

M.B.MOTORS

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA

State Code: 9 Contact: 0551-2503403, . 5512500160 ,

GS TIN No. 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10515-03-REST-0126-135	Date	13-01-2026
Customer Name	VIRENDRA. .	Contact No.	7388321626
VIN	MBLJFN355SGB04925	Model	DESTINI PRIME
Insurance Company		Reg No.	UP53FF4703
HMCGL Card No		HMCGL Card Category	

S No	Part Details	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
												595.00
1	3310BABS201S -LIGHT ASSY HEAD	85122010	Paid	504.24	1	9.00	9.00	0.00	0.00	0.00	0.00	746.00
2	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
3	6433AABS200SS -COVER L FLOOE SIDE SA PSWESM WH 001P	87141090	Paid	632.20	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
4	64310ABS000S -PANEL FLOOR	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	271.00
5	50621ABS200S -UNDER COVER LOWER	87141090	Paid	229.66	1	9.00	9.00	0.00	0.00	0.00	0.00	2,014.00
6	53200ABS000S -STEM COMP STRG	87141090	Paid	1,706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
7	88110ABS000SS -MIRROR ASSEMBLY RIGHT BACK WH-001P	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	920.00
8	3345BABS201S -WINKER ASSY L FR	85122010	Paid	779.66	1	9.00	9.00	0.00	0.00	0.00	0.00	920.00
9	3340BABS201S -WINKER ASSY R FR	85122010	Paid	779.66	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
10	81130ABS000S -BOX ASSY INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	267.00
11	81135ABS000S -INNER INNER BOX	87141090	Paid	226.27	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
12	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	531.00
13	64303ABS000S -FRONT GRILL	87141090	Paid	450.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
14	64309ABS000SS -FRONT COVER LOWER	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	497.00
15	81131ABS000S -COVER INNER	87141090	Paid	421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	24.50
16	64328AAY000S -SPLASH GUARD FR	87141090	Paid	20.76	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
17	64311AAW000S -STAY FRONT NO PLATE	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
18	64310ABS000S -PANEL FLOOR	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	3,374.00
19	37200ABS311S -SPEEDOMETER ASSY	87141090	Paid	2,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,152.00
20	53205ADS000SS -COVER HANDLE FR PSW (WH-004P)	87141090	Paid	976.27	1	9.00	9.00	0.00	0.00	0.00	0.00	192.00
21	53206ABS000S -COVER HANDLE RR	87141090	Paid	162.71	1	9.00	9.00	0.00	0.00	0.00	0.00	

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
	100ABS000S -HANDLE	87141090	Paid	491.53	9.00	9.00	0.00	0.00	0.00	0.00	507.00
	88120ABS000SS -MIRROR ASSEMBLY LEFT BACK WH-004P	70091090	Paid	216.10	9.00	9.00	0.00	0.00	0.00	0.00	255.00
	61100AAAY000RS -FRONT FENDER A ASSEMBLY (WH-004P)	87141090	Paid	1,522.88	9.00	9.00	0.00	0.00	0.00	0.00	1,797.00
26	61110AAAY000S -FRONT FENDER B	87141090	Paid	73.73	9.00	9.00	0.00	0.00	0.00	0.00	87.00
27	61120AAAY000S -STAY FRONT FENDER ASSEMBLY	87141090	Paid	120.34	9.00	9.00	0.00	0.00	0.00	0.00	142.00
Parts Total										0.00	19,948.50

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-DESTINI PRIME	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00
Jobs Total										0.00	2,360.00

Parts Total	19,948.50
Labour Total	2,360.00
SGST (Parts) 9%	1,521.50
CGST (Parts) 9%	1,521.50
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
Total	22,308.50

Rupees in Words: Twenty Two Thousand Three Hundred Eight and paise Fifty 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.	VIRENDRA 8090247803
2	Vehicle No. / वाहन संख्या	UP53FF4703
3	Policy No. / पालिसी संख्या	252400/31/2025/96270
4	Period of Insurance / बीमा अवधि	20/08/25 to 19/08/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/01/2026 10:00 A.M.
6	Place of Accident / दुर्घटना का स्थान	Belwa Raipur Gorumkhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Hariom Baurd UP5320220009605
8	Estimated Loss / अनुमानित हानि	22308
09. Cause of Accident / दुर्घटना का कारण: विरेन्द्र की गाड़ी हरिओम गाड़ी चला रहे थे बेलवा रायपुर के पास सामने से चार पहिया वाहन में टकरा भार दिया जिस से गाड़ी गिरकर अतिगल्ट हो गई.		
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	—/
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

