

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.
 Customer Name
 VIN
 Insurance Company
 HMCGL Card No
 Part Details

10515-03-REST-0226-146
 VINOD KUMAR
 MBLHAW479SHKL5883

Date
 Contact No.
 Model
 Reg No.
 HMCGL Card Category

27-02-2026
 9695725022
 SPLENDOR +
 UP53FP1439

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	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
3	83400KCC830RS -VISOR ASSEMBLY FRONT BLACK 1	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
4	K4242GAAEF400S -KIT, WHEEL COMP REAR	87141090	Paid	4,100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	4,839.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
7	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
8	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
9	50803KST940S -GUARD LFG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	50100ADHB30S -FRAME BODY COMPLETE	87141090	Paid	6,374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	7,522.00
11	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
12	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
13	52110ACK200S -SWING ARM COMP. REAR	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
14	52147KTC900S -RUBBER BUSH RR.FORK PIVOT	40169990	Paid	38.14	2	9.00	9.00	0.00	0.00	0.00	0.00	90.00
15	33650KCC710S -WINKER ASSY L RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
16	81200AAD300S -CARRIER REAR	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
											0.00	21,915.00
Parts Total												0

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,800.00	9.00	9.00	0.00	0.00	0.00	0.00	2,124.00	
Jobs Total											0.00	2,124.00

Parts Total 21,915.00
 Labour Total 2,124.00
 SGST (Parts) 9% 1,671.48
 CGST (Parts) 9% 1,671.48

SGST (Labour) 9%	162.00
CGST (Labour) 9%	162.00
Total	24,039.00

Rupees in Words: Twenty Four Thousand Thirty Nine Only

Authorised Signatory

10515 - 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. 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 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.	विनोद कुमार मो. 9695725022
2	Vehicle No. / वाहन संख्या	UP 53 FP 1439
3	Policy No. / पालिसी संख्या	252400/31/2026/61182
4	Period of Insurance / बीमा अवधि	25/11/25 to 25/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/2/2026 3:00 P.M
6	Place of Accident / दुर्घटना का स्थान	तुरा बाजार गति
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अमित निषाद मो. 731856 8081
8	Estimated Loss / अनुमानित हानि	21039
09.	Cause of Accident / दुर्घटना का कारण:	विनोद कुमार की गाड़ी अमित निषाद चला रहे थे तुरा बाजार के पास पीछे से चो पादिया वाहन ने टक्कर मार दिया जिससे गाड़ी आगे चल रही चार पादिया वाहन सेटकर आ गई और क्षतिग्रस्त हो गई।
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 : 22/02/26

हस्ताक्षर

विनोद कुमार

विनोद कुमार
✓ Signature of Insured / बीमाधारक के

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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ajit Nishad
(b) Age : 34 years
(c) Address : Goswami
(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 : UP5820260004266
(h) Issuing Authority : R.T.O. GM
(i) Date of Expiry : 22/03/2016
(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 : 22/02/26 3:00 P.M
(b) Place : जय बाजार
(c) Speed of vehicle at the time of accident : 20 kmph
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : पारि जे के परिभावाहन बैंककर
भार किमा

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : 221039
(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? : A



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. 252400/31/2026/61182

Tel. No. _____

Period of Insurance 25/11/25 to 24/10/26

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 : Vinod Kumar
 (b) Address for correspondence : Gurgaon
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hyundai</u> <u>2025</u>	Engine No. <u>M119110</u> Chassis No. <u>L5883</u>	Registration No. <u>UP 5B</u> <u>FP1439</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 | : <u>1</u> |

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : 1
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : 1
(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 : 1
(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 28/02/2000

Signature of the insured विनायक कुमारे

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FP1439 Registration Date : 24-Nov-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 : VINOD KUMAR Son/wife/daughter of : RAJENDRA
 Full Address: (Permanent) : SANDA SARANDA, , , GORAKHPUR, UTTAR PRADESH-273152
 Full Address: (Temporary) : SANDA SARANDA, , , GORAKHPUR-UTTAR PRADESH-273152
 Fitness UpTo : 23-Nov-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 : AA1047457122 Rear HSRP No : AA1047553550
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025
 No of Cylinders : 1 Chassis No : MBLHAW479SHKL5883
 Engine No : HA11F6SHKM4940 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+BLACK&ACCEN Wheel base : 1235
 T I3S(DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Steepr Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 243
 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)
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- 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	: 19-Nov-2025	Sale Amt	: 74999/-
OTT Date	: 19-Nov-2025	Amount/Rcpt No	: 7500 / UP53D25110012210
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 15-Jan-2026		

