

**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-0126-136  
 Customer Name VISHAL KUMAR GUPTA  
 VIN MBLHAW335SHM01590  
 Insurance Company  
 HMCGL Card No

Date 16-01-2026  
 Contact No. 9695972851  
 Model SPLENDOR+ XTEC 2.0  
 Reg No. UP53FP8146  
 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	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
3	61311AAE940S -STAY SPEEDO MOUNTING	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
4	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
5	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
6	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
<b>Parts Total</b>											0.00	8,621.00

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	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
<b>Jobs Total</b>											0.00	708.00

Parts Total	8,621.00
Labour Total	708.00
SGST (Parts) 9%	657.53
CGST (Parts) 9%	54.00
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
<b>Total</b>	<b>9,329.00</b>

Authorised Signatory

Rupees in Words: Nine Thousand Three Hundred Twenty Nine 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.

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.	Vishal Kumar Gupta 9695972851
2	Vehicle No. / वाहन संख्या	UP53FP8146
3	Policy No. / पालिसी संख्या	252400/31/2026/65809
4	Period of Insurance / बीमा अवधि	11/12/25 to 10/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/25 8:00
6	Place of Accident / दुर्घटना का स्थान	मौहड़ीपु (गोरखपुर)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vishal Kumar Gupta (9695972851) UP53 20220025755
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मौहड़ीपु चौराहे से पहले ठोकर आगे चलने वाली वाहन ने अचानक वाहन का ब्रेक माल तत्पश्चात मेरी गाड़ी उनकी गाड़ी से टक्कराकर क्षतिग्रस्त हो गई।
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 8318237680

Vishal KUMAR Gupta  
Signature of Insured / बीमाधारक के

Date / दिनांक : 16/01/26  
हस्ताक्षर

Vishal KUMAR Gupta



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

Certificate/Policy No. 252460/31/2026/65 809  
 Period of Insurance 11/12/25 to 10/12/26  
 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 : Vishal Kumar Gupta  
 (b) Address for correspondence : Gurgaon  
 (c) Telephone : 9695972851

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>01319</u> Chassis No. <u>01390</u>	Registration No. <u>UP 53</u> <u>FP 8146</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? for maned  
 (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	: <u>NA</u>
(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	: <u>NA</u>

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vishal Kumar Gupta  
(b) Age : 26 years  
(c) Address : Gopalpur  
(d) Is the Driver :  
1. Owner : Owner  
2. paid driver? :  
3. Owner's relative or friend? :  
(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 : U5320220025755  
(h) Issuing Authority : R.T.O. GKP  
(i) Date of Expiry : 19/02/2024  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspensions 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 : 15/01/2026 8:00  
(b) Place : Mohadpur, GKP  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address :  
अज्ञात नाम वाहन वाहन के अचानक  
रुके थे भी

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :  
(b) Estimated cost of repairs : 93000  
(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? :

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 : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (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 Vishal KUMAR Gupta

Date 16/01/26 200

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. \_\_\_\_\_

\_\_\_\_\_

अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास

PRITHVI, AGNI, JAL, AAKASH, SUB KISURAKSHA HAMME PASS

एग्जेंट्स कम्पनी लिमिटेड

THE ORIENTAL INSURANCE COMPANY LIMITED (Govt. of India Undertaking)



U66010DL1947GOI007158

U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE OF INSURANCE POLICY SCHEDULE

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	11-DEC-25
Policy No	252400/31/2026/65809	Proposal No. & Date	0/252400/31/2026/44221 & 11-DEC-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:41 ON 11/12/2025 TO MIDNIGHT OF 10/12/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18:41 ON 11/12/2025 TO MIDNIGHT OF 10/12/2026
Insured Name	VISHAL KUMAR GUPTA (GSTIN: )	Lead/BreakIn No	/
Insured Address	C/O PANCHAM PRASAD GUPTA, SHIRAM NAGAR COLONY JUNGLE MATADEEN WARD-11 SHIVPUR, GORAKHPUR, NA,	Insured State	UTTAR PRADESH

Make	HERO MOTOCORP	Vehicle	76491
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76491
Engine -Chassis No	HAI1FBSHM01319 - NBLHAW335SHM01590	TAF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1281.99	Legal Liability (WC)to driver (IMT-28)	NA
Geographical Area Extn (IMT -I)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	0
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	3851
Voluntary Deductibles (IMT 22A)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	4043
Anti-Theft Device (IMT-10)	0	Net Liability Premium (B)	728
AAI Membership (IMT-8)	1090	Total Premium (A+B)	0.00
No Claim Bonus	1090	GST	0
Discount for vehicle designed for handicapped	0	SERVICE TAX	0
SIP Discount	0	STAMP DUTY	4771
Sub-Total Deductibles	0	Swachh Bharat Cess@0.50%	0
NIL Depreciation	0	Krishhi Kalyan Cess@0.50%	0
Return to Invoice	0	Gross Premium Paid	0
Key Replacement	192		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	0		

Nominee Details :	Nominee Name	Cheque No./Transaction No.	Bank Name	Age	Relation	Amount
Payment Details :	Payment Method	POS ID	NA	4771	NA	4771
POS Name	NA					

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 11-DEC-25

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MVA Act, 1988 is recoverable from the insured. Use the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Race Making (5) Speed testing (6) Reliability trials

(7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1988.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party. The limit is Rs 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

No claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the the preceding year(s) exceeding two consecutive years/25%, preceding three consecutive years/35%, preceding four consecutive years/45%, preceding five consecutive years/55%.

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988.



