

**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-0426-1	Date	14-04-2026
Customer Name	LALTI DEVI	Contact No.	7752943167
VIN	MBLHAW483SHG52766	Model	SPLENDOR +
Insurance Company	Motorsathi Solutions	Reg No.	UP53FN0159
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	ADHMS6A0030BAGS - VISOR FRONT NH-1(T1)	87141090	Paid	894.07	1	9.00	9.00	0.00	0.00	0.00	0.00	1,055.00
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	83402AAE710S -PANEL INNER	87141090	Paid	254.24	1	9.00	9.00	0.00	0.00	0.00	0.00	300.00
4	37100ADHB3099S -METER ASSEMBLY COMB	87141090	Paid	1,423.73	1	9.00	9.00	0.00	0.00	0.00	0.00	1,680.00
5	18350AAE940S -MUFFLER COMPLETE EXHAUST	87141090	Paid	5,444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	6,425.00
6	46544AAEB00S -REAR BRAKE PEDAL & ROD SUB ASSEMBLY	87141090	Paid	772.88	1	9.00	9.00	0.00	0.00	0.00	0.00	912.00
7	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	33450KCC710S -WINKER ASSY L FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	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
11	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	420.00
12	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.01
13	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
Parts Total											0.00	16,301.01

**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	700.00	9.00	9.00	0.00	0.00	0.00	0.00	826.00	
Jobs Total											0.00	826.00

Parts Total	16,301.01
Labour Total	826.00
SGST (Parts) 9%	1,243.30
CGST (Parts) 9%	1,243.30
SGST (Labour) 9%	63.00
CGST (Labour) 9%	63.00
<b>Total</b>	<b>17,127.01</b>



भारत सरकार  
GOVERNMENT OF INDIA



लालती देवी  
Lalti Devi  
जन्म तिथि/ DOB: 01/01/1982  
महिला / FEMALE



9254 3588 5477

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

W/O: सुवास, मझौरा,  
मझौरा, गोरखपुर,  
उत्तर प्रदेश - 273209

Address:

W/O. Subas, majhaura, Majhaura,  
Gorakhpur,  
Uttar Pradesh - 273209

9254 3588 5477

Aadhaar-Aam Admi ka Adhikar



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



**UP53 20250030283**



Issue Date: 15-09-2025  
Validity (NT): 23-01-2041

Validity (TR)\*



Holder's Signature

Date of First Issue: 15-09-2025

Name: **SUGREEV KUMAR**  
Date of Birth: 24-01-2001      Blood Group:  
Son/Daughter/Wife of: **RAJESH PRAJAPATI**

Organ Donor: **N**

Address:  
**NEUSA URF NEVAS MAFI KHAJURI KHAS KHAJNI  
KHAJURI KHAS KHAJNI GORAKHPUR UTTAR  
PRADESH 273212**

DL No: UP53 20250030283

UPDL531000048535



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	UP53	15-09-2025	NT			
	LMV	UP53	15-09-2025	NT			
	MVSD						

Emergency Contact Number

Issuing Authority  
**UP53 GORAKHPUR**



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POL0001

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, 01114963576, (GSTIN: 09AAACT0637R4ZU)			
Policy Type	HUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)	Policy Issued On	14-OCT-25
Policy No	252400/31/2026/51030	Proposal No. & Date	B252400/31/2026/36316 & 24-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13:28 ON 24/10/2025 TO MIDNIGHT OF 23/10/2024
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 13:28 ON 24/10/2025 TO MIDNIGHT OF 23/10/2024
Insured Name	LALTI DEVI (GSTIN: )	Lead / Break In Insured State	UTTAR PRADESH
Insured Address	C/O SUBAS, VILL- MAJHAURA, PO- HARPUR BUDHAT, PS- HARPUR BUDHAT, GORAKHPUR, NA.		

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	70077
Model & Variant	HERO SPLENDOR PLUS E20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	70077
Engine -Chassis No	HA11F7SHG34694 - MBLHAW483SHG52766		TME CONTRACT NO	
Cubic Capacity	100		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	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	1174.49	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%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36R3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4027
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	998	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	998	Krishi Kalyan Cess@0.50%	0
Add-On Coverages	0	Gross Premium Paid	4751
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	176		

Note:  
1. Policy Insurance is the subject to the realisation of cheque  
2. Consolidated Stamp Duty paid via Challan No  
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)  
4. Voluntary excess Rs 0  
5. Subject to Endorsements IMT, 7, 10, 28,

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4751
POS Name	NA	POS ID	NA
		FOS 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 or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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 this 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 24-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 Act, 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 trials

g) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs 7.5 Lakhs P.A. Cover under section III for owner - Driver is RS.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%; preceding two consecutive years/25%; preceding three consecutive years/35%; preceding five consecutive years/45%; preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

