

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-0126-134		Date		13-01-2026						
Customer Name		MOI IAAHMAD YOUSUF		Contact No.		6393738584						
VIN		MBLHAW231SHBA6017		Model		SPLENDOR +						
Insurance Company		1051525550000690		Reg No.		UP53FF4704						
HMCGL Card No				HMCGL Card Category		Gold						
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	37100AAE30099S -METER ASSY COMB	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	0.00	0.00	1,175.00
3	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
4	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
5	61312AAE330S -STAY METER MOUNTING	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
6	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
7	83410AAEC00XS -FRONT VISOR NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
8	35010AAE301S -KIT, LOCKS & KEYS"	83012000	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
9	37610AAE102S -CASE UPPER ASSY	87141090	Paid	132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	156.00
10	37612AAHA12S -CASE UNDER ASSY	87141090	Paid	99.15	1	9.00	9.00	0.00	0.00	0.00	0.00	117.00
11	37614KCC900S -COV. UNDER CASE	87141090	Paid	55.08	1	9.00	9.00	0.00	0.00	0.00	0.00	65.00
12	37619AAE30099S -SOCKET COMP	85122010	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
13	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
14	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
15	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
16	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
17	K44446AAFD230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
18	17520AAEC00XS -FUEL TANK(BLACK (TYPE 6)NH-1 (T6)(X)	87141090	Paid	4,100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	4,839.00
19	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
20	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
21	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
22	81200AAD300S -CARRIER REAR.	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00

88120AAEH31S -MIRROR	70091090	Paid	110.04	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00	
ASSEMBLY LEFT BACK	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00	
53178AAFH00S -LEVER												
COMP.L STRG.HNDL.												
Parts Total											0.00	20,251.00

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	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
Jobs Total											0.00	2,950.00
Parts Total												20,251.00
Labour Total												2,950.00
SGST (Parts) 9%												1,544.57
CGST (Parts) 9%												225.00
SGST (Labour) 9%												225.00
CGST (Labour) 9%												23,201.00
Total												

Authorised Signatory

Rupees in Words: Twenty Three Thousand Two Hundred Only

10515 - Main W/S

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.	मोहम्मद युसुफ 6393738584
2	Vehicle No. / वाहन संख्या	UP53 FF 4704
3	Policy No. / पालिसी संख्या	252400/31/2025/96269
4	Period of Insurance / बीमा अवधि	25/01/2025 to 12/03/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/01/26 Time - 8:00pm
6	Place of Accident / दुर्घटना का स्थान	पिपराईच
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5320210022248 {88409538 मो. अनिश 18}
8	Estimated Loss / अनुमानित हानि	23201
09.	Cause of Accident / दुर्घटना का कारण :	मो. युसुफ की गाड़ी मो. अनिश चला रहे थे। पिपराईच के पास आगे चल रही चारू पहिया वाहन ने जैस का मिथा जिससे मेरी गाड़ी उस वाहन से टकराकर निचे गिर कर क्षतिग्रस्त हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/
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 8818237680

Mohad. Yusuf
Signature of Insured / बीमाधारक के

Date / दिनांक : 18/01/26
हस्ताक्षर

Mohad. Yusuf



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. 252400/31/2025/96269

Tel. No. _____

Period of Insurance 20/08/25 to 19/03/26
 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. Yusub
 (b) Address for correspondence : Gurgaon
 (c) Telephone : 6393788584

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>46030</u> Chassis No. <u>A6017</u>	Registration No. <u>UP53FF</u> <u>4704</u>
---	---	--

- 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 _____

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 : A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mohd. Anish
(b) Age : 27 years
(c) Address : Ghazipur
(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 : UP 5320210002248
(h) Issuing Authority : R.T. 3 - GMP
(i) Date of Expiry : 12/12/2029
(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 8 P.M.
(b) Place : Ghazipur
(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 :
अज्ञात वही व्यक्ति अनामित के रूप में लिखा

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs : 23201
(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

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.

Signature of the insured Mohad Yusuf

Date 13/01/26 200

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/-

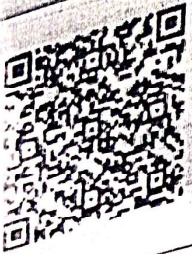
Witness
Name
Signature
Address

Signature Mohad. Yusuf
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

UPDL000006356088

DL No: UP53 20210022248



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	15-09-2021	NT			
	LMV	UP53	15-09-2021	NT			

[Signature]
Licensing Authority
UP53 GORAKHPUR

Emergency Contact Number

Form 7 Rule 16(2)



Indian Union Driving Licence Issued by Uttar Pradesh

UP53 20210022248

Issue Date: 15-09-2021
Validity (NT): 12-12-2039

Validity (TR)*



Holder's Signature

Name: MOHD ANISH

Date of Birth: 13-12-1999

Blood Group:

Son/Daughter/Wife of: MOHAMMAD YOUNUS

Address: MOHANAPUR GOSI PURVA JUNGAL HAKEEM NO2 P
A C CAMP GORAKHPUR Gorakhpur, UP 273014

Organ Donor: Y



(15-09-2021)

Date of First Issue

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

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

: UP53FF4704
: M-CYCLE/SCOOTER
: M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004
: MOHAAMMAD YOUSUF
: JANGL HAKEEM NO2 MOHANAPUR, GHOSIPURWA, , GORAKHPUR, UTTAR PRADESH-273014
: JANGL HAKEEM NO2 MOHANAPUR, GHOSIPURWA, , GORAKHPUR-UTTAR PRADESH-273014
: 21-Mar-2040
Registration Date : 22-Mar-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : MOHAMMAD YOUNUSH

Full Address: (Temporary)

Fitness UpTo

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA1039714122
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11E8SHB46030
Horse Power(BHP) : 7.91
Maker's Classification : SPLENDOR+ (DRS)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : BLACK GREY STRIPE
Other Criteria :
Vehicle Purchase As : Fully Built
Owner Serial No : 1
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2120691807
Month/Year of Manuf. : 02/2025
Chassis No : MBLHAW231SHBA6017
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1236
Standing Cap : 0
Unladen Wt (kgs) : 109
Laden/GV Wt (kgs) : 239
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 IDFC FIRST BANK LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 20-Mar-2025.

