

**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-0126-131	Date	09-01-2026
Customer Name	MOHAN .	Contact No.	9336995824
VIN	MBLHAW33XSHH11883	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP53FL7899
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	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
2	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
3	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
4	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
5	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
6	83410AAE930FS -VISOR FRONT S(D)-015M(F)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
7	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
8	61311AAE940S -STAY SPEEDO MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
9	61312AAE930S -STAY FRONT VISOR BOTTOM	87141090	Paid	37.29	1	9.00	9.00	0.00	0.00	0.00	0.00	44.00
10	35010AAE931S -KEY SET	83012000	Paid	762.71	1	9.00	9.00	0.00	0.00	0.00	0.00	900.00
11	37100AAE94099S -METER ASSEMBLY COMBINATION	87141090	Paid	2,929.66	1	9.00	9.00	0.00	0.00	0.00	0.00	3,457.00
12	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
Parts Total											0.00	13,094.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	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	13,094.00
Labour Total	1,770.00
SGST (Parts) 9%	998.69
CGST (Parts) 9%	998.69
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
<b>Total</b>	<b>14,864.00</b>

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.	MOHAN 8548090796
2	Vehicle No. / वाहन संख्या	UP58FL7899
3	Policy No. / पालिसी संख्या	252400/31/2026/40597
4	Period of Insurance / बीमा अवधि	06/10/2025 to 05/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/01/2026 5:30 P.M
6	Place of Accident / दुर्घटना का स्थान	Medical College Road, GKP
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mayank Chaudhary UP582025001652
8	Estimated Loss / अनुमानित हानि	14864
9	Cause of Accident / दुर्घटना का कारण : मोटर की गाड़ी मंयक चौधरी चला रहे थे मेडिकल कॉलेज के पास सड़क चला रहे गाड़ी वाले ने अचानक ब्रेक ले लिया जिससे गाड़ी उसमें लड़ गया जिससे गाड़ी क्षतिग्रस्त हो गया।	
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.

Date / दिनांक : 08/01/26  
हस्ताक्षर

मोहन

मोहन  
Signature of Insured / बीमाधारक के





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 : NA  
(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 : NA  
(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 08/01/26 200

Signature of the insured अमित

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 .....

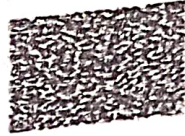
Signature .. *सि.एस.* .....  
Occupation .....  
Address .....  
.....  
.....

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





भारत सरकार  
मोहन  
Mohan  
जन्म तिथि/ DOB: 05/04/1973  
पुरुष / MALE



9135 3889 9068

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: रमाशंकर, 752/ए,  
कृष्णा नगर, रेलवे कालोनी,  
गोरखपुर, गोरखपुर,  
उत्तर प्रदेश - 273004

Address:

S/O: Ramashanker, 752/A, Krishna  
Nagar, Railway Colony, Gorakhpur,  
Gorakhpur,  
Uttar Pradesh - 273004

9135 3889 9068

Aadhaar-Aam Admi ka Adhikar

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

MOHAN  
RAMASHANKAR  
05/04/1973  
Permanent Account Number  
BKVPM2438J



1901201

मोहन  
Signature



**Indian Union Driving Licence  
Issued by Government of UTTAR PRADESH**



**UP53 20250040655**

Issue Date Validity(NT) Validity (TR)  
19-12-2025 09-07-2043 00-00-0000



19-12-2025



Holder's Signature

Name: **MAYANK CHAUDHRY**  
Date of Birth: **10-07-2003** Blood Group: Organ Donor: **N**  
Son/Daughter/Wife of: **MOHAN**  
Address:  
**752 A Krishna Nagar Colony Basharatpur Basharatpur Gorakhpur Sahjanwa  
Gorakhpur Uttar Pradesh 273004**

Date of First Issue

DL No : **UP53 20250040655**

DLUP00057415



Invalid Carriages (Regn. Numbers)\*

Hazardous Validity\* Hill Validity\*  
00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP53	19-12-2025	NT			
	LMV	UP53	19-12-2025	NT		00-00-0000	
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**Gorakhpur**





GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaper

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FL7899 Registration Date : 08-Oct-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004  
 Owner Name : MOHAN Son/wife/daughter of : RAMASHANKAR  
 Full Address: (Permanent) : 752/A KRISHNA NAGAR, RAILWAY, COLONY,, GORAKHPUR, UTTAR PRADESH-273004  
 Full Address: (Temporary) : 752/A KRISHNA NAGAR, RAILWAY, COLONY,, GORAKHPUR-UTTAR PRADESH-273004  
 Fitness UpTo : 07-Oct-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 : AA2136850509 Rear HSRP No : AA2138244744  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025  
 No of Cylinders : 1 Chassis No : MBLHAW33XSHH11883  
 Engine No : HA11FBSHH12582 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : MAT GUN MET GREY Laden/GV Wt (kgs) : 242  
 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)
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- 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	: 06-Oct-2025	Sale Amt	: 80517/-
OTT.Date	: 06-Oct-2025	Amount/Rcpt No	: 8052 / UP53D25100002954
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 31-Oct-2025		

Other State/Transfer/Conversion/Reassign Details

Previous Owner	:	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	:	Conversion Date	:

This certificate is valid from 08-Oct-2025 to 07-Oct-2040

Date : 15-Nov-2025 18:13:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date: 15-Nov-2025

कर/पंजायत विभाग  
मोटर वाहन विभाग

Q 4833935