

DEEP 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-0326-14	Date	19-03-2026
Customer Name	SAROJA	Contact No.	7523054518
VIN	MBLHAW485SHL58198	Model	SPLENDOR +
Insurance Company	Motorsathi Solutions	Reg No.	UP53FP4456
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	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
2	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	0.00	0.00	0.00	0.00	0.00	0.00	671.19
3	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	1	0.00	0.00	0.00	0.00	0.00	0.00	898.31
4	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	0.00	0.00	0.00	0.00	0.00	0.00	741.53
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	0.00	0.00	0.00	0.00	0.00	0.00	527.12
6	ADHMS6A0030BBGS -VISOR FRONT NH-1(T2)	87141090	Paid	831.36	1	0.00	0.00	0.00	0.00	0.00	0.00	831.36
7	ADHMS6A0000BBGS -FUEL TANK NH-1(T2)	87141090	Paid	4,296.61	1	0.00	0.00	0.00	0.00	0.00	0.00	4,296.61
Parts Total											0.00	8,334.10

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	8,334.10
Labour Total	708.00
SGST (Parts) 9%	28.07
CGST (Parts) 9%	28.07
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	9,042.10

Rupees in Words: Nine Thousand Fourty Two and paise Ten 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

66816 - Main W/S




भारत सरकार
Government of India

Aadhaar no. issued: 16/02/2016



सरोजा
Saroja
जन्म तिथि/DOB: 01/01/1990
सहिला FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
 इसका उपयोग सुधारण (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
 ऑफलाइन एमआरएम 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)

3205 6454 2622

मेरा आधार, मेरी पहचान




भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Details as on: 23/01/2024

पता
अशोक, प्रमोद, गनौरी, गनौरी, मंडल, गोरखपुर,
उत्तर प्रदेश - 273209

Address:
W/O: Pramod, ganauri, Ganauri, PO:
Sahajanwa, DIST. Gorakhpur,
Uttar Pradesh - 273209



3205 6454 2622

VID : 9115 1391 3014 1093

 1947
 help@uidai.gov.in
 www.uidai.gov.in

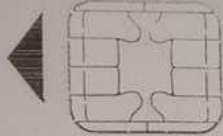


**Indian Union Driving Licence
Issued by Uttar Pradesh**



सत्यमेव जयते

UP53 20220028247



Issue Date Validity (NT) Validity(TR)*
21-11-2022 02-01-2044 -----



(21-11-2022)

Satish Kumar
Holder's Signature

Name: **SATISH KUMAR**
Date of Birth: **03-01-2004** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **INDRESH**
Address:
**VILL GANAURI PO MAHAITA PS HARPUR BUDHAT
Gorakhpur, UP 273209**

Date of First Issue

DL No: **UP53 20220028247**

UPDL 000009575878



invallo 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*
	1ACWG	UP53	21-11-2022	NT			
	LMV	UP53	21-11-2022	HT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Licensing Authority
UP53 GORAKHPUR

GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaperRC

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FP4456 Registration Date : 04-Dec-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 : SAROJA Son/wife/daughter of : PRAMOD
 Full Address: (Permanent) : VILL- GANAURI,, PO- MAHAITA,, PS-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209
 Full Address: (Temporary) : VILL- GANAURI,, PO- MAHAITA,, PS-HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273209

Fitness UpTo : 03-Dec-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : GAUTAM
 Relationship with the Nominee : Son Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2146384126 Rear HSRP No : AA2143881087
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLHAW485SHL58198
 Engine No : HA11F7SHL37041 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 HERO FINCORP LTD, GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 03-Dec-2025.

Purchase dt : 03-Dec-2025 Sale Amt : 73764/-
 OTT Date : 03-Dec-2025 Amount/Rcpt No : 7377 / UP53D25120001219
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Dec-2025

Other State/Transfer/Conversion/Reassign Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 04-Dec-2025 to 03-Dec-2040

Date : 20-Jan-2026 16:05:07

Signature of Registering Authority
 Date : 20-Jan-2026

Taxation Particulars / Advance Registration Mark Fee Details

Q 7468169

20-01-2026, 02:35

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 ₹ 8333=00 Day of 17/07/2006
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 8333=00
(In words Rupees आठ हजार तीन सौ तीस रुपये)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP53FP4456 insured under Policy No. 64396 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. 8333=00

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

Witness

Name

Signature

Address

Signature सरोजा

Occupation

Address

Bank Account Number

Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : X
(b) Did a Police Constable take particulars of The accident? : X
(c) Was accident reported to Police? If not, Why? : X
(d) If yes, to which Police Station? : X
(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? : NA
(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 17/03/2026

Signature of the insured शशिजा

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्श्योरेंस 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.	Sahaja
2	Vehicle No. / वाहन संख्या	UP53FP4456
3	Policy No. / पालिसी संख्या	25240031/2026/64396
4	Period of Insurance / बीमा अवधि	02/12/2025 TO 01/12/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/03/2026 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	Katsahara
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Satish Kumar UP5320220028247
8	Estimated Loss / अनुमानित हानि	8334=00
09.	Cause of Accident / दुर्घटना का कारण: 17/03/2026 को गनोरी ले हापुर जा रहे थे कसहरा बजार में मोड़ पर सामने से आ रही बस ले टोकर लगने के कारण गाड़ी 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 Tredars Katsahara Bazar Gorakhpur 7521065310

Date / दिनांक :

हस्ताक्षर

17/03/2026

Signature of Insured / बीमाधारक के

शशजा

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Satish Kumar
 (b) Age : 31/01/2004 21 Years
 (c) Address : Ganawari Po. Mahaita P.S. Harpur
 Budhat
 (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 : UP5320220828247
 (h) Issuing Authority :
 (i) Date of Expiry : 02/01/2044
 (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 : 17/03/2026
 (b) Place : Katgharwa
 (c) Speed of vehicle at the time of accident : 30
 (d) Give a short description of the accident : जेरी में एम्पुला से ब्रेकलहरा में जोड़ पर लागने
 (e) If any third party was responsible for this accident give the name and address : जे झाड़ी वन ले टक्का लगने पर झगडा क्षतिग्रस्त हो गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fuel Tank, Handle, Mirror, head Light
 (b) Estimated cost of repairs : Leg Guard, Winker,
 (c) When and where can the damaged vehicle be inspected : Deep Chand Tredays

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. 252400/31/20206/64396

Tel. No. _____

Period of Insurance 2/12/2025 TO 1/12/2026
 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 : Saroga
 (b) Address for correspondence : Ganabari Po. Ganauri Mahaita Gorakhpur
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HAIIF7SHL37041</u> Chassis No. <u>MBLHAW485SHL58196</u>	Registration No. <u>UP53FP</u> <u>4456</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 : N.A.
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____