD00SS -BODY COVER LEFT SIDE WH-004P	87141090	Paid	1,679.66	1	9.00	9.00	0.00	0.00	0.00	0.00	1,982.00
10	53200ABS000S -STEM COMP STRG	87141090	Paid	1,706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	2,014.00
11	53205ABS000SS -COVER HANDLE FR PSW (WH-004P)	87141090	Paid	976.27	1	9.00	9.00	0.00	0.00	0.00	0.00	1,152.00
12	53206ABS000S -COVER HANDLE RR	87141090	Paid	162.71	1	9.00	9.00	0.00	0.00	0.00	0.00	192.00
13	61140ABSD00SS -WIND SCREEN WH-004P	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
14	53100ABS000S -HANDLE COMP. STRG	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
15	88120ABS000SS -MIRROR ASSEMBLY LEFT BACK WH-004P	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
16	88110ABS000SS -MIRROR ASSEMBLY RIGHT BACK WH-004P	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
17	61100AAY000RS -FRONT FENDER A ASSEMBLY (WH-004P)	87141090	Paid	1,522.88	1	9.00	9.00	0.00	0.00	0.00	0.00	1,797.00
18	64305ABS000SS -COVER FR UPPER PSW (WH-004P)	87141090	Paid	1,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
19	64303ABS000S -FRONT GRILL	87141090	Paid	450.00	1	9.00	9.00	0.00	0.00	0.00	0.00	531.00

110AAY000S -FRONT 87141090 Paid 73.73 1 9.00 9.00 0.00 0.00 0.00 0.00 87.00  
 ENDER B

Parts Total

0.00 18,658.00

our Details

0

No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	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	18,658.00
Labour Total	1,770.00
SGST (Parts) 9%	1,388.75
CGST (Parts) 9%	1,388.75
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
<b>Total</b>	<b>20,428.00</b>

Rupees in Words: Twenty Thousand Four Hundred Twenty Eight 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.
  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.

10515 - Main W/S

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.	NUTAN CHHABRA 9935144100
2	Vehicle No. / वाहन संख्या	UP53EW5902
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/40517
4	Period of Insurance / बीमा अवधि	12/02/2025 to 11/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/01/2026 9:30 AM
6	Place of Accident / दुर्घटना का स्थान	Medical College Road GVP
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Nutan Chhabra 9935144100 UP532024001969 6
8	Estimated Loss / अनुमानित हानि	
09	Cause of Accident / दुर्घटना का कारण:	उपरोक्त स्थान पर जाड़ी चलाते समय सामने अचानक जानवर आ गया जिससे जाड़ी अनियंत्रित होकर जानवर से टकराकर बायें तरफ जिं पर हाथी गिरा हुआ है
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 8318 237680

09/01/2026  
Date / दिनांक :  
हस्ताक्षर

✓ NUTAN CHHABRA  
Signature of Insured / बीमाधारक के

✓ NUTAN CHHABRA



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. MS/2025/7001/0/46575/

Tel. No. \_\_\_\_\_

Period of Insurance 12/02/2025 to 11/02/2026  
 Claim No. 110517

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 : Nutan Chhabra  
 (b) Address for correspondence : G-10 Saket Rd, Saket, New Delhi-110017  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Honda</u> <u>2024</u>	Engine No. <u>01882</u> Chassis No. <u>01886</u>	Registration No. <u>UP 52 EU</u> <u>5902</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 to be answered in commercial vehicles only:

- (a) Registered laden weight : NA  
 (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 : Nutan Ehabac  
(b) Age : 46 years  
(c) Address : Grosvenor  
(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 : UP 5820240019696  
(h) Issuing Authority : R.T.O  
(i) Date of Expiry : 23/05/2024  
(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? : 1

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 08/01/2026 9:30 AM  
(b) Place : Medical College road, GK  
(c) Speed of vehicle at the time of accident : 20 kmph  
(d) Give a short description of the accident  
(e) If any third party was responsible for this accident give the name and address : साथी ड्राइवर गिरा रसायन

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage  
(b) Estimated cost of repairs  
(c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : N  
(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

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.

Date 09/01/26 200

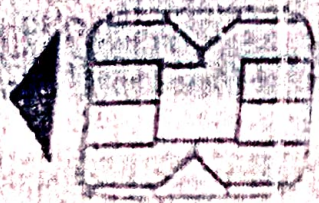
✓ Signature of the insured NUTAN CHHATSEN



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP53 20240019696



Issue Date  
24-05-2024

Validity (NT)  
23-05-2034

Validity (TR)



(24-05-2024)

Holder's Signature

Name:

NUTAN CHHABRA

Date of Birth: 26-11-1980

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: DHEERAJ CHHABRA

Address:

A/20/7 Surajkund Colony Surajkund Sati  
Mandir Ward Number 35 Gorakhnath M  
Gorakhpur Gorakhpur Uttar Pradesh 273015

Date of First Issue

DL No: UP53 20240019696

UPDL 000013452740



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	UP53	24-05-2024	MT			
	LMV	UP53	24-05-2024	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
53 GORAKHPUR

7. Obey the traffic Rules.

Form 7 Rule 16(2)

