

**SETH BABURAM MOTORS**

Mohanpur, Distt. Kasganj (U.P.) 207242

State Code : 9, Contact : 8126431710

GSTIN No. : 09BOYPG6666K1ZW

Authorised Representative of : BHARAT AUTO

**ESTIMATE**

Estimate No. : 101  
 Customer Name : AASHU  
 VIN : MBLHAW335SHG28409  
 Insurance Company : THE ORIENTAL INSURANCE

Date : 15-Mar-2026  
 Contact No. : 8439379035  
 Model : SPL+ I3S XTEC 2.0 OBD  
 Reg No. : UP87AA2291  
 Policy No. : 25240031202654089

**Parts Details**

S No.	Parts Number	HSN No.	Billing Type	Rate	Qty	CGST %	SGST %	IGST %	Discount %	Discount	Net Amount
1	VISOR FRONT S(D)-015M(F)	87141100	PAID	831.36	1	9.00	9.00	0.00	0.00	0.00	981.00
2	INNER PANEL	87141100	PAID	222.03	1	9.00	9.00	0.00	0.00	0.00	262.00
3	LIGHT ASSEMBLY HEAD LAMP	85122000	PAID	2542.37	1	9.00	9.00	0.00	0.00	0.00	3000.00
4	WINKER ASSEMBLY LEFT FRONT	85122000	PAID	135.59	1	9.00	9.00	0.00	0.00	0.00	160.00
5	PIPE STRG HANDLE-53100AAE110S	87141090	PAID	389.83	1	9.00	9.00	0.00	0.00	0.00	460.00
6	KIT, WHEEL COMP. FRONT-K44446AAF000S	87141090	PAID	3554.24	1	9.00	9.00	0.00	0.00	0.00	4194.00
<b>Total :</b>										0.00	9057.00
1	ACCIDENTAL LABOUR	998729	PAID	423.73	1	9.00	9.00	0.00	0.00	0.00	500.00
<b>Total :</b>										0.00	500.00

Parts Total	9057.00
Labour Total	500.00
SGST (Parts) 14%	0.00
SGST (Parts) 9%	690.77
CGST (Parts) 14%	0.00
CGST (Parts) 9%	690.77
SGST (Labour) 9%	38.14
CGST (Labour) 9%	38.14

<b>Total</b>	<b>9557.00</b>
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**Rupees in Words : NINE THOUSAND FIVE HUNDERED FIFTY SEVEN ONLY**

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. vehicle may be inspected in Workshop premise or outside the premise
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 KASGANJ Jurisdiction Only

For SETH BABURAM MOTORS



Customer's Signature

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.	AASHU 8939 379035
2	Vehicle No. / वाहन संख्या	UP87AA 2291
3	Policy No. / पालिसी संख्या	252400/31/2026/54089
4	Period of Insurance / बीमा अवधि	30/10/2025 to 29/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	3/03/2026, 5:30 PM
6	Place of Accident / दुर्घटना का स्थान	Near Dhumsai
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gopal Salanki, UP8720240003821
8	Estimated Loss / अनुमानित हानि	9557
9	Cause of Accident / दुर्घटना का कारण	सिडपुल में धूमरी जाते समय अचानक सामने से एक तेज वाहन आया और मेरी वाहन से टकरा गई और मेरी वाहन क्षतिग्रस्त होकर रोड पर गिर गई
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.	Seth Babu Ram motars mohan Pur Kasganj 9389698194

Date / दिनांक : 15/03/2026  
हस्ताक्षर

  
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 meowat

Certificate/Policy No. 252400/31/2026/54089

Tel. No.

