

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-0126-137
 Customer Name SUBHASH. ..
 VIN MBLHAW456S9H61397
 Insurance Company
 HMCGL Card No

Date 25-01-2026
 Contact No. 8173997012
 Model HF DELUXE
 Reg No. UP53FK9663
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K44446AAFB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
2	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE-1	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
3	53200ACK000S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
4	AFABS6A0010BEGS -VISOR FRONT NH-1(T4)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
5	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	3,400.00
6	83402AFA100S -PANEL INNER	87141090	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
7	3345BAAH001S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
8	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	AFABS6A0000BEGS -TANK FUEL NH-1(T4)	87141090	Paid	5,741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	6,775.00
11	50400AAH100AS -GRIP REAR NH-1 BLACK	87141090	Paid	1,066.10	1	9.00	9.00	0.00	0.00	0.00	0.00	1,258.00
12	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
Parts Total											0.00	21,670.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,200.00	9.00	9.00	0.00	0.00	0.00	0.00	1,416.00	
Jobs Total											0.00	1,416.00

Parts Total	21,670.00
Labour Total	1,416.00
SGST (Parts) 9%	1,652.80
CGST (Parts) 9%	108.00
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
Total	23,086.00

सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

2022

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.	Sujash Sujash - 8173997042
2	Vehicle No. / वाहन संख्या	UP 53FK 9663
3	Policy No. / पालिसी संख्या	27/08/251024/08/26
4	Period of Insurance / बीमा अवधि	252400/31/2026/34523
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/01/2026 11:30 AM
6	Place of Accident / दुर्घटना का स्थान	Chargawa, Gorkhkhur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Vinay Shukla UP 5620240005937 23086
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : सुभाव की जाड़ी विना युवा रूढ़ से। चारवावा के पास सामने से ही पहिया बाहन में टकरा कर मार दिया जिससे जाड़ी बांधे तरफ गिरकर हानिग्रस्त हो गई।	
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.	M. B. MOTOR 8318237680

23/01/26
Date / दिनांक :
हस्ताक्षर

23/01/26

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 _____
 Tel. No. _____

Certificate/Policy No. 27/08/25 to 26/08/26
 Period of Insurance 25/08/2025 to 26/08/2026
 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
 Name: Subhash
 Address for correspondence: Graha buy 8178997042
 Telephone: _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>10775</u> Chassis No. <u>61397</u>	Registration No. <u>UP53</u> <u>FK9663</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 to 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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Vinay Shukla
 (b) Age : 25 years
 (c) Address : Mahabirganj
 (d) Is the Driver :
 1. Owner :
 2. paid driver? :
 3. Owner's relative or friend? : 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 : UP 5620040005937
 (h) Issuing Authority : L.A. Mahabirganj
 (i) Date of Expiry : 30/11/2022
 (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 : 23/10/26 11:30 A.M.
 (b) Place : Mahabirganj G.M.P.
 (c) Speed of vehicle at the time of accident : 30 kmph
 (d) Give a short description of the accident :
 (e) If any third party was responsible for this accident give the name and address :
 वाहन/सं. हापका वाहन नवसका
 मार-दिगा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 25086
 (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 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 25/01/26 200

Signature of the insured _____

25/01/26

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. _____



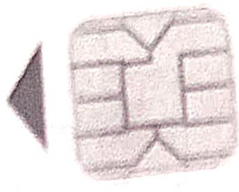
Indian Union Driving Licence
Issued by Uttar Pradesh

UP56 20240005937

Issue Date: 27-04-2024
Validity (NT): 30-04-2042
Validity (TR):



27-04-2024



Holder's Signature

Name: VINAY SHUKLA
Date of Birth: 01-05-2002
Blood Group: O+ VE
Organ Donor: M
Son/Daughter/Wife of: GANESH SHUKLA

Address:
gram mahawara sarjant post semra maharaj
Laxmipuri Semra Maharaja Pharenda
Maharajganj Uttar Pradesh 273162

Date of Phys. Issue

DL No: UP56 20240005937

UPDL0000132200055



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
car	MCMPG	UP56	27-04-2024	NT			
car	LHV	UP56	27-04-2024	NT			

Emergency Contact Number

Licensing Authority
UP56 MAHARAJGARH

Form 7 (Sub 16/23)

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SUBHASH

RAMKISHUN

24/08/1982

Permanent Account Number

FYSPS6701M

Handwritten signature

Signature



FYSPS6701M

भारत सरकार
Government of India



सुभाष

Subhash

जन्म तिथि / DOB: 24/08/1982

पुरुष / MALE

9109 6330 3075

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth.
It should be used with verification (online authentication, or scanning
of QR code / offline XML)