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

NUJAN CHHABRA

AMBRISH SRIVASTAVA

26/11/1980

Permanent Account Number

AWLPC5005E

Nujan  
Chhabra

Signature



1112012

Registration No : UP53EW5902  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , , 188-273004  
 Owner Name : NUTAN CHHABRA  
 Full Address: (Permanent) : A/20/7 SURAJKUND COLONY SURAJKUND, GORAKHPUR WARD NUMBER 35 SATI, MANDIR, GORAKHPUR-UTTAR PRADESH-273015  
 Full Address: (Temporary) : A/20/7 SURAJKUND COLONY SURAJKUND, GORAKHPUR WARD NUMBER 35 SATI, MANDIR, GORAKHPUR-UTTAR PRADESH-273015  
 Registration Date : 15-Feb-2024  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : W/O,DHEERAJ CHHABRA  
 Owner Serial No : 1  
 Fitness Up To : 14-Feb-2039

Detailed Description : M-CYCLE/SCOOTER  
 Class of Vehicle : INDIVIDUAL  
 Ownership : HERO MOTOCORP LTD  
 Maker's Name : AA2090317452  
 Front HSRP No : SOLO WITH PILLION  
 Type of Body : 1  
 No of Cylinders : JF17ERPGM01882  
 Engine No : 8.98  
 Horse Power(BHP) : DESTINI PRIME  
 Maker's Classification : 2  
 Seating Cap(in all) : 0  
 Sleepar Cap : PEARL SILVER WHITE  
 Colour :  
 Other Criteria : Fully Built  
 Vehicle Purchase As :  
 Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)  
 Link Vehicle No : BHARAT STAGE VI  
 Norms :  
 Rear HSRP No : AA2094154148  
 Month/Year of Manuf. : 12/2023  
 Chassis No : MBLJFN353PGM01888  
 Fuel : PETROL  
 Fuel : 124.60  
 Cubic Capacity : 1245  
 Wheel base : 0  
 Standing Cap : 115  
 Unladen Wt (kgs) : 245  
 Laden/GV Wt (kgs) : NO  
 AC Fitted

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 HDB FINANCIAL SERVICES LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 12-Feb-2024  
 Purchase dt : 12-Feb-2024  
 OTT Date : 12-Feb-2024  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 02-Mar-2024  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 This certificate is valid from 15-Feb-2024 to 14-Feb-2039  
 Sale Amt : 74555/  
 Amount/Rcpt No : 7456 / UP53D24020004306  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :  
 मोटर/पंजायत अधिकारी  
 मोटर संचालन विभाग  
 गोरखपुर (उ.प्र.)  
 Signature of Registering Authority  
 Date : 05-Mar-2024

Date : 05-Mar-2024 12:40:44  
 Taxation Particulars / Advance Registration Mark Fee Details

P 6130024

Contract No.: MS/2025/7001/O/46575/405117



**Motorsathi Care Private Limited**  
 B.D. Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Contact us at  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
NUTAN CHHABRA	1980-11-26	9336649044	W/O,DHEERAJ CHHABRA	Hero Motocorp	DESTINI
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
PRIME	UP53EW5902	JF17ERPGM01882	MBLJFN353PGM01888	2024-02-15	125
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
58500.00	NA	0.00	0.00	0.00	58500.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (in)
	Solo		---	2	1444.58
Address			City / District	Pin Code	State
A/20/7 SURAJKUND COLONY SURAJKUND, GORAKHPUR WARD NUMBER 35 SATI, MANDIR, Gorakhpur,				273015	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
PRAKHYATI CHHABRA	Female	18 Years	DAUGHTER	2025-02-12 18:57	Midnight of 2026-02-

Section A. VRC: 329.74 TCR: 276.12 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 605.86  
 Section B. EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total GST(B): 0.00

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: 710.78 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 127.94 Total with GST(D): 848.72

Total(Section A+B+C+D) Offered Price After Discount: 1445	2025-02-12 To 2026-02-11	2026-02-12 To 2027-02-11	2027-02-12 To 2028-02-11	2028-02-12 To 2029-02-11	2029-02-12 To 2030-02-11
Package Period Covered	58500	NIL	NIL	NIL	NIL
ADV	58500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year				

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-02-11 (DETAILS A PROVIDED BY THE CUSTOMER).

**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) c) Organized Racing d) Pace 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 or obtaining such 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 the Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** 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 mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App.

**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 misrepresentation, nondisclosure 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 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability shall 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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.:794105117  
 email id: info@motorsathi.com



**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 Aligarh

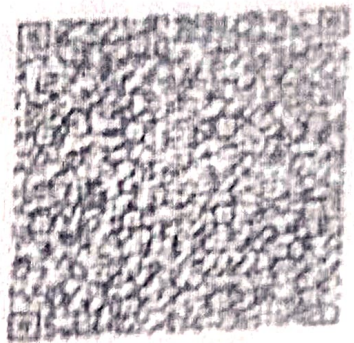
Received with Thanks Rs 1444.59 ON 2025-02-11 from Mr./Ms. NUTAN CHHABRA against the ARN No. INCP00405117  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



भारत सरकार  
Government of India



नूतन च्हाबरा  
Nutan Chhabra  
जन्म तिथि/DOB: 26/11/1980  
महिजा/ FEMALE



3422 4464 1856

मेरा आधार, मेरी पहचान

NUTAN



भारत सरकार  
Unique Identification Authority of India

Address:  
W/O, Dheeraj Chhabra, A/20/7  
Surajkund Colony, Surajkund, Sati  
Mandir, Ward Number 35,  
Gorakhpur, Gorakhpur,  
Uttar Pradesh - 273015

पता:  
धीरज च्हाबरा, ए/20/7 सूरजकुंड, सूरजकुंड,  
सती मंदिर, बॉर्ड नंबर 35, गोरखपुर, गोरखपुर  
उत्तर प्रदेश - 273015

NUTAN CHHABRA

FOR VEHICLE CLAIM

UP53EW5902

3422 4464 1856