\* This insurance excludes all pre-existing damages




Approved By : 9221375MD  
 Approved On : 11-DEC-25  
 Place : MRT  
 Printed On : 11-DEC-25

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



1 YEAR OLD 4 YEARS THIRD PARTY  
 COVERAGE

 **भारत सरकार**  
**Government of India** 

 **विशाल कुमार गुप्ता**  
**Vishal Kumar Gupta**  
**जन्म तिथि/DOB: 20/02/2001**  
**पुरुष/ MALE**

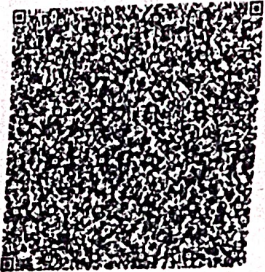
Issue Date: 020 2720 14

**8801 5749 5586**  
**VID : 9148 7933 5788 4486**  
**मेरा आधार, मेरी पहचान**

 **भारतीय विशिष्ट पहचान प्राधिकरण**  
**Unique Identification Authority of India** 

**पता:**  
S/O: पंचम प्रसाद गुप्ता, श्रीराम नगर कॉलोनी, जंगल  
मालादीन, वार्ड 11, शिवपुर, गोरखपुर,  
उत्तर प्रदेश - 273014

**Address:**  
S/O: Pancham Prasad Gupta, shriram nagar  
coloni, JUNGLE MATADEEN, ward 11, Shivpur,  
Gorakhpur,  
Uttar Pradesh - 273014



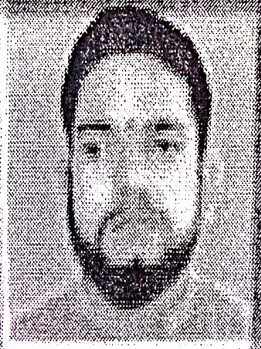
**8801 5749 5586**  
**VID : 9148 7933 5788 4486**

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

आयकर विभाग  
INCOME TAX DEPARTMENT

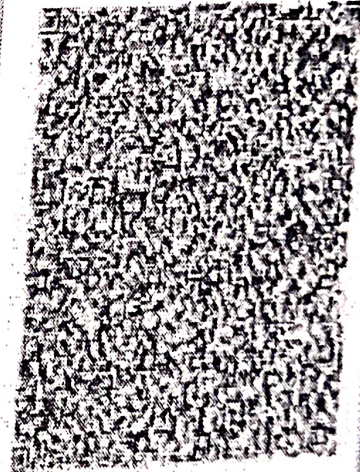


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

DUAPG1206D



नाम / Name

VISHAL KUMAR GUPTA

पिता का नाम / Father's Name

PANCHAM PRASAD GUPTA

जन्म तिथि / Date of Birth

20/02/2003

हस्ताक्षर / Signature

[Signature]

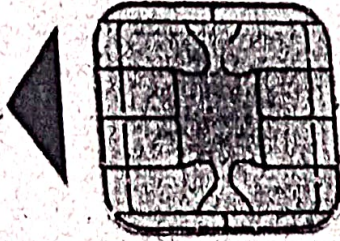
87437



# Indian Union Driving Licence Issued by Uttar Pradesh



**UP53 20220025755**



Issue Date: 18-10-2022    Validity (NT): 19-02-2041    Validity (TR): -----



Holder's Signature

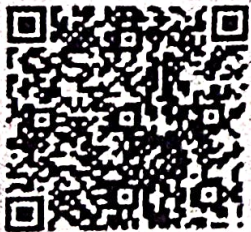
Name: **VISHAL KUMAR GUPTA**  
 Date of Birth: 20-02-2001    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **PANCHAM PRASAD GUPTA**

Address:  
 shriram nagar coloni **JUNGLE MATADEEN**  
 ward 11 Shivpur Gorakhpur Uttar Pradesh  
 273014

Date of First Issue (18-10-2022)

**DL No: UP53 20220025755**

UPDL000009500650



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>1</sup>	Badge Issued Date <sup>1</sup>	Badge Issued By <sup>1</sup>
	MCWG	UP53	18-10-2022	NT			
	LMV	UP53	18-10-2022	NT			

Form 7 Rule 16(2)

Licensing Authority  
 UP53 GORAKHPUR

Emergency Contact Number

GOVERNMENT OF UTTAR PRADESH

Transport Department  
Gorakhpur RTO, Uttar Pradesh



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

UP53D25120007030/UP25121127943644  
M-Cycle/Scooter  
VISHAL KUMAR GUPTA  
21-Dec-2025  
MBLHAW335SHM01590  
80517/-  
CHV6105357  
ONLINE-PAYMENT

Vehicle No:  
Regn Date:  
Transaction Id:  
UP53FP8146  
22-Dec-2025  
UPY2512215176774

Particular	Amount	Fine/Penalty/Addl.Fee	Total
New Registration (RTO Side)	300	5	305
MV Tax(11-Dec-2025 to One Time)	8052	403	8455

GRAND TOTAL (in Rs): 8760/- (EIGHT THOUSAND SEVEN HUNDRED AND SIXTY 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

Printed On: 16-Jan-2026 12:02:10



Customer Copy

GOVERNMENT OF UTTAR PRADESH

Transport Department  
Gorakhpur RTO, Uttar Pradesh



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

UP53D25120007030/UP25121127943644  
M-Cycle/Scooter  
VISHAL KUMAR GUPTA  
21-Dec-2025  
MBLHAW335SHM01590  
80517/-  
CHV6105357  
ONLINE-PAYMENT

Vehicle No:  
Regn Date:  
Transaction Id:  
UP53FP8146  
22-Dec-2025  
UPY2512215176774

Particular	Amount	Fine/Penalty/Addl.Fee	Total
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