Other State/Transfer/Conversion/Reassign Details

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

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

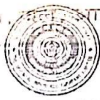
Date : 17-Jan-2026 17:28:39

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 कर. सजायन Date: 17-Jan-2026

सो. वाहन विभाग
 गोरखपुर

17-01-2026, 0



आकाश, सब की सुरक्षा हमारे पास

कम्पनी लिमिटेड
(भारत सरकार का उपक्रम)



PRITHVI, ASMI, JAL, AAKASH, SUB KI SURAKSHA HAMARE PASS
THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking)

U66010DL1947GP1007158 FAX INVOICE/CERTIFICATE OF POLICY SCHEDULE U66010DL1947GP1007158

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT - 01214063570, (GSTIN: BKAACCT0617R4ZU)

Policy No: 25240031202661182 Policy Issued On: 20-NOV-25

Agent/Broker Code: 340900155144 Proposal No. & Date: RCE40031202640587 & 20-NOV-2025

Agent/Broker Name: ABHINAV BHATI Policy Period (OWN DAMAGE): FROM 15:30 ON 20/11/2025 TO MIDNIGHT OF 19/11/2026

Insured Name: VINOD KUMAR GOSTIN Policy Period (LIABILITY): FROM 15:30 ON 20/11/2025 TO MIDNIGHT OF 19/11/2026

Insured Address: C/ROH NORA, SAPANDA SANDA NAYAPAF KHURDI, GORAKHPUR, NA, Lead/Breakin No: / Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP	Vehicle	71249
Model & Variant	HERO SPLENDOR PLUS 11	Electrical Accessories	0
Registration No	NE 3	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	71249
Engine/Chassis No	HX1116SHKM2940 - MBLHAW479SHKL5883	TIME CONTRACT NO	
Cubic Capacity	150	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	INDIA
Type Of Body	SO113		
RTI Location	Type Of Fuel: PETROL		

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1194.13	Basic Third Party Liability	3851
Live Accessories	0	Compulsory PA Cover Premium	0
Non-Live Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1194.13	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -11)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR3013	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4030
AMI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
STP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1015	Kalyan Kalyan Cess@0.50%	0
Nil Depreciation	1015	Gross Premium Paid	4756
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	179		

Nominee Details: Nominee Name: _____ Age: _____ Relation: _____ Bank Name: _____

Payment Details: Payment Method: _____ Cheque No./Transaction No.: _____ Amount: 4756

POS Name: NA 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 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.

Claim is not admissible if driving license is found fake or is not valid whether or not in the Knowledge of the insured.

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 MV 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) Race Making (5) Special racing (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, 1989.

Amount of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury - Such amount is necessary to meet their 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 PA Cover under section III for owner-Driver is RS 5 Lakhs PA Cover.

No Claim Bonus: The insured is entitled to a No Claim Bonus (NCB) from the own damage section of the policy if no claim is made or pending during the preceding year (a) 25% preceding two consecutive years/35% preceding three consecutive years/45% preceding four 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.

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.

Approved By: 0992293MD

Approved On: 20-NOV-25

Place: MHT

Printed On: 20-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


GAIPK3240N



नाम / Name
VINOD KUMAR

पिता का नाम / Father's Name
RAJENDRA

जन्म की तारीख / Date of Birth
01/01/1985


हस्ताक्षर / Signature



31082017



Indian Union Driving Licence
Issued by Government of UTTAR PRADESH

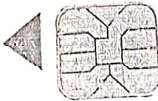


UP53 20260004266

Issue Date Validity(NT) Validity (TR)*
 02-02-2026 24-03-2046 00-00-0000



Holder's Signature



Date of First Issue 02-02-2026

Name: **AJIT NISHAD**
 Date of Birth: **25-03-2006** Blood Group: Organ Donor: **N**
 Son / Daughter / Wife of: **VINOD NISHAD**
 Address:
Saranda Naiyapar Khurd Naiyapar Khurd Sanda Sahjanwa Gorakhpur Uttar Pradesh 273152

DL No : UP53 20260004266

DLUP00188005



Invalid Carriages (Regn. Numbers)*

Hazardous Validity* Hill Validity*
 00-00-0000 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	UP53	02-02-2026	NT		00-00-0000	
	LMV	UP53	02-02-2026	NT			
			--			--	
			--			--	
			--			--	

Form 7 Rule 16(2)

Emergency Contact Number
 9695725022

Licensing Authority
Gorakhpur



भारत सरकार

Government of India



Aadhaar No. Issued: 04082018



अजीत निषाद
AJIT NISHAD

जन्म तिथि / DOB : 25/03/2006

पुरुष / Male



9973 9846 0473

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).

9973 9846 0473

मेरा आधार, मेरी पहचान