Purchase dt : 20-Mar-2025
OTT Date : 20-Mar-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 09-Apr-2025
Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Sale Amt : 77026/-
Amount/Rcpt No : 7703 / UP53D25030005862
Tax Exempted or Not : NOT EXEMPTED
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 22-Mar-2025 to 21-Mar-2040

कर/पंजीयन अधिकारी
गोरखपुर
Registering Authority
Date : 29-Apr-2025


Date : 29-Apr-2025 17:11:08
Taxation Particulars / Advance Registration Mark Fee Details

Q 2714333

4/29/2025, 5:11 PM

भारत सरकार
भारत

Issue Date: 01/01/2012



मोहम्मद युसुफ
Mohaammad Yousuf
जन्म तिथि / DOB : 21/06/2001
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

6811 1400 3960

मेरा आधार, मेरी पहचान

भारत सरकार
भारत

Issue Date: 04/09/2012

पता: पूर मोहम्मद युसुफ, मोहनपुर घोसिपुरवा,
अमल हकीम नं २, गोरखपुर, उत्तर प्रदेश,
273014
Address: S/O MOHAMMAD YOUNUSH,
MOHANAPUR GHOSIPURWA, Jangl
Hakim No2, Gorakhpur, Uttar Pradesh,
273014



6811 1400 3960

1947 help@uidai.gov.in www.uidai.gov.in



The Oriental Insurance Company Ltd. (भारत सरकार का उपक्रम) Policy Schedule

(Govt. of India Undertaking) Report ID: POLR0928 U66010DL1947GOI007158 Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570 (GSTIN: 09AAACT0627R4ZU)

Table with policy details: Policy Type (BUNDLED POLICY), Policy No (252400/31/2025/96269), Agent/Broker Code (BA0000155144), Agent/Broker Name (AJHINAV BHATI), Insured Name (MOHAMMAD YOUSUF), Insured Address (C/O MOHAMMAD YOUSUF, MOHANAPUR GHOSIPURWA JANGAL HAKIEM NO 2, GORAKHPUR, N.A., UTTAR PRADESH)

INSURED MOTOR VEHICLE DETAILS: Make (HILRO MOTOCORP), Model & Variant (HILRO SPLENDOR PLUS E20), Registration No (NEW), Year of Manufacture (2025), Engine/Chassis No (HAIH8SHH46030 - MBLHAW231SHBA6017), Cylinders (100), Seating Capacity (1+1), Type of Body (SOLO), Type of Fuel (PETROL), LTO Location

INSURED DECLARED VALUE (IDV) (In Rs.): Vehicle (73175), Electrical Accessories (0), Non-Electrical Accessories (0), Total IDV (73175), TMS CONTRACT NO, Policy Type (Zone B - Rest of India), Geographical Area (INDIA)

Schedule Of Premium (Amount in Rs.)

Table with premium sections: OWN DAMAGE SECTION (A) (1226.41), LIABILITY SECTION (B) (3851), and various sub-sections like Vehicle, Basic Premium, Driving Tuition Loading, etc.

- Note: 1. Policy Issuance is the subject to the realisation of cheque 2. Consolidated Stamp Duty paid via Challan No 3. The Policy is subject to a compulsory Deductible of Rs 0 (0) (MT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements IMT, 7, 10, 28.

Table with payment details: Insured Name (NA), Cheque No./Transaction No., Bank Name (IDFC First Bank Ltd), Financier Name (NA), POS ID, Financier Branch (POS PAN NO/Aadhar No), Amount (4891)

Event of a claim under the policy exceeding Rs. 1000 or a claim for refund of premium exceeding Rs. 1000, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our... (Terms and conditions text)



Approved By: 2550928MID, Approved On: 20-MAR-25, Place: MKT, Printed On: 20-MAR-25

For and on behalf of The Oriental Insurance Company Limited, General Manager, Authorized Signature

आयकर विभाग
INCOME TAX DEPARTMENT

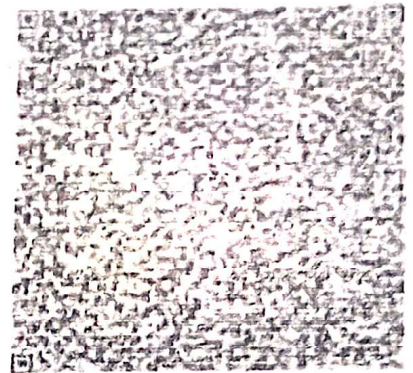


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BBDPY1039C



नाम / Name
MOHAMMAD YOUSUF

पिता का नाम / Father's Name
MUHAMMAD YUNUS

जन्म की तारीख /
Date of Birth
21/06/2001

Muhamd Yusuf
हस्ताक्षर / Signature

01072019