

**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-0326-148	Date	01-03-2026
Customer Name	KRISHNA MURARI BHARTI	Contact No.	9670973350
VIN	MBLJAW400S9B02463	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP53FF1671
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	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	64110AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
4	83402ADG000S -PANEL INNER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
5	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
6	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
7	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
8	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
Parts Total											0.00	9,647.00

**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	9,647.00
Labour Total	1,770.00
SGST (Parts) 9%	735.79
CGST (Parts) 9%	735.79
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
<b>Total</b>	<b>11,417.00</b>

Rupees in Words: Eleven Thousand Four Hundred Seventeen 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

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.	KRISHNA MURARI <del>KRISHNA BHARTI</del>
2	Vehicle No. / वाहन संख्या	9676972880 UP58FF 1671
3	Policy No. / पालिसी संख्या	252400/31/2023/31402
4	Period of Insurance / बीमा अवधि	03/03/2023 to 02/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/02/2026 10:00AM
6	Place of Accident / दुर्घटना का स्थान	Galgahar, GMP
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं.	Krishna Murari Bharti UP5820260015734
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी चलते समय अचानक साम के सामने आ जाने के कारण दाहिने तरफ जानवर से टकराकर दाहिना हिस्सा टूट गया।
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 8218237680

07/03/2026

Date / दिनांक :

हस्ताक्षर

कृष्ण मुरारी भारती

कृष्ण मुरारी भारती  
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. 252400/31/2025/91403  
 Tel. No. \_\_\_\_\_ Period of Insurance 03/03/2025 to 02/03/2026  
 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 : Kaishora Murali Bhatti  
 (b) Address for correspondence : Gorakhpur  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>658211</u> Chassis No. <u>022463</u>	Registration No. <u>UPSBFF</u> <u>1671</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/Tractor, was trailer attached?	_____
(h) Number of passengers carried	_____
(i) Number of Passenger permitted	_____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No  
(b) If yes, give full details : \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : JK  
(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. : \_\_\_\_\_ A

10. THEFT

- (a) Date and Time : JK  
(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 : \_\_\_\_\_ A

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 01/02/26 200

Signature of the insured  
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 ..... *कमल प्रकाश अरज* .....  
Occupation .....  
Address .....  
.....  
.....

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

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Kaishna Murali Bhargava  
(b) Age : 34 years  
(c) Address : \_\_\_\_\_  
(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 : UP5320200015744  
(h) Issuing Authority : R.T.O. GMP  
(i) Date of Expiry : 24/09/2029  
(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 : 27/02/2026 10:00 AM  
(b) Place : Chidambaram  
(c) Speed of vehicle at the time of accident : 50 kmph  
(d) Give a short description of the accident : \_\_\_\_\_  
(e) If any third party was responsible for this accident give the name and address : \_\_\_\_\_

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : \_\_\_\_\_  
(b) Estimated cost of repairs : 11217  
(c) When and where can the damaged vehicle be inspected : \_\_\_\_\_

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? : NA

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FF1671 Registration Date : 05-Mar-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : M.R. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, 188-273004  
 Owner Name : KRISHNA MURARI BHARTI Son/ wife/ daughter of : BHOLA NATH BHARTI  
 Full Address: (Permanent) : 62U BHATADIPURAM SHIVPUR, SAHVAJGANJ WARD 13, SHIVPUR, GORAKHPUR, UTTAR PRADESH-273014  
 Full Address: (Temporary) : 62U BHATADIPURAM SHIVPUR, SAHVAJGANJ WARD 13, SHIVPUR, GORAKHPUR, UTTAR PRADESH-273014  
 Fitness Up To : 04-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 : AA2120231508 Rear HSRP No : AA2120680418  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
 No of Cylinders : 1 Chassis No : MBLJAW400S9IB02463  
 Engine No : JA07AMS9B02041 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267  
 Seating Cap(In all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 127  
 Colour : 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.o.f.

Purchase dt : 02-Mar-2025 Sale Amt : 62461/-  
 OTT Date : 02-Mar-2025 Amount/Rcpt No : 8247 / UP53025030001000  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 09-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 05-Mar-2025 to 04-Mar-2040

Date : 15-Apr-2025 17:51:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 15-Apr-2025

Q 246/306

क्रिष्णा मुरारी भारती

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THE ASSURANCE COMPANY LIMITED

31/02/2020

about blank

Details of Driving Licence: UP53 20200015744	
Name: KRISHNA MURARI BHARTI	
Gender: Male	
Status:	Active
SWD Name: BHOLA NATH	Date of Birth: 25-09-1969

Address:

Present Address:	Permanent Address:
621 SHAFARDIPI RAM WARD NO 15 SHIVPUR SAHVAJGANJ SHIVPUR Gorakhpur, UP 273014	621 SHAFARDIPI RAM WARD NO 15 SHIVPUR SAHVAJGANJ SHIVPUR Gorakhpur, UP 273014

Date of Issue:	02-07-2020	Issued RTO:	UP53
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DL Validity

Non Transport:	From:	02-07-2020	To:	24-09-2029
Transport:	From:		To:	
Hazardous Valid Till:		Hill Valid Till:		

COV Details ..

COV Category :	Class of Vehicle:	COV Issue Date:
NT	Motor Cycle with Gear (Non T)	02-07-2020
NT	MOTORCY	

Badge Details.

Badge Number :	Class of Vehicle :	Badge Issue Date:

*Handwritten signature*

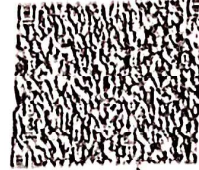


भारत सरकार

Unique Identification Authority of India



कृष्ण मुरारी भारती  
Krishna Murari Bharti  
जन्म तिथि/DOB: 25/09/1969  
पुरुष/ MALE



4328 8147 0982

मेरा आधार, मेरी पहचान



भारत सरकार द्वारा चलाया जा रहा है

Unique Identification Authority of India

**Address:**

S/O: Bhola Nath Bharti, 62U,  
SHATABDIPURAM, ward 15,  
SHIVPUR SAHVAJGANJ, Shivpur,  
Gorakhpur,  
Uttar Pradesh - 273014

**पता:**

S/O: भोला नाथ भारती, 62यु, शताब्दीपुरम,  
वार्ड 15, शिवपुर सहवाजगंज, शिवपुर,  
गोरखपुर,  
उत्तर प्रदेश - 273014

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www.uidai.gov.in

कृष्ण मुरारी भारती

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



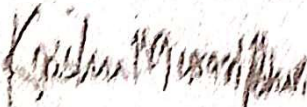
स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
APVPB8173K



नाम / Name  
KRISHNA MURARI BHARTI

पिता का नाम / Father's Name  
BHOLA NATH BHARTI

जन्म की तारीख  
Date of Birth  
25/09/1969

  
हस्ताक्षर / Signatures

08032020