

**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-0226-142	Date	17-02-2026
Customer Name	BISMILALAH ALI	Contact No.	9936241851
VIN	MBLJAW523S9J09419	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP53FM6368
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
2	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
3	51500AAF400S -FORK ASSY. L FRONT	87141090	Paid	1,899.15	1	9.00	9.00	0.00	0.00	0.00	0.00	2,241.00
4	K4444GAACNB00S -KIT WHEEL COMP FRONT (DRUM)	87141090	Paid	4,218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	4,978.00
5	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
6	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
7	53230AACB00S -BRIDGE COMP FORK TOP	87141090	Paid	182.20	1	9.00	9.00	0.00	0.00	0.00	0.00	215.00
8	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
Parts Total											0.00	12,424.00

## 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	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
Jobs Total											0.00	1,180.00

Parts Total	12,424.00
Labour Total	1,180.00
SGST (Parts) 9%	947.59
CGST (Parts) 9%	947.59
SGST (Labour) 9%	90.00
CGST (Labour) 9%	90.00
<b>Total</b>	<b>13,604.00</b>

Rupees in Words: Thirteen Thousand Six Hundred 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 dismantling the vehicle.
6. Actual amount may vary from estimate

10515 - Main W/S

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.	BISMILLAH ALI 9986241851
2	Vehicle No. / वाहन संख्या	UP53FM6368
3	Policy No. / पालिसी संख्या	252400/31/2026/49671
4	Period of Insurance / बीमा अवधि	25/10/2025 to 24/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/02/2026 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	झुंझर, गोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAHAMAN ALI HR-552011025473
8	Estimated Loss / अनुमानित हानि	
9	Cause of accident / दुर्घटना का कारण :	विशालाह की गाड़ी रुहमान अली के गाड़ी के चक्करों के कारण पल सामने से आ रही दो पहियों की टक्कर में गिर गई जिससे गाड़ी क्षतिग्रस्त हो गयी है
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

Date / दिनांक : 17/02/26  
हस्ताक्षर

विशालाह अली

विशालाह अली  
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. 252400/31/2026/49671  
 Period of Insurance 28/10/25 to 21/10/26  
 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 : Bismillah Ali  
 (b) Address for correspondence : Gurgaon  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Honda</u> <u>2025</u>	Engine No. <u>14472</u> Chassis No. <u>09419</u>	Registration No. <u>UP53FM</u> <u>6368</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 \_\_\_\_\_  
 (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 \_\_\_\_\_

A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rahman Ali  
 (b) Age : 60 years  
 (c) Address : Surgaon Haripur  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : Relative  
 (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 : HR5500110254173  
 (h) Issuing Authority : Aurangabad  
 (i) Date of Expiry : 18/03/2024  
 (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 : 16/02/2026, 11:58 AM  
 (b) Place : Surgaon Haripur  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : सुरगाँव हरिपुर में  
 (e) If any third party was responsible for this accident give the name and address : एनबी बुर 1501

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :  
 (b) Estimated cost of repairs : 13600  
 (c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : N  
 (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 : A  
 (f) Has notice of any claim been given to you? :



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.

One Rupee  
Revenue Stamp  
When Amount \_\_\_\_\_

पृथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास  
 प्रिथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास

PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA HAMARE PASS



THE ORIENTAL INSURANCE COMPANY LIMITED

(भारत सरकार का उपक्रम)

(Govt. of India Undertaking)

U66010DL1947GOI007158

U66010DL1947GOI007158

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	22-OCT-25
Policy No	252400/31/2026/49671	Proposal No. & Date	R/252400/31/2026/106134549/1 & 22-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:46 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Agent/Broker Name	ABHINAV BIJALI	Policy Period (LIABILITY)	FROM 14:46 ON 22/10/2025 TO MIDNIGHT OF 21/10/2026
Insured Name	BISMILAL AH ALI (GSTIN: )	Lead/Breakin No	/
Insured Address	C/O ABDULLAH R O NAVIPUR PARUSRAMPUR, GOIRAKHIPUR, NA.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	74687
Model & Variant	HERO SUPER SPLENDOR DRS XTECH	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74687
Engine -Chassis No	JA07AZS9J1472 - MBLJAW523S9J09419	IMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1251.75	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	187.75	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GIR36R3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4059
AMI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4767
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess: Rs(0)	
Net own Damage Premium(A)	188	5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	Cash	Financer Branch
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				Amount
				4767

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.

Warranty that in case of disbursement of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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 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 hereunto set his/her hands at 252400 on 22-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 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 retaining such a license. Provided also that the person holding an effective learner's license may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (IMT) of the policy - Death of or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (a) of the policy - Damage to third party property is Rs 7.5 Lacs. PA Cover under section III for owner-Driver is Rs 0.