Period of Insurance 30/10/2025, 29/10/2026  
 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 : AASHU  
 (b) Address for correspondence : HIBAWA SISHPUW KASGANJ  
 (c) Telephone : 89 29 37 9035

2. THE INSURED VEHICLE

Make & Year <u>Harcota 2025</u>	Engine No. <u>HA11FB5HG28778</u> Chassis No. <u>MBLHAW3355HG28409</u>	Registration No. <u>UP87AA2291</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 use  
 (c) Was trailer attached? NA  
 (d) If a Motor Cycle/scooter NA  
 1. Was a side-car attached  
 2. Was a pillion rider carried NA

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 : \_\_\_\_\_ NA  
 (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 : Gopal Solanki  
(b) Age : 22  
(c) Address : Shivana Bhujpara Patigali  
(d) Is the Driver  
1. Owner :  
2. paid driver? :  
3. Owner's relative or friend? : No friend  
(e) If paid driver, how long has he been in your employment :  
(f) Was he under the influence of intoxication Liquor or drugs? : No  
(g) Driving Licence Number : 018720240003821  
(h) Issuing Authority : Nagpur  
(i) Date of Expiry : 07/04/2023  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any :  
(l) Has he been involved in any accident before? : No  
(m) Has he been charged by the policy? If so, Why? : No

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident : No

5. DETAILS OF ACCIDENT

- (a) Date and Time : 13/02/2026, 5:30 PM  
(b) Place : Near Dhumari  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : Hit by the unknown vehicle  
(e) If any third party was responsible for this accident give the name and address : No

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimate  
(b) Estimated cost of repairs : 9557  
(c) When and where can the damaged vehicle be inspected : Citibank Ram motors (Mohan Plov)

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? : No

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 : \_\_\_\_\_  
(b) Did a Police Constable take particulars of  
The accident? : \_\_\_\_\_  
(c) Was accident reported to Police? If not, Why? :   No    
(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? :   No    
(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 15/03/2016

Signature of the insured   [Signature]

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 .....



The Oriental Insurance Company Ltd.  
Policy Schedule

The Document is Digitally Signed  
Signed By: THE CHIEF... INSURANCE  
Date: Sat, Nov 8, 2025 18:21:16 IST  
Reason: Signing Policy for OICL

Report ID: PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	30-OCT-25
Policy No	252400/31/2026/54089	Proposal No. & Date	R/252400/31/2026/106504631/4 & 30-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:22 ON 30/10/2025 TO MIDNIGHT OF 29/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 15:22 ON 30/10/2025 TO MIDNIGHT OF 29/10/2030
Insured Name	AASHU (GSTIN: )	Lead /Breakin No	/
Insured Address	C/O ARJUN SINGH, R/O NIBUA, SIRHPURA, KANSHIRAM NAGAR, NA,0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	76491
Model & Variant	SPLENDOR + XTEC 2.0			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	76491
Engine -Chassis No	HA11FB5HG28778 - MBLHAW335SHG28409			TMF CONTRACT NO	
Cubic Capacity	97.2			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	1281.99	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	191.99	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-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR3683	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4043
AAI Membership (IMT-9)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	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	4771
NIL Depreciation	0		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Net own Damage Premium(A)	192	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :	Nominee Name	Age	1	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
				4771
Financer Type	Financer Name	Cash	Financer Branch	
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 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: [www.orientalinsurance.org.in](http://www.orientalinsurance.org.in) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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 the 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/have herein to set his/their hands at 252400 on 30-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, 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 trails (7) Any Purpose in connection with motor trade.

**GOVERNMENT OF UTTAR PRADESH**

Transport Department Kasganj(kashi ram nagar)

FORM 23

**CERTIFICATE OF REGISTRATION**

Registration No : UP87AA2291      Registration Date : 02-Nov-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : M/S BHARAT AUTO, AWAS VIKAS COLONY SORON GATE, KASGANJ, , , 202-207123  
 Owner Name : AASHU      Son/wife/daughter of : ARJUN SINGH  
 Full Address: (Permanent) : NIBAU, SIRHPURA, KASGANJ, KANSHIRAM NAGAR, UTTAR PRADESH-207246  
 Full Address: (Temporary) : NIBAU, SIRHPURA, KASGANJ, KANSHIRAM NAGAR-UTTAR PRADESH-207246  
 Fitness UpTo : 01-Nov-2040      Owner Serial No : 1

