

M.B.MOTORS
KTIARAYA 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-0226-140	Date	15-02-2026
Customer Name	MONOJ KUMAR RAI	Contact No.	8090186516
VIN	MBLJAW402S9B02206	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP53FF3471
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	61101AAGA00AS -FENDER FRONT (NH-194M-U.)	87141090	Paid	1,030.5	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
2	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
3	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
4	61300ADG000TS -COWL FRONT NH-303M	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
5	83402ADG000S -PANEL INNER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
6	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.5	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
7	64110AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
8	64332AACB00S -STAY FRONT COWL	87141090	Paid	57.63	1	9.00	9.00	0.00	0.00	0.00	0.00	68.00
9	6131AADG000S -STAY METER SUB ASSEMBLY	87141090	Paid	155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	184.00
10	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
11	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
12	53175AAFH00S -LEVER COMP R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
13	17520ADG000TS -FUEL TANK NH-303M	87141090	Paid	5,859.3	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
14	77240ADG000TS -COWL REAR RIGHT NH-303M	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
15	50400AAGA00DS -GRIP REAR (GUN METAL SILVER-(MATTE)S(D)-	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
16	88120AANH01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
17	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
Parts Total											0.00	19,247.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	19,247.00
Labour Total	1,770.00
SGST (Parts) 9%	1,467.99
CGST (Parts) 9%	1,467.99
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
Total	21,017.00

Authorised Signatory

10515 - Main W/S

Rupees in Words: Twenty One Thousand Seventeen Only

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.

To/सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस 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.	सनीष कुमार राय 8090106516, 9250322685
2	Vehicle No. / वाहन संख्या	UP53 FF 3471
3	Policy No. / पालिसी संख्या	252400/31/2025/94220
4	Period of Insurance / बीमा अवधि	13/03/2025 to 12/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/02/2026 सांध्य - 17.45 बजे
6	Place of Accident / दुर्घटना का स्थान	वांखडीए बाकिपा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सनीष कुमार राय UP53 20090012018
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	वाहन चलाते समय, स्थान नरायनपुर चट्टी खंड वांखडीए के बीच अचानक नील गांधी ने बाएं तरफ से टक्कर मारा जिससे गांधी दाहिने तरफ गिरकर क्षतिग्रस्त हो गयी।
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 8318237680.

Date / दिनांक : 15/02/2026
हस्ताक्षर *Sainik*

Sainik
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. 252400/31/2025/24220

Tel. No. _____

Period of Insurance 13/08/25 to 12/08/2026
 Claim No. _____

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

I. INSURED

(a) Name : Manoj Kumar Rai
 (b) Address for correspondence : Godakhari
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>02B40</u> Chassis No. <u>02266</u>	Registration No. <u>UP52</u> <u>FF3431</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 : NA
 (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 : Manoj Kumar Rai
 (b) Age : 213 years
 (c) Address : 1009 Khyat
 (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 : UP5320090012018
 (h) Issuing Authority : R.T.O GKP
 (i) Date of Expiry : 02/04/2022
 (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 : 13/02/26 17:45
 (b) Place : नौसही
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : नौसही में वाहन टकराया
 (e) If any third party was responsible for this accident give the name and address : गारमिस गार्मिस दामि तरफ गिरकर नसिरत वाहन

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 21000
 (c) When and where can the damaged vehicle be inspected : 1

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? : 1

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 15/01/26 200

Signature of the insured _____

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 ... *Raima*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FF3471 Registration Date : 14-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 : MANOJ KUMAR RAI Son/wife/daughter of : RAM ROOP RAI URF RAI ROOP RAI
Full Address: (Permanent) : DOHARIYA KHURD,, MIWA MINWA, , GORAKHPUR, UTTAR PRADESH-273209
Full Address: (Temporary) : DOHARIYA KHURD,, MIWA MINWA, , GORAKHPUR-UTTAR PRADESH-273209
Fitness UpTo : 13-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 : AA2120233558 Rear HSRP No : AA2120686394
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
No of Cylinders : 1 Chassis No : MBLJAW402S9B02206
Engine No : JA07AMS9B02340 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
R
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : MATT GREY Laden/GV Wt (kgs) : 252
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 HDB FINANCIAL SERVICES LTD, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-110001 w.e.f. 12-Mar-2025.