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 preceding year(s) of the previous policy. The preceding year(s) of the previous policy, within 90 days of the previous policy.

I/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 : UNIV 222400  
 Approved On : 22-OCT-25  
 Place : MR2  
 Printed On : 08-NOV-25

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

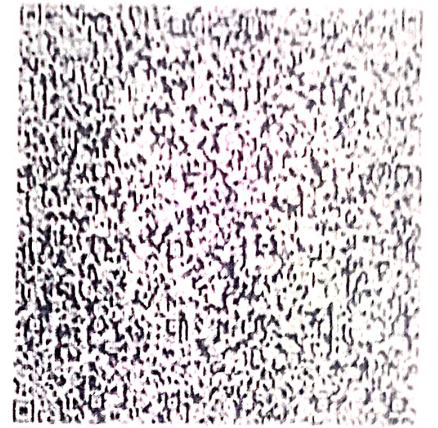
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

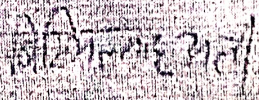
BDUPA1775Q



नाम / Name  
BISMILALAH ALI

पिता का नाम / Father's Name  
ABDULLAH

जन्म की तारीख /  
Date of Birth  
01/01/1974

  
हस्ताक्षर / Signature

30092024

DL NUMBER HR-5520110254173 Inv Carr No. HR054652

NAME RAHAMAN ALI

SM/ID ABDULLAH

DOB 01-Jan-1965 Validity (NT) 12-Mar-2031  
(TR) 09-Apr-2022

Blood Grp B+

Address H.NO. 48A VILL. ULAWAS DISTT  
GURGAON HARYANA

Issue Date 13-Mar-2011

Authnar No

Authorisation to Drive Date Of Issue



LMV	13-Mar-2011
MCWG	10-Apr-2018
TRANS	10-Apr-2018
PSV BUS	

Holder Signature

Issue Auth Signature

Issuing Authority RTA CURGAON

Form-7

INDIAN DRIVING LICENCE

सिंधिया सरकार, Government of Haryana

भारत सरकार

भारत सरकार

1 जनवरी 2016 से 31 मार्च 2017 तक

हेलमेट / सीट बेल्ट लगाएं, याहन गति सीमा में चलें ।





भारत सरकार  
Government of India



Aadhaar no. issued: 23/01/2015



बिस्मिल्लाह अली  
Bismilalah Ali  
जन्म तिथि/DOB: 01/01/1974  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, वा क्यूआर कोड/  
ऑफलाइन 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).

**9521 8805 1896**

मेरा आधार, मेरी पहचान



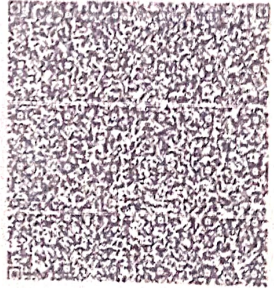
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा: अब्दुल्लाह, नावपुर, परसुरामपुर, परसुरामपुर, गोरखपुर,  
उत्तर प्रदेश - 273152

Address:  
C/O: Abdullah, Navipur, Parusrampur, PO:  
Parasurampur, DIST: Gorakhpur,  
Uttar Pradesh - 273152

Details as on: 21/09/2024



**9521 8805 1896**

VID : 9153 8104 6743 7677



1947



help@uidai.gov.in



www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaperRC

Transport Department Gorakhpur RTO  
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FM6368 Registration Date : 25-Oct-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 : BISMILALAH ALI Son/wife/daughter of : C/O: ABDULLAH  
Full Address: (Permanent) : PARUSRAMPUR NAVIPUR, , , GORAKHPUR, UTTAR PRADESH-273152  
Full Address: (Temporary) : PARUSRAMPUR NAVIPUR, , , GORAKHPUR-UTTAR PRADESH-273152  
Fitness UpTo : 24-Oct-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 : AA2140308109 Rear HSRP No : AA2142020004  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
No of Cylinders : 1 Chassis No : MBLJAW523S9J09419  
Engine No : JA07AZS9J14472 Fuel : PETROL  
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263  
R

Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 122  
Colour : GLOSSY BLACK 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 w.e.f. .

Purchase ct : 20-Oct-2025 Sale Amt : 78618/-  
OTT Date : 20-Oct-2025 Amount/Rcpt No : 7862 / UP53D25100012893  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 02-Feb-2026

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 25-Oct-2025 to 24-Oct-2040

Date : 10-Feb-2026 15:23:57

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी  
सोदा विभाग  
Signature of Registering Authority  
Date : 10-Feb-2026

Q 7442597