**Detailed Description**

Class of Vehicle : M-CYCLE/SCOOTER      Link Vehicle No :  
 Ownership : INDIVIDUAL      Nominee Name : ARJUN SINGH  
 Relationship with the Nominee : Father      Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1046316208      Rear HSRP No : AA1046604919  
 Type of Body : SOLO      Month/Year of Manuf. : 07/2025  
 No of Cylinders : 1      Chassis No : MBLHAW335SHG28409  
 Engine No : HA11FBSHG28778      Fuel : PETROL  
 Horse Power(BHP) : 8.17      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DR Wheel base : 1235  
 S)  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleeper Cap : 0      Unladen Wt (kgs) : 112  
 Colour : MAT GUN MET GREY      Laden/GV Wt (kgs) : 242  
 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 : 30-Oct-2025      Sale Amt : 80517/-  
 OTT Date : 30-Oct-2025      Amount/Rcpt No : 8052 / UP87D25110000411  
 Vehicle is Govt./ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 15-Nov-2025

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

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

This certificate is valid from 02-Nov-2025 to 01-Nov-2040

Date : 21-Nov-2025 16:12:49  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of  Authority  
 Date : 21-Nov-2025



Q 5403490

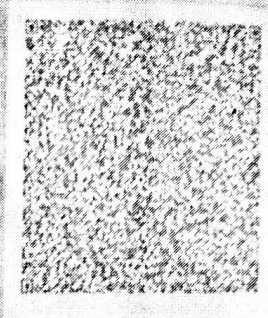
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
GAIPA6565G



नाम / Name  
AASHU

पिता का नाम / Father's Name  
ARJUN SINGH

जन्म की तारीख / Date of Birth  
01/01/2007

हस्ताक्षर / Signature

04978



भारत सरकार  
Government of India



Aadhaar No. Issued: 11/02/2015



आरु  
Aashu  
जन्म तिथि/DOB: 01/01/2007  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन एमपीकरण, या क्यूआर कोड/  
ऑनलाइन एक्सएनएल 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)

**6108 7264 4486**

**मेरा आधार, मेरी पहचान**

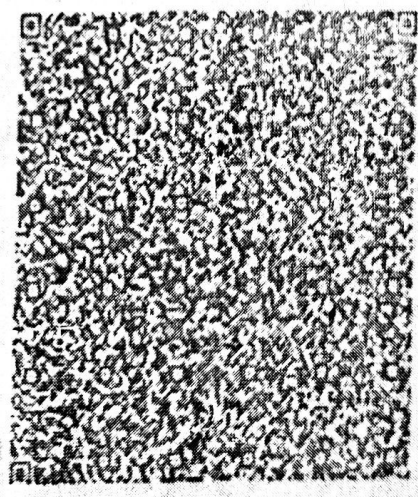


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आशुज: अर्जुन सिंह, निहुआ, सिद्धपुरा, कासगंज,  
उत्तर प्रदेश - 207246  
Address:  
S/O: Arjun Singh, Nibaua, PO: Sirhpura,  
DIST: Kasganj,  
Uttar Pradesh - 207246

Aadhaar No. Issued: 11/02/2015



**6108 7264 4486**

**VID : 9163 1836 1185 7233**

1947

help@uidai.gov.in

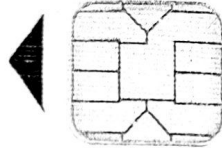
www.uidai.gov.in



**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**



**UP87 20240003821**



Issue Date    Validity (NT)    Validity(TR)\*  
 27-06-2024    07-04-2043



Holder's Signature

Name: **GOPAL SOLANKI**  
 Date of Birth: **08-04-2003**    Blood Group:  
 Son/Daughter/Wife of: **SHYAM KUMAR**

Organ Donor: **Y**

Address:  
**NIVAU BHUJPURA BHUJPURA PATIYALI**  
**KASGANJ UTTAR PRADESH 207246**

Date of First Issue: 27-06-2024

**DL No: UP87 20240003821**

UPDL000013775342



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP87	27-06-2024	NT			
	LMV	UP87	27-06-2024	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
 Licensing Authority  
**UP87 KASGANJ**