Date / दिनांक : 13/01/26
हस्ताक्षर
विरेन्द्र

विरेन्द्र
Signature of Insured / बीमाधारक के



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. 252400/31/2025/96270

Tel. No. _____

Period of Insurance 20/03/25 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
- (b) Address for correspondence
- (c) Telephone

Vivekdas
8102AKHPUR 8090247302

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>04781</u> Chassis No. <u>04925</u>	Registration No. <u>UP53PF</u> <u>4703</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 : 44
- (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

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Hariom Gaurds
 (b) Age : 24 years
 (c) Address : Chandigarh
 (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 5820020009605
 (h) Issuing Authority : R.T.O. GKP
 (i) Date of Expiry : 01/03/2018
 (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 : 12/01/26 10:00 AM
 (b) Place : Chandigarh, GKP
 (c) Speed of vehicle at the time of accident : 100 km/hr
 (d) Give a short description of the accident : Car accident
 (e) If any third party was responsible for this accident give the name and address : Mrs. Sunita

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : |
 (b) Estimated cost of repairs : 20000
 (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 : A
 (f) Has notice of any claim been given to you? : |

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 13/10/92 200

Signature of the insured 

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

UP53 20220009605

Issue Date: 31-03-2022 Validity (NT): 01-03-2043 Validity (TR): _____

Holder's Signature: 

Name: **HARIOM GAUND** Organ Donor: **Y**

Date of Birth: **02-03-2003** Blood Group: _____

Son/Daughter/Wife of: **MAHENDRA GAUND**

Address: **Janglaurahi Gorakhpur, UP 273013**

Date of First Issue: (31-03-2022)

DL No: **UP53 20220009605**

UPDL 00000793 1947

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	UP53	31-03-2022	NT			
LHMV	UP53	UP53	31-03-2022	NT			
MVSD							

Form 7 Rule 15(2)

Licensing Authority
UP53 GORAKHPUR

Emergency Contact Number _____

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DMPG8868R



HARIOM GAUND

पिता का नाम / Father's Name
MAHENDRA GAUND

जन्म तिथि / Date of Birth
02/03/2003

Haroni Kumar
हस्ताक्षर / Signature

74050

CERTIFICATE OF REGISTRATION

Registration No : UP53FF4703 Registration Date : 22-Mar-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 : VIRENDRA Son/wife/daughter of : RAMBACHAN
 Full Address: (Permanent) : JANGLAURAH, . . , GORAKHPUR, UTTAR PRADESH-273013
 Full Address: (Temporary) : JANGLAURAH, . . , GORAKHPUR-UTTAR PRADESH-273013
 Fitness UpTo : 21-Mar-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 : AA1039714142 Rear HSRP No : AA2120691827
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLJFN355SGB04925
 Engine No : JF17ERSGB04781 Fuel : PETROL
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60
 Maker's Classification : DESTINI PRIME Wheel base : 1245
 Seating Cap(in all) : 2 Standing Cap : 0
 Steeple Cap : 0 Unladen Wt (kgs) : 115
 Colour : PEARL SILVER WHITE Laden/GV Wt (kgs) : 245
 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 IDFC FIRST BANK LTD, GORAKHPUR, . . , Gorakhpur, Uttar Pradesh-273001 w.e.f. 20-Mar-2025.

Purchase dt : 20-Mar-2025 Sale Amt : 75855/-
 OII Date : 20-Mar-2025 Amount/Rcpt No : 7586 / UP53D25030005861
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 09-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

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

Date : 22-Apr 2025 12:29:12


Taxation Particulars / Advance Registration Mark Fee Details


Signature of Registering Authority

Date : 22-Apr-2025

गोरखपुर

Q 2540724


भारत सरकार
Government of India



वीरेन्द्र
Virendra
जन्म तिथि/DOB: 01/01/1980
पुरुष/ MALE

Download Date: 28/11/2020

Issue Date: 28/08/2014

7717 1719 0552
VID : 9113 3117 5863 0126

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O: रामबचन, जंगलौरही, गोरखपुर,
उत्तर प्रदेश - 273013

Address:
S/O: Rambachan, Janglaurahi, Gorakhpur,
Uttar Pradesh - 273013



7717 1719 0552
VID : 9113 3117 5863 0126

1047 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT


भारत सरकार
GOVT OF INDIA

VIRENDRA
RAMBACHAN GOUND

01/01/1980
 Permanent Account Number
ANVPV9342E





