

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-0126-133	Date	13-01-2026
Customer Name	SURENDRA YADAV	Contact No.	9324102570
VIN	MBLHAW472SHKK4238	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FN0575
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	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	K44446AAFB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	5,116.00
5	33650KCC710S -WINKER ASSY L RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
7	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
8	83410AAE3054S -FRONT VISOR NH-1 TYPE-4	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
9	61312AAE330S -STAY METER MOUNTING	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
10	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
11	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
12	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
13	51500KWA941S -FORK ASSY. L FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
Parts Total											0.00	18,201.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	18,201.00
Labour Total	1,770.00
SGST (Parts) 9%	1,388.21
CGST (Parts) 9%	1,388.21
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	19,971.00

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Sir / महोदय ,
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	Surendra Yadav. 8548817064.
2	Vehicle No. / वाहन संख्या	UP58FN 0572.
3	Policy No. / पालिसी संख्या	252400/81/2026/52867
4	Period of Insurance / बीमा अवधि	25/10/25 to 26/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/01/2026 2:30 P.M
6	Place of Accident / दुर्घटना का स्थान	महावरवार गोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shamboo Kumar Mishra UP5820160014242
8	Estimated Loss / अनुमानित हानि	12271
9.	Cause of Accident / दुर्घटना का कारण :	सुरेन्द्र के गाड़ी शम्भू कुमार मिश्रा चला रहे थे महावरवार के पास सामान्य अचानक जाकर आ गया जिसे गाड़ी टकराव के लिए दखिनाई होगी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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 8318 237680.

Date / दिनांक : 12/01/2026
हस्ताक्षर

Surendra Yadav

Signature of Insured / बीमाधारक के

Surendra Yadav



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. 252468/31/2026/52867

Tel. No. _____

Period of Insurance 27/10/25 to 26/10/2026
 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 : Sureshwar yadav
 (b) Address for correspondence : Gorampur
 (c) Telephone : 8543817064

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>L4103</u> Chassis No. <u>K4238</u>	Registration No. <u>UP52</u> <u>FN0575</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 : 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 : Shambhu Kumar Mishra
(b) Age : 29 years
(c) Address : Chhatrapati
(d) Is the Driver
1. Owner :
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 : UP5820160014242
(h) Issuing Authority : R.T.O. G.K.P.
(i) Date of Expiry : 14/06/2026
(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 : 11/01/2026 2:30 P.M
(b) Place : महाजनपुर, जौरबनपुर
(c) Speed of vehicle at the time of accident : 30 kmph
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : श्रीमान अचलक जौरबनपुर (महाजनपुर)

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : 19971
(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

Signature *Surenbra Yadav*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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. : _____ A

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 Police Station? : _____ A.
(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 12/01/26 200

Signature of the insured Surendra Yadav



भारत सरकार

Government of India

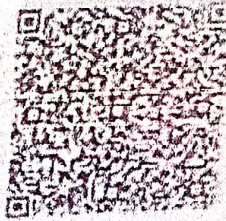


सुरेन्द्र यादव

Surendra Yadav

जन्म तिथि / DOB : 01/01/1993

पुरुष / Male



8778 2343 9490

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

आत्मज: राम सावर, मखनहा,
मखनहा, गोरखपुर, मखनहा, उत्तर
प्रदेश, 273165

Address:

S/O: Ram Sawar, makhnaha,
Makhanha, Gorakhpur,
Makhanaha, Uttar Pradesh,
273165

8778 2343 9490



1947
1999 2000 1947



help@uidai.gov.in



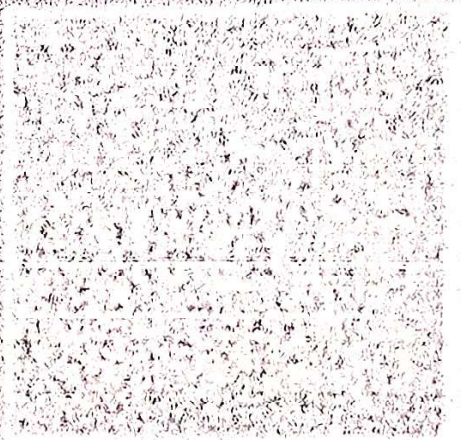
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BASPY1993H





नाम / Name
SURENDRA YADAV

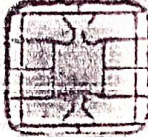


पिता का नाम / Father's Name
RAM SAWAR

जन्म की तारीख / Date of Birth
01/01/1993


हस्ताक्षर / Signature




UNION OF INDIA Driving Licence


UP53 20160014242


	जारी करने की तिथि Date of Issue 15/06/2016	वैधता / Validity  14/06/2036	
नाम / Name SHAMBHOO KUMAR NISHAD	जन्म तिथि Date of Birth 01/12/1997	Blood Group Unknown	

पिता/पति का नाम / Son/Daughter/Wife of
RAM DARASH NISHAD

UP53 20160014242
UP04111147MT

	
LMV 15/06/2016	MCWG 15/06/2016

पता / Address
**VILL-LAKSHMIPUR TOLA MACHHRIHAN
 PO-SARHARI PS-PIPIGANJ
 GORAKHPUR - 273165**

जारीकर्ता / Issuing Authority Sign

GORAKHPUR

Holder's Signature

Form 7 Rule 16(2)

Printed On: 12-Jan-2026 13:52:29



GOVERNMENT OF UTTAR PRADESH
Transport Department
Gorakhpur RTO, Uttar Pradesh

RECEIPT/APPL No:
Vehicle Class:
Received From:
Receipt date:
Chassis No:
FinancerName
Bank Ref No:
Remarks:

UP53D25100017329/UP25102679006471
M-Cycle/Scooter
SURENDRA YADAV
29-Oct-2025
MBLHAW472SHKK4238
HERO FINCORP LTD
CHV0626007
ONLINE-PAYMENT

Vehicle No:
Sale Amount :
Transaction Id:

UP53FN0575
74999/-
UPY2510293625476

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(26-Oct-2025 to One Time)	7500	0	7500

GRAND TOTAL (in Rs): 8300/- (EIGHT THOUSAND THREE HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).
(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

PRIYANKA
M.B. MOTORS

Customer Copy



GOVERNMENT OF UTTAR PRADESH
Transport Department
Gorakhpur RTO, Uttar Pradesh

Printed On: 12-Jan-2026 13:52:29



RECEIPT/APPL No:
Vehicle Class:
Received From:
Receipt date:
Chassis No:
FinancerName
Bank Ref No:
Remarks:

UP53D25100017329/UP25102679006471
M-Cycle/Scooter
SURENDRA YADAV
29-Oct-2025
MBLHAW472SHKK4238
HERO FINCORP LTD
CHV0626007
ONLINE-PAYMENT

Vehicle No:
Sale Amount :
Transaction Id:

UP53FN0575
74999/-
UPY2510293625476

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(26-Oct-2025 to One Time)	7500	0	7500

GRAND TOTAL (in Rs): 8300/- (EIGHT THOUSAND THREE HUNDRED ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).
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PRIYANKA
M.B. MOTORS