

**DEEPA CHAND TRADERS**  
 NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, U.P., India  
 State Code: 9 Contact: /0549239/0, 1, 1  
 GSTIN No: 09BKDP2013C2ZN  
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 66516-05-REST-0126-10 Date 13-01-2026  
 Customer Name DURGESH KUMAR Contact No. 9161608129  
 Address Card 4928 1360 6720  
 VIN MBLHAW233RGL02302 Model SPLENDOR +  
 Insurance Company Motorsathi Solutions Reg No. UP53FL3247  
 HMCGL Card No HMCGL Card Category


S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	UTGST %	IGST %	Discount %	Net Amount
1	5510AAEH31S-MIRROR	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	145.00
2	ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	145.00
3	ASSEMBLY LEFT BACK	70091090	Paid	389.83	1	9.00	9.00	0.00	0.00	460.00
4	HANDLE	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	84.00
5	COMPL STRG.HNDL	87141090	Paid	995.76	1	9.00	9.00	0.00	0.00	1,175.00
6	ASSY CCM2	87141090	Paid	663.66	1	9.00	9.00	0.00	0.00	783.00
7	VISOR NH-1(T5)	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	279.00
8	ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	535.00
9	ASSY LFR	65122010	Paid	160.44	1	9.00	9.00	0.00	0.00	220.00
10	COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	875.00
11	COMP FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	2,120.00
12	COMPLETE FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	792.00
13	50803KST940S-GUARD	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	622.00
LEC										0.00
Labour Details										8,225.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	UTGST %	IGST %	Discount %	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR	998729	Paid	500.00	9.00	9.00	0.00	0.00	590.00	
Jobs Total										0.00
Parts Total										8,225.00
Labour Total										590.00
SGST (Parts) 9%										627.33
CGST (Parts) 9%										627.33
SGST (Labour) 9%										45.00
CGST (Labour) 9%										45.00
Total										8,815.00




**Indian Union Driving Licence**  
Issued by **Uttar Pradesh**

**UP53 20230012267**



Issue Date: 26-05-2023  
Validity (NT): 01-07-2035  
Validity (TR): -----




Holder's Signature

Date of First Issue: 26-05-2023

Name: **RAM CHANDRA**  
 Date of Birth: **02-07-1995**    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **ADYA PRASAD**  
 Address:  
**VIII Katya Post Harpur Budinat Sahjanwa  
 Gorakhpur Uttar Pradesh 273209**

DL No: **UP53 20230012267** UPDL 000010781421



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	26-05-2023	NT				
LMV	UP53	26-05-2023	NT				
MVSD							

Emergency Contact Number: \_\_\_\_\_

  
 Licensing Authority  
**UP53 GORAKHPUR**

Form 7 Rule 16(2)

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

FONPD48288



नाम / Name  
DURGESH KUMAR

पिता का नाम / Father's Name  
SANTRAM

जन्म की तारीख /  
Date of Birth  
01/01/1989

हस्ताक्षर / Signature

25082021




भारत सरकार  
 Government of India

Download Date: 08/12/2019



दुपेश कुमार  
 Dupesh Kumar  
 जन्म तिथि/DOB: 01/01/1989  
 लिंग/ MALE

Issue Date: 27/09/2019

4828 1360 6720  
 VID : 9178 2597 3585 8683

मेरा आधार, मेरी पहचान




भारतीय विशिष्ट पहचान प्राधिकरण  
 Unique Identification Authority of India

पता:  
 संतोषी: सानरम, रामनगर सुमस पोस्ट महोडा, रामनगर,  
 गोरखपुर  
 उत्तर प्रदेश - 273209

**Address:**  
 S.O. Santram, ramnagar sumas post mahoda,  
 Ramnagar, Gorakhpur,  
 Uttar Pradesh - 273209



4828 1360 6720  
 VID : 9178 2597 3585 8683

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



Transport Department Gorakhpur RTO  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FL3247 Registration Date : 26-Sep-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , 188-273001  
 Owner Name : DURGESH KUMAR Son/wife/daughter of : SANTRAM  
 Full Address: (Permanent) : VILL- RAMNAGAR SURAS, PO- MAHAITA, PS- HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209  
 Full Address: (Temporary) : VILL- RAMNAGAR SURAS, PO- MAHAITA, PS- HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273209  
 Fitness UpTo : 25-Sep-2040 Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : USHA  
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2134071147 Rear HSRP No : AA2134815209  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLHAW233RGL02302  
 Engine No : HA11E8RGL02629 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 109  
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239  
 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 Registered	Weight(in kgs)
INDIVIDUAL		USHA	
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 26-Sep-2025.

