

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-0326-15	Date	19-03-2026
Customer Name	JAYSINGH KUMAR	Contact No.	9129402604
Aadhaar Card	7392 6635 9096		
VIN	MBLHAW487S4F00335	Model	SPLENDOR +
Insurance Company	Motorsathi Solutions	Reg No.	UP58AL0474
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	37100ADHB3099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	0.00	0.00	0.00	0.00	0.00	0.00	1,288.98
3	ADHMS6A0120BBGS - COWL REAR RIGHT NH-1(T2)	87141090	Paid	272.88	1	0.00	0.00	0.00	0.00	0.00	0.00	272.88
4	50100ADHB30S -FRAME BODY COMPLETE	87141090	Paid	6,374.58	1	0.00	0.00	0.00	0.00	0.00	0.00	6,374.58
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	0.00	0.00	0.00	0.00	0.00	0.00	527.12
6	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	311.86	1	0.00	0.00	0.00	0.00	0.00	0.00	311.86
7	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	0.00	0.00	0.00	0.00	0.00	0.00	796.61
8	81200AAD300S -CARRIER REAR	87141090	Paid	765.25	1	0.00	0.00	0.00	0.00	0.00	0.00	765.25
9	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
10	52410KCC871S -DAMPER COMP. RR	87141090	Paid	515.25	1	0.00	0.00	0.00	0.00	0.00	0.00	515.25
11	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	0.00	0.00	0.00	0.00	0.00	0.00	186.44
Parts Total											0.00	16,316.59

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	16,316.59
Labour Total	708.00
SGST (Parts) 9%	74.82
CGST (Parts) 9%	74.82
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	17,024.59

Rupees in Words: Seventeen Thousand Twenty Four and paise Fifty Nine 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.

66816 - Main W/S

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



FVFPK6549K

नाम / Name
JAYSINGH KUMAR

पिता का नाम / Father's Name
JAGADAMBA PRASAD

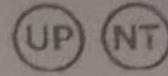


जन्म की तारीख / Date of Birth
24/06/1999

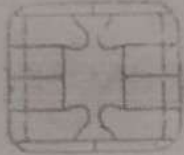
A PAN Application Digitally Signed, Card Not Valid unless Physically Signed

25072017

UNION OF INDIA Driving Licence



UP58 20180000725



जारी करने की तिथि
Date of Issue
27/01/2018

वैधता - समाप्ति
26/01/2038

जन्म तिथि
Date of Birth
24/06/1999

Blood Group
Unknown



नाम / Name

JAISINGH KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

JAGDAMBA PRASAD

UP58 20180000725



LMV
27/01/2018



MCWG
27/01/2018



पता / Address

VILL PANARAM PO, DEVAPAR
MAHULI
SANT KABIR NAGAR -

Holder's Signature

जारी करने वाला / Issuing Authority Sign
ARTOSANTKABIRNAGAR

CERTIFICATE OF REGISTRATION

Registration No : UP58AL0474 Registration Date : 20-Aug-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 : JAYSINGH KUMAR Son/wife/daughter of : JAGDAMBA PRASAD
 Full Address: (Permanent) : VILL PANARAM, PO. DEVAPAR, PS. MAHULI, SANT KABIR NAGAR, UTTAR PRADESH-272164
 Full Address: (Temporary) : VILL-PANARAM, PO. DEVAPAR, PS. MAHULI, SANT KABIR NAGAR-UTTAR PRADESH-272164
 Expiry Up To : 19-Aug-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Nominee Name : JAGDAMBA PRASAD
 Relationship with the Nominee : Father Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133082322 Rear HSRP No : AA2133715467
 Type of Body : SOLO WITH PILLION Month/Year of Manuf : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW487S4F00335
 Engine No : HA11F7S4F00303 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (QRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Steepest Cap : 0 Uniaden Wt (kgs) : 113
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 243
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Buy Book

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 typification in favour of w.e.i.

Purchase dt : 15-Aug-2025 Sale Amt : 78776/-
 DT Date : 16-Aug-2025 Amount/Rcpt No : 7878 / UP58D25080000763
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 22-Aug-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous Reg No :
 Old state : Expiry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 20-Aug-2025 to 19-Aug-2040

Date: 11 Sep 2025 10:31:59

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 11-Sep-2025

Q 3624895

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 17024-00 Day of 17/03/2026
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 17024-00
(In words Rupees एक सौ अठ्ठावन हजार मात्र)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP58AL0474 insured under Policy No. 32670 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. 17024-00

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

Witness
Name
Signature
Address

Signature G. D. PATE
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 : _____ X

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. : _____ X

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 17/03/2026

Signature of the insured जय सिंह

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.	Jay Singh
2	Vehicle No. / वाहन संख्या	UP58AL0474
3	Policy No. / पालिसी संख्या	252400/31/2026/32670
4	Period of Insurance / बीमा अवधि	13/08/2025 TO 12/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/03/2026 5:00
6	Place of Accident / दुर्घटना का स्थान	Sahjanwa Gosakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Jay Singh, Kumar UP5820100000725
8	Estimated Loss / अनुमानित हानि	17024.00
09.	Cause of Accident / दुर्घटना का कारण:	17/03/2026 को गोरखपुर का है व लहजनों में पिछे से आ ही है न रफ्तक पिछाप आ ही थी और पिछे से लग गयी और गाड़ी डिवाइड पर गिरी जिससे पिछे और Right Side में Damage 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.P. 7521065310

Date / दिनांक :

हस्ताक्षर

17/03/2026

Signature of Insured / बीमाधारक के

अपने

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Jay Singh
(b) Age : 24/06/1995 02 Years
(c) Address : Vill - Lunaran Po. Dewapur Mahuli SKN.
(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 : U5820180220725
(h) Issuing Authority :
(i) Date of Expiry : 26/01/2028
(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 : 17/07/2026
(b) Place : Sahjanwa
(c) Speed of vehicle at the time of accident : 50 km/hr
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address :
एक गाड़ी ने पिछले आ (ही) पिछले से ठोका लगने से गाड़ी ट्विस्टर पर गिरी और क्षतिग्रस्त हो गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor fuel Tank Checkup, Sockar, Rear fender
(b) Estimated cost of repairs : 17024
(c) When and where can the damaged vehicle be inspected : Deep Chand Tredar & Katarabara

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. 252400/31/2026/32670

Tel. No. _____

Period of Insurance 13/08/25 To 12/08/2026
 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 : Jay Singh
 (b) Address for correspondence : Vill - Panaram Po. Dewapur Mahuli SIKH.
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>HA11F754 F00363</u> Chassis No. <u>MBLHAW48754F00335</u>	Registration No. <u>UP58AL 0474</u>
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- (a) Was the vehicle in proper working condition? NO
 (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 X
 2. Was a pillion rider carried X

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 : NA
 (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 : _____