

DEEPA CHAND TRADERS
 NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India
 State Code: 9 Contact: 7054923970, , ,
 GSTIN No: 09BKDPP2013C2ZN
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66816-03-REST-0326-13	Date	11-03-2026
Customer Name	ASHWAPAL .	Contact No.	8173880437
VIN	MBLHAW486SHE05662	Model	SPLENDOR +
Insurance Company	Motorsathi Solutions	Reg No.	UP53FJ1308
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	ADHMS6A0030BBGS - VISOR FRONT NH-1(T2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	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
5	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
6	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
7	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
8	45508ADH600S -PRIMARY LEVER KIT	87141090	Paid	233.90	1	9.00	9.00	0.00	0.00	0.00	0.00	276.00
9	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
10	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
11	ADHMS6A0000BBGS - FUEL TANK NH-1(T2)	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
Parts Total											0.00	11,999.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
Jobs Total											0.00	708.00

Parts Total	11,999.00
Labour Total	708.00
SGST (Parts) 9%	915.18
CGST (Parts) 9%	915.18
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	12,707.00

Rupees in Words: Twelve Thousand Seven Hundred Six 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

66816 - Main W/S


UNION OF INDIA Driving Licence (UP) (NT)
 UP53 20140001003

जारी करने की तिथि / Date of Issue: 11/01/2014
 जारी तिथि / Date of Birth: 29/09/1988
 रक्त समूह / Blood Group: Unknown

नाम / Name: **CHANDRA PAL**
 पिता/पति का नाम / Son/Daughter/Wife of: **TAM DARASH**




UP53 20140001003
 UP00894786MT

1. MV 11/01/2014
 2. MCMS 11/01/2014

नाम / Name: **रामेश्वर सिंह**
 पता / Address: **हार्पुर बुघात गोरखपुर**

जारीकर्ता / Issued Authority Sign: **गोरखपुर**

(UP)
 Form 7 (Rule 162)






भारत सरकार
Government of India



अश्वपाल
Ashwopal
जन्म तिथि / DOB : 16/07/1982
पुरुष / Male



4935 6215 8028

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता
आत्मज: रामदरश, परमेश्वर,
गोरखपुर, परमेश्वरपुर, उत्तर प्रदेश,
273209

Address:
S/O: Ramdarsh, Parmeshwarpur,
Gorakhpur, Parmeswarpur, Uttar
Pradesh, 273209

4935 6215 8028

1947
1800 300 1947

✉
help@uidai.gov.in

www
www.uidai.gov.in

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ1308 Registration Date : 25-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , 188-273001
 Owner Name : ASHWAPAL Son/wife/daughter of : RAMDARSH
 Full Address: (Permanent) : VILL- PARMESHWARPUR, PO- PARMESHWARPUR, PS- HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209
 Full Address: (Temporary) : VILL- PARMESHWARPUR, PO- PARMESHWARPUR, PS- HARPUR BUDHAT, GORAKHPUR- UTTAR PRADESH-273209

Fitness UpTo : 24-May-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : SARASWATI DEVI
 Relationship with the Nominee : Spouse Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1042684612 Rear HSRP No : AA1042374370
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW486SHE05662
 Engine No : HA11F7SHE10823 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : Black Heavy Grey 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)
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 : 22-May-2025 Sale Amt : 78776/-
 OTI Date : 22-May-2025 Amount/Rcpt No : 7878 / UP53D25050009464
 Vehicle is Govt./Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 09-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

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

Date : 11-Jun-2025 13:24:51

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 11-Jun-2025

Q 2689371

6/11/2025, 1:24 PM

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 12707=00 Day of 10/3/2026
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees बारह हजार सात सौ मात्र रुपया मात्र = 00)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP53F11308 insured under Policy No. 16429 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. 12707=00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature
Occupation 3129पाठ
Address
.....

Bank Account Number
Name of the Bank

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? : _____ N/A
- (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 10/03/2026

Signature of the insured _____

अनुपम

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Chandrapal
 (b) Age : 05/09/1988 37 Years
 (c) Address : Parmeshwarpur Harpur Budhat
 Gosakhpur
 (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 : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : UP5320140001003
 (h) Issuing Authority : 10/01/2034
 (i) Date of Expiry : 10/01/2034
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any : X
 (l) Has he been involved in any accident before? : X
 (m) Has he been charged by the policy? If so, Why?: : X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 10/03/2026 1:00 PM
 (b) Place : Parmeshwarpur
 (c) Speed of vehicle at the time of accident : 100 km/h
 (d) Give a short description of the accident : 100 km/h से गाड़ी चलते-चलते अचानक ब्रेक फेल हो गई और गाड़ी सामने की गाड़ी से टकरा गई।
 (e) If any third party was responsible for this accident give the name and address : X

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Mirror, Fender, Handle, Winker, Leg
 (b) Estimated cost of repairs : Guard, Handle T, Sockax pipe, Head
 (c) When and where can the damaged vehicle be inspected : Light Fuel Tank
 Deep Chand Traders Katkaha

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 : NA
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :



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. 252400/31/2026/16429
 Tel. No. _____ Period of Insurance 22/5/2025 To 21/05/2026
 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 : Ashwajal
 (b) Address for correspondence : Vill - Parmeshwarpur Part - Parmeshwarpur
 (c) Telephone : Harpur Budhat Sahjanwa Gorakhpur

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11F7SHE10823</u> Chassis No. <u>MBLHAW4865HE05662</u>	Registration No. <u>UP53FJ</u> <u>1308</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 : _____
- NA

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.	Ashwapal 9235225096
2	Vehicle No. / वाहन संख्या	UP53FD1308
3	Policy No. / पालिसी संख्या	252400/31/2026/16429
4	Period of Insurance / बीमा अवधि	22/5/2025 TO 21/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/03/2026 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	Parmeshwarpur Gorakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Chandrapal
8	Estimated Loss / अनुमानित हानि	12707
9	Cause of Accident / दुर्घटना का कारण : 10/03/2026 को पारमेश्वरपुर नि गौरवपुर जा रहे थे पारमेश्वरपुर गाँव से निकलते समय जोड़ पा लाने में आ ही आये से रम्क ही जनि के कारण गाड़ी लाने में और दार लाइव से क्षतिग्रस्त हो गयी ।	
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.	Deep Chand Traders Katsahara Bazar G.K.P. 7521065310

Date / दिनांक : 10/3/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

अश्वपाल