\* This insurance excludes all pre existing damages

Approved By : 922137SMD

Approved On : 24-OCT-25

Place : MRT

Printed On : 08-NOV-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FN0159 Registration Date : 29-Oct-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARIH, GORAKHPUR, , 188-273001  
 Owner Name : LALTI DEVI Son/wife/daughter of : SUBAS  
 Full Address: (Permanent) : VILL-MAJHAURA, PO-HARPUR BUDHAT, PS-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209  
 Full Address: (Temporary) : VILL-MAJHAURA, PO-HARPUR BUDHAT, PS-HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273209

Fitness Up To : 28-Oct-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Nominee Name : SANDEEP  
 Relationship with the Nominee : Son Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2140306944 Rear HSRP No : AA2142018761  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
 No of Cylinders : 1 Chassis No : MBLHAW483SHG52766  
 Engine No : HA11F7SHG34694 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  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : SPORTS RED BLACK 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 : 27-Oct-2025 Sale Amt : 73764/-  
 OTT Date : 27-Oct-2025 Amount/Rcpt No : 7377 / UP53D25100016883  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 18-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 29-Oct-2025 to 28-Oct-2040

Date : 21-Nov-2025 16:19:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Nov-2025

कर/पंजी  
पोटर

Q 6306439

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 17000 = 00 Day of 13/04 2026  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 17000 = 00  
(In words Rupees सत्रह हजार रु मात्र = 00)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UP53FN0159 insured under Policy No. 51030 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. 17000 = 00

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

Witness

Name .....

Signature .....

Address .....

Signature सादनी .....

Occupation .....

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 \_\_\_\_\_ 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? \_\_\_\_\_
- (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? \_\_\_\_\_
  - (f) Has theft been reported to Police? \_\_\_\_\_
  - (g) When? \_\_\_\_\_
  - (h) Which Police Station? \_\_\_\_\_
  - (i) C.R. diary Number \_\_\_\_\_
- NA.

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 13/04/2026

Signature of the insured [Signature]

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sugreev Kumar  
(b) Age : 24/01/2001 25 years  
(c) Address : Newa Usif Newas Mafi Khajuri Khas  
Khajuri  
(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 : UP5320250030283  
(h) Issuing Authority :  
(i) Date of Expiry : 23/01/2041  
(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? :

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 13/04/2026  
(b) Place : Zero point Shajawala Gorakhpur  
(c) Speed of vehicle at the time of accident : 60  
(d) Give a short description of the accident : गरीब ए गाड़ी जो है 200km पर गार्डी क्रॉस  
(e) If any third party was responsible for this accident give the name and address : जो है वो अचानक पहचान ले गाड़ी ले ठोक लगा कर  
गाड़ी ले गार्डी दौड़ गल्ले हो गयी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, Head Light, Handle, Handle T Fork Pipe  
(b) Estimated cost of repairs : Meter, Fender, Visor Hadder, Winker  
(c) When and where can the damaged vehicle be inspected : Brake Padle Drum Plate, Leg Guard  
Deep Chand Traders Katsahawa

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. 252400/31/2026/51030

Tel. No.

Period of Insurance 24/10/2025 To 23/10/26
Claim No.

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All relevant questions fully

- (a) Name: Lalti devi
(b) Address for correspondence: Majhaura Post. Harpur Budhat. Gorakhpur
(c) Telephone

2. THE INSURED VEHICLE

Table with 3 columns: Make & Year (Hero 2025), Engine No. (HA11FTSHG34694), Chassis No. (MBLHAW483SHG52766), Registration No. (UP53FN 0159)

- (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? X
(d) If a Motor Cycle/scooter X
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
(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.	Lalji Devi 7752943167
2	Vehicle No. / वाहन संख्या	UP53FN0159
3	Policy No. / पालिसी संख्या	252400/31/2026/51030
4	Period of Insurance / बीमा अवधि	24/10/2025 TO 23/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/04/2026 9:00 AM
6	Place of Accident / दुर्घटना का स्थान	Zero Point Sahjanwa Gk.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sugreev Kumar UP5320250030283
8	Estimated Loss / अनुमानित हानि	17000 = 00
09.	Cause of Accident / दुर्घटना का कारण: मझौरा गांव से गोरखपुर जा रहे थे zero point पर cross कर रही थी गाड़ीया अचानक थक पहुंच गये और आगे की तरफ से वाह आइस से ठोकर लगी गाड़ी वाह गिटी और 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 Gorakhpur 7521065310

Date / दिनांक :  
हस्ताक्षर

13/04/2026

Signature of Insured / बीमाधारक के

लालजी