

ESTIMATE

Estimate No.	65166-03-REST-0126-129	Date	18-01-2026
Customer Name	SAKILA KHATOON	Contact No.	9161516030
VIN	MBLHAW179NHE14369	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52BR3571
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	50100AAE300S -FRAME BODY COMP	87141090	Paid	7,792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	9,195.00
2	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	83410AAEB00RS -FRONT VISOR BLACK NH-1 (TYPE-2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
4	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
5	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
6	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
Parts Total											0.00	14,113.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	150.00	9.00	9.00	0.00	0.00	0.00	0.00	177.00	
Jobs Total											0.00	708.00

Parts Total	14,113.00
Labour Total	708.00
SGST (Parts) 9%	1,076.42
CGST (Parts) 9%	1,076.42
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	14,821.00

Rupees in Words: Fourteen Thousand Eight Hundred Twenty One Only

Authorised Signatory

65166 - 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. vehicle may be inspected in Workshop premise or outside the premise
 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 Deoria 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.	Sakila khatoon. 9161516030
2	Vehicle No. / वाहन संख्या	UPSA BR-3571
3	Policy No. / पालिसी संख्या	MS/2025/70010/46575/454955
4	Period of Insurance / बीमा अवधि	13/07/2025 TO 12/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/01/2026 - 3:00 Pm
6	Place of Accident / दुर्घटना का स्थान	Shejampur charate
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Akmal sheikh. UPSA 2024 0005761
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण : अकमल शेख जी मेरे लड़के हैं गाड़ी ब्रेक भोजपुर। से शरहे थे शामपुर चौराहे पे सामने से एक बड़ी गाड़ी ने ब्रेक मार दिया मेरे अपने साईड में था श्री गवत साईड में आकर ब्रेक मार डीया	
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.	Varsha motors Btson 7800807912 . 9918116698

18/01/2026
Date / दिनांक :
हस्ताक्षर

साकिल। रवाफ़ल
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 Meerut

Certificate/Policy No. MS/2025/700/0/46575/457985

Tel. No.

Period of Insurance 13/01/2025/15-12/07/2026

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 : Sakila Khatun
 (b) Address for correspondence :
 (c) Telephone : Disahi Doriaat Doria W

2. THE INSURED VEHICLE

Make & Year <u>16/07/2022</u>	Engine No. <u>HAI/EAN/HE 09862</u> Chassis No. <u>MBLHAW179NHB 14369</u>	Registration No. <u>UP52BR 3571</u>
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- (a) Was the vehicle in proper working condition? Ng
- (b) For what purpose was the vehicle being used at the time of accident? Yeh
- (c) Was trailer attached? ny
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached? 1
 - 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 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
- NA

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CHWPK0554L



नाम / Name
SAKILA KHATOON

पिता का नाम / Father's Name
HAMID KHAN

जन्म की तारीख /
Date of Birth
01/01/1991

21022024

PAN Application Digitally Signed, Card Not Valid unless Physically Signed

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Akamel Shaikh
 (b) Age : 22
 (c) Address : Disahi Bawli Disahi Bawli
 (d) Is the Driver :
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : son -
 (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 : upsa 20240005761
 (h) Issuing Authority :
 (i) Date of Expiry : 18/03/2024
 (j) Was the licence temporary/permanent : permit 31/12/2024
 (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 : 18/01/2026 3:00 PM
 (b) Place : stampura, or
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address : सामने से 250 वाडि वरिने प्रकल साईड में 310 मीटर आर पीयर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 13000 parts
 (c) When and where can the damaged vehicle be inspected : 13000

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? :
 (Signature)

RECLAIM



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20240005761

Issue Date: 18-03-2024
Validity (NT): 31-12-2042
Validity (TR):



(18-03-2024)

Holder's Signature

Name: AKAMAL SHEKH
Date of Birth: 01-01-2003 Blood Group:
Son/Daughter/Wife of: KHUSARU SHEKH

Organ Donor: N

Date of First Issue

Address:
Desahi Barwa Deshi Deoria Bhatpar Rani
Deoria Uttar Pradesh 274206

DL No: UP52 20240005761

UPDL 000013011528



Invalid Carriage (Regn Numbers)^a

Hazardous Validity^a Hill Validity^a

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number ^a	Badge Issued Date ^a	Badge Issued By ^a
MCWG	MCWG	UP52	18-03-2024	NT			
LMV	LMV	UP52	18-03-2024	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA



8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NA
- (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 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 18/01/2026 200

Signature of the insured सावित्री शर्मा

CLAIM F...