Purchase dt : 12-Mar-2025 Sale Amt : 82461/-
OTI Date : 12-Mar-2025 Amount/Rcpt No : 8247 / UP53D25030003723
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 08-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 14-Mar-2025 to 13-Mar-2040

Date : 15-Apr-2025 17:53:49

Taxation Particulars / Advance Registration Mark Fee Details

/पंजीयन अधिकारी
Signature of Registering Authority
गोरखपुर
Date : 15-Apr-2025

Q 2467321

आसपास, सब की सुरक्षा हमारे पास
प्रयोरेंस कम्पनी लिमिटेड
 (भारत सरकार का प्रभारित)
 06601004194700001158



PRITHVI, AGNI, JAL
THE ORIENTAL INSURANCE COMPANY LIMITED
 (Listed of India Undertaking)
 06601004194700001158

PA
 RATE

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 246 KHAIR NAGAR, OPP. FILAUSTAN CENTRA HOTEL, DELHI-110028
INSURED VEHICLE (MOTORISED TWO WHEELERS)

Policy No: 20340731307404220
 Agent/Dealer Code: RA09010144
 Agent/Dealer Name: ARJUNAV BHATI
 Insured Name: MANU KINAR RAI (G.TIN: 0)
 Insured Address: C/O RAM RUP RAI RUP RAI RUP RAI, DOKHAYA KHURD, MIRA, SONBET, GORAKHPUR, N.A.

Policy Inward Date: 13-06-22
 Proposal No. & Date: P/20340731307404220/13-06-2022
 Policy Period (FROM TO): FROM 13-06-2022 TO 13-06-2023
 Policy Status (AS PER CTRV): CONTINUED TO BE RENEWED FOR THE NEXT YEAR

Street/Branch No: 246 KHAIR NAGAR
 Inward Date: 13-06-2022

INSURED MOTOR VEHICLE DETAILS		INSURED NON-LAPSE POLICY YEAR	
Make: HERO MOTOCORP	Vehicle: PETROL	Year of Manufacture: 2022	Year of Policy: 2022
Model & Variant: HERO SUPER SPLENDOR DRE VTECH	Estimated Accumulator: 5	Registration No: NEW	Non-Estimated Accumulator: 5
Engine-Chassis No: JMBTAM0902340 - MPLJA 9402SR02206	Year of Policy: 2022	Year of Manufacture: 2022	Year of Policy: 2022
Cubic Capacity: 125	TYPE CONTRACT NO: 20340731307404220	Cubic Capacity: 125	TYPE CONTRACT NO: 20340731307404220
Seating Capacity: 1+1	Policy Type: 1	Seating Capacity: 1+1	Policy Type: 1
Type of Body: BULLY	Geographical Area: INDIA	Type of Body: BULLY	Geographical Area: INDIA
RTU Location:		RTU Location:	

OWN DAMAGE SECTION(A)		LEASABILITY SECTION (B)	
Vehicle	1311.81	Basic Third Party Liability	1000
Dep. Accessories	0	Compulsory P.A Cover Premium	0
Non-Dep. Accessories	0	P.A Cover for 3 Persons (T.R. 01) each (INVT-10)	0
Basic Premium	1234.81	Legal Liability (T.C. 01) (T.C. 02)	0
Geographical Area Extra (DMT-1)	0	Legal Liability to Employee (INVT-10)	0
Driving Talent Loading Or OD Premiums (60%)	0	Legal Liability to Passenger (INVT-10)	0
Sub-Total Additions	1234.81	Driving Talent Loading (or T.P. Premiums (60%))	0
Discounts		Paid Driver, Conductor, Employee, Student	0
Voluntary Deductibles (MT 22A)	0	Net Liability Premium (B)	1000
Auto Theft Deduct (MT-4B)	0	Total Premium (A+B)	1000
ACU Membership (MT-4B)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
MT Discount	110	Stamp Duty on Cover @ 0.50%	0
Sub-Total Deductions	110	Stamp Duty on Policy @ 0.50%	0
MT Depreciation	100	Stamp Duty on Endorsement	0
Return to Insurer	0	Stamp	0
Key Replacement	0	1. Policy Premium is the subject to the collection of stamp	
Consumables	0	2. Stamp duty on Policy, Endorsement & Vehicle No	
Sub-Total Add-on Coverages	100	3. The Policy is subject to a compulsory deductible of Rs. (MT-4B) 20	
Net own Damage Premiums (A)	121	4. Voluntary excess (MT)	
Net own Damage Premiums (A)	121	5. Subject to Proportional (MT-7) (A) (B)	

