

**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-0226-145	Date	27-02-2026
Customer Name	VAVALI ,	Contact No.	8004787054
VIN	MBLJFW598PGL00352	Model	XOOM
Insurance Company		Reg No.	UP53EU4711
HMCGL Card No	1051522800001024	HMCGL Card Category	Platinum
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAWD00SS -FRONT FENDER BLACK NH-1 (S)	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
2	83510AAWD00SS -COVER BODY R BLACK NH 1	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
3	64340AAWD00SS -COVER FRONT UPPER BLACK NH 1	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
4	64309AAWD00S -FRONT COVER LOWER	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
5	64300AAWD00SS -COVER FRONT R(BLACK NH-1)	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
6	64301AAWD00SS -COVER FRONT L(BLACK NH-1)	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
7	81131AAWD00S -COVER INNER	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
8	64304AAWD00XS -COVER FRONT LOWER R	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
9	64350AAWD00SS -COVER FRONT LOWER LEFT NH-1	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
10	81149AAWD00YS -COVER INNER OUTER	87141090	Paid	238.14	1	9.00	9.00	0.00	0.00	0.00	0.00	281.00
11	81132AAWD00S -RACK INNER	87141090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
12	33100AAWD01S -LIGHT ASSY HEAD	85122010	Paid	3,779.66	1	9.00	9.00	0.00	0.00	0.00	0.00	4,460.00
13	53175ABV000S -LEVER COMPLETE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
14	53205AAWD00S -HANDLE COVER FRONT	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
15	88110AAWD01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	191.53	1	9.00	9.00	0.00	0.00	0.00	0.00	226.00
16	53100AAWD00S -HANDLE COMP STRG	87141090	Paid	722.03	1	9.00	9.00	0.00	0.00	0.00	0.00	852.00
17	18318AAWD003S - PROTECTOR MUFFLER	87141090	Paid	257.63	1	9.00	9.00	0.00	0.00	0.00	0.00	304.00
18	53206AAWD00S -HANDLE COVER REAR	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
19	53237AAWD00SS -COVER HANDLE TOP(BLACK NH-1)	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
20	53204AAWD00S -VISOR SPEEDOMETER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
21	35122AAL501S -BLANK KEY NO 2	83012000	Paid	30.51	1	9.00	9.00	0.00	0.00	0.00	0.00	36.00
Parts Total											0.00	15,505.00

Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
102032 - ACCIDENTAL LABOUR-XOOM	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00
									0.00	1,770.00
<b>Jobs Total</b>										<b>15,505.00</b>
Parts Total										1,770.00
Labour Total										1,182.58
SGST (Parts) 9%										1,182.58
CGST (Parts) 9%										135.00
SGST (Labour) 9%										135.00
CGST (Labour) 9%										
<b>Total</b>										<b>17,275.00</b>

Rupees in Words: Seventeen Thousand Two Hundred Seventy Five 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
  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.

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.	VAVALI 8004787054
2	Vehicle No. / वाहन संख्या	UP 53EU4711
3	Policy No. / पालिसी संख्या	MS/2025/700L/0/46575/568779
4	Period of Insurance / बीमा अवधि	25/12/2025 to 24/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/02/2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Harsewak Pur NO.2
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mritunjay Kumar Pandey 8004787054 UP522000003333L
8	Estimated Loss / अनुमानित हानि	17275
09.	Cause of Accident / दुर्घटना का कारण :	ववली की गाड़ी मूलतः कुशुभर पाठे चला रहे थे / दूरसर्वेयर के पास शामल अचानक जानवर आ गया जिससे गाड़ी जानवर से टकराकर हादसे तरफ़ गिरकर सतिशर-त-हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA /
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

26/02/26

Date / दिनांक :

हस्ताक्षर  
ववली

ववली

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. MS/0625/700/6/216575/51878

Tel. No. \_\_\_\_\_

Period of Insurance 25/12/25 to 24/12/26  
 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 : Navadi  
 (b) Address for correspondence : Ghoga Khbey  
 (c) Telephone : 8047870524

2. THE INSURED VEHICLE

Make & Year <u>2023</u> <u>Hero</u>	Engine No. <u>00352</u>	Registration No. <u>UP53EU</u> <u>47U</u>
	Chassis No. <u>01242</u>	

- (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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Msidunjoy Kumar Pandey  
 (b) Age : 67  
 (c) Address : 90/11/19  
 (d) Is the Driver :  
 1. 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 : UP5220000033881  
 (h) Issuing Authority : L.A. Deoria  
 (i) Date of Expiry : 28/01/2020  
 (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 : 05/02/2026 21:00 P.M.  
 (b) Place : Gao Hasenakpur  
 (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 :  
 निरालम गौरी गामा में बसकर दफि मारुन  
 गिरर कर हाशर कर ले न

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :  
 (b) Estimated cost of repairs : 17000  
 (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 : A  
 (f) Has notice of any claim been given to you? :

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 26/02/26 200

✓ पवनी  
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 .....  
Occupation .....  
Address .....  
.....  
.....

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

आयकर विभाग  
INCOME TAX DEPARTMENT  
VAVALI



भारत सरकार  
GOVT. OF INDIA

CHANDARBHAN PANDEY

01/01/1983

Permanent Account Number

BLDPV5930R



1102016

 भारत सरकार  
Government of India


 ववली  
Vavali

जन्म तिथि / DOB : 01/01/1983  
महिला / Female



**2980 7058 5061**


आधार - आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India


पता: अर्धांगिनी: मृतुन्जय पाण्डेय,  
मजरी खुर्द, देवरिया, पुरैनी, उत्तर  
प्रदेश, 274701

Address: W/O: Mritunjay Pandey, Mazuri  
Khurd, Deoria, Puraini, Uttar Pradesh,  
274701

**2980 7058 5061**

 1947  
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

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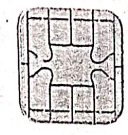
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Indian Union Driving Licence  
Issued by Uttar Pradesh



UP52 20000033331



Issue Date 29-01-2020 Validity (NT) 28-01-2030

Validity (TR)\*



Holder's Signature

Date of First Issue (13-12-2000)

Name: MRITUNJAY KUMAR PANDEY  
Date of Birth: 07-02-1979 Blood Group: B+ VE Organ Donor: N  
Son/Daughter/Wife of: DIGVIJAY NATH PANDEY

Address: MAJURI KHURD PURAINI BHATNI KHUKHUNDU  
DEORIA 274701

DL No: UP52 20000033331

UPDL000002391081



Invalid Carriage (Regn Numbers)\*  
Hazardous Validity\* Hill Validity\*

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date*	Badge Issued By*
MCWG	UP52	UP52	13-12-2000	NT			
LAV	UP52	UP52	13-12-2000	NT			
MVSD							

Licensing Authority  
UP52, DEORIA

Emergency Contact Number