भारत सरकार
Government of India



सकिला खातून
Sakila Khatoon


जन्म तिथि / DOB: 01/01/1991
महिला / Female



3979 4987 6163

आधार - आम आदमी का अधिकार

भारत सरकार
Unique Identification Authority of India



पता: अर्धांगिनी: खुशबुद्दीन
देसही देवरिया, देशी देवरिया
देसही बरवा, देवरिया, उत्तर प्रदेश
274206

Address: W/O: Khushbuddin,
desahi deoria, Deshi Deoria,
Deoria, Desahi Barwa, Uttar
Pradesh, 274206

3979 4987 6163

1947
300-1947

help@uidai.gov.in

www.uidai.gov.in

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. _____

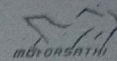
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *24/1/2026 20/1/2026*
Occupation
Address
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/454955

Motorsathi Care Private Limited

Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Pin Code:

201 79410 50643

Phone: 7941050643

Help section of www.motorsathi.com

of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SILA KHATOON	1991-01-01	7233834637	KHUSHABUDDIN	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BR3571	HA11EANHE09862	MBLHAW179NHE14369	2022	100	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
40000.00	NA	0.00	0.00	0.00	40000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Sole		---	2	1066.08	
Address			City / District	Pin Code	State	
VILL-DESAHI DEORIA, DEORIA, Deoria-274206				274206	Uttar Pradesh	

Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
MAL SHEKH	Male	22 Years	SON	2025-07-13 11:17	Midnight of 2026-07-12

VRC: 642.58 TCR: 377.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 229.49 Total with GST(A) 790.69

EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Drive Assure: 233.38 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.01 Total with GST(D): 275.39

Offered Price After Discount: 1066

Period Covered	2025-07-13 To 2026-07-12	2026-07-13 To 2027-07-12	2027-07-13 To 2028-07-12	2028-07-13 To 2029-07-12	2029-07-13 To 2030-07-12
40000	NIL	NIL	NIL	NIL	NIL
1 Year	NIL	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-07-11 (DETAILS ARE AS PER THE CUSTOMER).

USAGES AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or Driving a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Motor Vehicle Rules, 1989.

ACCOUNTABILITY: Limit of the amount of the Companies accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or App.

TERMS: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure of material fact or non-co-operation of the coverage.

ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643

IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Amount Paid: Rs 1066.07 ON 2025-07-13 from Mr./Ms. SAKILA KHATOON against the ARN No. INCP00454955

Payment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*

(See overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

GOVERNMENT OF UTTAR PRADESH

<https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaper>

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BR3571
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...
 Owner Name : SAKILA KHATOON
 Full Address: (Permanent) : VILL-DESAHI DEORIA, DEORIA, DEORIA, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL-DESAHI DEORIA, DEORIA, DEORIA-UTTAR PRADESH-274206
 Fitness Up To : 15-Jul-2037
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2058798116
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11EANHE09862
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR XTEC
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLUE BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 16-Jul-2022
 Purpose For Printing RC : NEW
 Son/wife/daughter of : KHUSHABUDDIN
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2058141265
 Month/Year of Manuf. : 05/2022
 Chassis No : MBLHAW179NHE14369
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1995
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 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 HERO FINCORP LTD, ...
 Deoria, Uttar Pradesh-274001 w.e.f. 12-Jul-2022.

Purchase dt	: 12-Jul-2022	Sale Amt	: 73140/-
OTT Date	: 12-Jul-2022	Amount/Rcpt No	: 7314 / UP52D22070001665
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 18-Jul-2022		
Other State/Transfer/Conversion Details			
Previous Owner		Previous RegNo	
Old State		Entry Date	
Transfer Date		Conversion Date	

This certificate is valid from 16-Jul-2022 to 15-Jul-2037

Date : 02-Aug-2022 10:34:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 02-Aug-2022

N 4164286