

**DEEP CHAND TRADERS**  
 NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India  
 State Code: 9 Contact: 7054923970,  
 GSTIN No: 09BKDPP2013C2ZN  
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	66816-03-REST-0226-11	Date	06-02-2026
Customer Name	RAM NATH	Contact No.	9651104854
VIN	MBLHAW45XS9G53025	Model	HF DELUXE
Insurance Company	Motorsathi Solutions	Reg No.	UP53FM5601
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	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
2	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
3	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
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
6	53230ACK000S -BRIDGE COMP. FORK TOP	87141090	Paid	208.47	1	9.00	9.00	0.00	0.00	0.00	0.00	246.00
7	88110AAHH00S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
8	53200ACK000S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
9	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
10	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
<b>Parts Total</b>											0.00	16,264.00

**Labour Details**

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	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
<b>Jobs Total</b>											0.00	590.00

Parts Total	16,264.00
Labour Total	590.00
SGST (Parts) 9%	1,240.47
CGST (Parts) 9%	1,240.47
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
<b>Total</b>	<b>16,854.00</b>

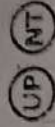
Rupees in Words: Sixteen Thousand Eight Hundred Fifty Four Only

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

66816 - Main W/S

UNION OF INDIA Driving Licence



UP53 20140009914

जारी करने की तिथि  
Date of Issue  
17/04/2014

वैधता/validity  
16/04/2034

जन्म तिथि  
Date of Birth  
03/07/1989

Blood Group  
Unknown



नाम / Name

**BADRI NARAYAN**

पिता/पति का नाम / Son/Daughter/Wife of

**RAM SEWAK**

UP53 20140009914



LMV  
17/04/2014



MCWG  
17/04/2014



Form 7 Rule 16(2)

पता / Address

VILL-NEWAS,PO-BARGAHAN  
PS-SAHJANWA  
GORAKHPUR -

17/04/2014

Holder's Signature

जारीकर्ता / Issuing Authority Sign  
GORAKHPUR

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card


DFQPR4701K

नाम / Name

RAM NATH

पिता का नाम / Father's Name  
DHUNMUN

जन्म की तारीख / Date of Birth  
08/01/1990

  
हस्ताक्षर / Signature



15122017



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES,1989)

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

Table with policy details including Policy Type (BUNDLED POLICY), Policy No (252400/31/2026/47869), Agent/Broker Code (BA0000155144), Agent/Broker Name (ABHINAV BHATI), Insured Name (RAM NATH), and Insured Address (C/O DHUNMUN, R/O VILL - PARMESHWARPUR, PO- PARMESHWARPUR, PS- HARPUR).

Table with two main sections: INSURED MOTOR VEHICLE DETAILS (Make: HERO MOTOCORP, Model: HERO HF DELUXE FI, Registration: NEW, Year: 2025) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle: 63398, Total IDV: 63398, Geographical Area: Zone B - Rest of India).

Schedule Of Premium (Amount in Rs.) table with two columns: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes sub-totals for additions and deductibles, resulting in a Net own Damage Premium(A) of 159 and a Total Premium (A+B) of 722.

Table for Nominee and Payment details. Nominee Name: [Blank], Age: 1, Relation: [Blank]. Payment Method: [Blank], Cheque No./Transaction No.: [Blank], Bank Name: [Blank], Amount: 4732.

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 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.

I/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, 1981. 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 20-OCT-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



CERTIFICATE OF REGISTRATION

Registration No : UP53FM5601 Registration Date : 24-Oct-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 : RAM NATH Son/wife/daughter of : DHUNMUN  
 Full Address: (Permanent) : VILL-PARMESHWARPUR, PO-PARMESHWARPUR, PO-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209  
 Full Address: (Temporary) : VILL-PARMESHWARPUR, PO-PARMESHWARPUR, PO-HARPUR BUDHAT, GORAKHPUR- UTTAR PRADESH-273209  
 Fitness UpTo : 23-Oct-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : CHANDRASILA  
 Relationship with the : Spouse Norms : BHARAT STAGE VI  
 Nominee  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2140306804 Rear HSRP No : AA2142018621  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
 No of Cylinders : 1 Chassis No : MBLHAW45XS9G53025  
 Engine No : HA11F2S9G03222 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE PRO Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK NEXUS BLUE Laden/GV Wt (kgs) : 242  
 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 20-Oct-2025 Sale Amt : 66734/-  
 OTT Date : 20-Oct-2025 Amount/Rcpt No : 6674 / UP53D25100011991  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 08-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Oct-2025 to 23-Oct-2040