Payment Details	Payment Method	Charge No./Transaction No.	Bank Name	Amount
Finance Type	Finance Name	CHQ FORWARDING SERVICES LIMITED	Finance Branch	1000
POL Name	NA	NA	POL P.A. & T.R. 01/02/03	NA

In the event of a claim under the policy providing Rs. 100 or a claim for refund of premium exceeding Rs. 1000, the insured will comply with the provisions of the 1989 policy of the Company. The 1989 policy is available in all operating Offices in force as company's website.

The insured agrees to the policy as attached to this invoice, including conditions, terms and conditions, which are available on company's website: www.orientalinsurance.com or as on demand from the policy issuing office.

It is noted that in case of cancellation of premium (change) the Company shall not be liable under the policy and the policy shall be held abeyant from inception.

(This is not admissible if driving License is found false or is not valid whether or not in the knowledge of the insured.)

The insured hereby certifies that the policy is taken in accordance with the provisions of Chapter 3 and Chapter 51 of Motor Vehicle Act, 1988 in a state or Union Territory having jurisdiction by and on behalf of the company from time to time in accordance with the provisions of 1989 Act or 1988 Act.

The insured is not indemnified if the vehicle is used as a motor vehicle for hire or for other purposes than those for which the vehicle is licensed to be used.

The insured is not indemnified if the vehicle is used as a motor vehicle for hire or for other purposes than those for which the vehicle is licensed to be used.

Limitations as to what is covered under this policy and the insured's obligations. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

1. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

2. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

3. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

4. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

5. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

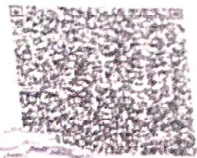
6. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

7. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

8. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

9. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.

10. The insured shall not be liable under the policy and the policy shall be held abeyant from inception.



Approved By: [Signature]
 Approved On: 13-06-22
 Place: DELHI
 Printed On: 13-06-22

For and on behalf of
The Oriental Insurance Company Limited
 General Manager
 Authorised Signatory



UNION OF INDIA **Driving Licence**

(UP) (NT)

~~UP53 20090012013~~



रजारी करने की तिथि
Date of Issue

18/01/2009

वैधता - Validity

01/01/2029

जन्म तिथि
Date of Birth

15/01/1983

Blood Group

Unknown

नाम / Name

MAHARAJ KUMAR RAI

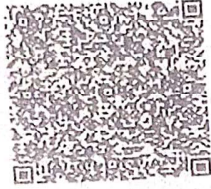
पिता/पति का नाम / Son/Daughter/Wife of

RAM ROOP RAI



भारत सरकार, भूपति पहचान

3578 8906 7798



मनोज कुमार राय
Manoj Kumar Rai
जन्म तिथि / DOB : 15/01/1983
पुरुष / Male

Government of India

भारत सरकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: राम रूप रॉय उर्फ
राज रूप रॉय, डोहरिया खुर्द, मिवा,
गोरखपुर, मिन्वा, उत्तर प्रदेश,
273209

Address: S/O: Ram Roop Rai Urf Raj
Roop Rai, dohariya khurd, Miwa,
Gorakhpur, Minwa, Utter Pradesh, 273209

3578 8906 7798



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

BHBPR7034J

नाम / Name


MANOJ KUMAR RAI

पिता का नाम / Father's Name

RAM ROOP RAI

जन्म की तारीख / Date of Birth

15/01/1983


हस्ताक्षर / Signature



19062017