9109 6330 3075

मेरा आधार, मेरी पहचान

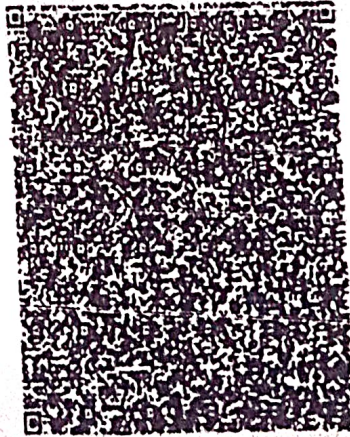
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
S/O रामकिशन, उम्मारपुर, पोस्ट झुंगिया बाज़ार, गोरखपुर,
बी.आर.डी. मेडिकल कॉलेज, गोरखपुर,
उत्तर प्रदेश - 273013

Address:

S/O Ramkishun, ummarpur, post jhungia
bazar, Gorakhpur, PO: B.r.d Medical College,
DIST: Gorakhpur, Uttar Pradesh - 273013



9109 6330 3075

VD : 9198 7021 0738 2404



1947

help@uidai.gov.in

www.uidai.gov.in



The Oriental Insurance Company Ltd.

THE ORIENTAL INSURANCE COMPANY LIMITED

(भारत सरकार का उपक्रम) Policy Schedule

(Govt. of India Undertaking) Page No. 1

U66010DL1947GOI007158

U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES R.U.F.S. 1989)

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	27-AUG-25
Policy No	252400/31/2026/34525	Proposal No. & Date	R/252400/31/2026/26914 & 27-AUG-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 11:35 ON 27/08/2025 TO MIDNIGHT OF 26/08/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 11:35 ON 27/08/2025 TO MIDNIGHT OF 26/08/2030
Insured Name	SUBHASHI (GSTIN:)	Lead /Breakin No	/
Insured Address	C/O RAMKISHUN, UNMARPUR POST JHUNGIA BAZAR, GORAKHPUR, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle		68068	
Model & Variant	HERO HF DELUXE FI	Electrical Accessories		0	
Registration No	NEW	Non Electrical Accessories		0	
Year Of Manufacture	2025	Total IDV		68068	
Engine -Chassis No	HA11F2S9H10775 - MBLHAW456S9HG1397	TMF 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	
RTO Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1140.82	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1140.82	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4022
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	970	STAMP DUTY	0
SIP Discount	970	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles		Krishi Kalyan Cess@0.50%	4746
Add-On Coverages		Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	171		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Cheque No./Transaction No.	Bank Name	Amount
Payment Details :	Payment Method			4746
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	
POS Name	POS ID	NA	POS PAN NO/Aadhar No	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: www.orientalinsurance.org in or on demand from the policy issuing office.

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 this 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/his hands at 252400 on 27-AUG-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. See 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) Pace 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, 1939.

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 property 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 20% preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

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 : 659525SMD
 Approved On : 27-AUG-25
 Place : MRT
 Date : 27-AUG-25

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

GOVERNMENT OF UTTAR PRADESH
Transport Department Gorakhpur RTO
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP53FK9663
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004
Owner Name : SUBHASH
Full Address: (Permanent) : UMMARPUR, POST JHUNGIA BAZAR ,, GORAKHPUR, , GORAKHPUR, UTTAR PRADESH-273013
Full Address: (Temporary) : UMMARPUR, POST JHUNGIA BAZAR ,, GORAKHPUR, , GORAKHPUR-UTTAR PRADESH-273013
Registration Date : 28-Aug-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : RAMKISHUN

Fitness Up To : 27-Aug-2040
Detailed Description : M-CYCLE/SCOOTER
Class of Vehicle : INDIVIDUAL
Ownership : HERO MOTOCORP LTD
Maker's Name : AA2133085753
Maker's Classification : SOLO WITH PILLION
Front HSRP No : 1
Type of Body : HA11F2S9H10775
No of Cylinders : 8.17
Engine No : HF DELUXE PRO
Horse Power(BHP) : 2
Maker's Classification : 0
Seating Cap(in all) : BLACK NEXUS BLUE
Sleepar Cap : Fully Built
Colour :
Other Criteria :
Vehicle Purchase As :
Owner Serial No : 1
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2133720170
Month/Year of Manuf. : 08/2025
Chassis No : MBLHAW456S9H61397
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
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, NEW DELHI, , , New Delhi, Delhi-110001 w.e.f. 26-Aug-2025.

Purchase dt : 26-Aug-2025
OTT Date : 26-Aug-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 02-Sep-2025
Sale Amt : 71000/-
Amount/Rcpt No : 7100 / UP53D25080007044
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 28-Aug-2025 to 27-Aug-2040

Date : 17-Sep-2025 15:12:57
Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
Signature of Registering Authority
Date : 17-Sep-2025
मोहोर