Date : 15-Nov-2025 17:01:12

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date 15-Nov-2025

Q 4833697

15-11-2025, 0?

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 16854 Day of 4/02/2002  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 16854-00  
(In words Rupees सोलह हजार आठ सौ बस)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP53FM560 insured under Policy No. 47869 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. 16854

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

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

Signature सुमनाथ .....  
Occupation .....  
Address .....  
.....  
.....

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



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Badrji Narayan  
 (b) Age : 03/07/1989 - 36 Years  
 (c) Address : Ville-Newal Post Banghan  
Sahjanwa Gorakhpur  
 (d) Is the Driver  
 1. Owner : X  
 2. paid driver? : X  
 3. Owner's relative or friend? : ✓  
 (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 : UP5320140009914  
 (h) Issuing Authority : 16/04/2034  
 (i) Date of Expiry : Permanent  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any :  
 (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 : 04/2/2026  
 (b) Place : Khalilabad  
 (c) Speed of vehicle at the time of accident : 50  
 (d) Give a short description of the accident : खलीलाबाद में घाट साइड से सामने से मा ही तेज एक्का  
 (e) If any third party was responsible for this accident give the name and address : बाइक से ठक्का लगन से बाइक आगे से झटका खाया हो गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, Fender, Sockar pipe, Handle T, fuel  
 (b) Estimated cost of repairs : Tank Handle Winker  
 (c) When and where can the damaged vehicle be inspected : Deep Chand Tredaris Katsahara Bazar

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. 252400/31/2026/47869  
 Tel. No. \_\_\_\_\_ Period of Insurance 20/10/2025 To 19/10/2030  
 Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
 Please answer All relevant questions fully

I. INSURED

(a) Name : Ram Nath  
 (b) Address for correspondence : Vill - Parmeshwarpur Post Parmeshwarpur  
 (c) Telephone : Harpur Budhat Sahjanwa Gosabti pur

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>HAIIF2S9G03222</u> Chassis No. <u>MBLHAW45XS9G53025</u>	Registration No. <u>UPS 3FM 5601</u>
-------------------------------------	--	---

(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 X  
 2. Was a pillion rider carried X

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 : \_\_\_\_\_ NA \_\_\_\_\_  
 (f) Was the vehicle plying for hire : \_\_\_\_\_  
 (g) If Lorry/Jeep/Tractor, was trailor attached? : \_\_\_\_\_  
 (h) Number of passengers carried : \_\_\_\_\_  
 (i) Number of Passenger permitted : \_\_\_\_\_

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.	Ram Nath 9651104854
2	Vehicle No. / वाहन संख्या	UP53FM5601
3	Policy No. / पालिसी संख्या	252400/31/2026/47869
4	Period of Insurance / बीमा अवधि	20/10/2025 To 19/10/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/02/2026 2:00PM
6	Place of Accident / दुर्घटना का स्थान	Khalilabad
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Badari Narayan
8	Estimated Loss / अनुमानित हानि	16854=00
09.	Cause of Accident / दुर्घटना का कारण:	रवलीलाबाद से 4/2/26 को 2:00 बजे आ रहे थे लगने से तेज रफ्तार लागू आ रही थी जिससे ड्राइवर लगने से लगने से गड़ी क्षतिग्रस्त हो गयी।
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 7521065310

Date / दिनांक :  
हस्ताक्षर

रामनाथ

Signature of Insured / बीमाधारक के