Purchase dt : 25-Sep-2025 Sale Amt : 72151/-  
 OTT Date : 25-Sep-2025 Amount/Rcpt No : 7216 / UP53D25090005705  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 11-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 26-Sep-2025 to 25-Sep-2040

Date : 07-Nov-2025 15:19:42

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 07-Nov-2025

Q 5461084

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 8815=00 Day of 11/1/2016  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 8815=00  
(In words Rupees आठ हजार आठ सौ पच्चीस)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP53FL3247 insured under Policy No. 37834 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. 8815=00

One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature इगेश कुमार  
Occupation .....  
Address .....  
.....

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No  
(b) If yes, give full details : \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : X  
(b) Did a Police Constable take particulars of the accident? : X  
(c) Was accident reported to Police? If not, Why? : X  
(d) If yes, to which Police Station? : X  
(e) Date and Diary No. : X

10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : NA.  
(e) By whom discovered and reported? : \_\_\_\_\_  
(f) Has theft been reported to Police? : \_\_\_\_\_  
(g) When? : \_\_\_\_\_  
(h) Which Police 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 11/1/2025

दुर्गेश कुमार  
Signature of the insured

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ramchandra  
 (b) Age : 02/07/1995 30 years  
 (c) Address : Katya post harpur Budhat Gorakhpur  
 (d) Is the Driver  
 1. Owner : X  
 2. paid driver? : X  
 3. Owner's relative or friend? : X  
 (e) If paid driver, how long has he been in your employment : X  
 (f) Was he under the influence of intoxication Liquor or drugs? : X  
 (g) Driving Licence Number : UP5370230012267  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 01/07/2035  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : X  
 (l) Has he been involved in any accident before? : X  
 (m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10/01/2026  
 (b) Place : Chandpar, Gorakhpur  
 (c) Speed of vehicle at the time of accident : 50  
 (d) Give a short description of the accident : नीलगाय गायान लागत ले के गयी जिले रोड  
 (e) If any third party was responsible for this accident give the name and address : वगन ले गयी लोगन ले क्षतिग्रस्त हो गयी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : visor, fender, Mirror, Leg Guard,  
 (b) Estimated cost of repairs : Fork pipe, Handle, Handle T, Meter, Lever  
 (c) When and where can the damaged vehicle be inspected : Deep Chand Treder & Kanchhara G.K.P.

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 : NA  
 (e) Full details of property damaged : \_\_\_\_\_  
 (f) Has notice of any claim been given to you? : \_\_\_\_\_



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. 252400/31/2026/37834

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

Period of Insurance 25/9/2025 TO 24/09/2026  
 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 Durgesh Kumar  
 (b) Address for correspondence Ramnagar Suras Post - Mahaita Cosakipur  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2025 Hero</u>	Engine No. <u>HAIIE8RGLO2629</u> Chassis No. <u>MBLHAW233RGLO2302</u>	Registration No. <u>UP53FL 3247</u>
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- (a) Was the vehicle in proper working condition? No  
 (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 \_\_\_\_\_  
 (b) Unladen Weight \_\_\_\_\_  
 (c) Weight of goods carried/Load Chellan No. \_\_\_\_\_  
 (d) Nature of permit \_\_\_\_\_  
 (e) Nature of goods carried \_\_\_\_\_  
 (f) Was the vehicle plying for hire \_\_\_\_\_  
 (g) If Torry/Jeep/Tractor, was trailer attached? \_\_\_\_\_  
 (h) Number of passengers carried \_\_\_\_\_  
 (i) Number of Passenger permitted \_\_\_\_\_

NA

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.	Durgesh Kumar 9161608129
2	Vehicle No. / वाहन संख्या	UP53FL3247
3	Policy No. / पालिसी संख्या	252400/31/2026/37834
4	Period of Insurance / बीमा अवधि	25/09/2025 To 24/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/01/2026 7:30 PM
6	Place of Accident / दुर्घटना का स्थान	Chadpar, Gosakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramchandra
8	Estimated Loss / अनुमानित हानि	8815 = 00
09.	Cause of Accident / दुर्घटना का कारण :	10/01/2026 को सड़कतवां घने घुलन देवारिया के लिए जा रहे थे (चन्द्रपार) गोसावपुर के अन्तर्गत नील गांधी के कूदने से ठोकर लगा मिलने गाड़ी क्षतिग्रस्त हो गयी (आग) से
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.	Deep Chand Traders Kant Bahara Bazar Gosakhpur 7521065310

Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के

दुर्गेश कुमार