

M.B.MOTORS

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA

State Code: 9 Contact: 0551-2503403, , 5512500160 ,

GSTIN No: 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10515-03-REST-0426-3	Date	16-04-2026
Customer Name	SAPNA GUND	Contact No.	7267097354
VIN	MBLJAW409R9K19322	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP57BX7451
HMCGL Card No	1051526510001860	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	3,199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	3,775.00
2	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	61303ADG000S -FRONT COWL CHROME	87141090	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
4	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	330.51	1	9.00	9.00	0.00	0.00	0.00	0.00	390.00
5	83402ADG000S -PANEL INNER	87141090	Paid	330.51	1	9.00	9.00	0.00	0.00	0.00	0.00	390.00
6	64332AACB00S -STAY FRONT COWL	87141090	Paid	57.63	1	9.00	9.00	0.00	0.00	0.00	0.00	68.00
7	6131AADG000S -STAY METER SUB ASSEMBLY	87141090	Paid	155.93	1	9.00	9.00	0.00	0.00	0.00	0.00	184.00
8	3340BAAF40099S - WINKERS FR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
9	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
10	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
11	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.01
12	ADGAA7Y00000099GS - METER ASSEMBLY COMBINATION	87141090	Paid	2,889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	3,410.00
13	17520ADG000RS -FUEL TANK NH-1	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
Parts Total											0.00	19,014.01

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	1,200.00	9.00	9.00	0.00	0.00	0.00	0.00	1,416.00

Jobs Total

0.00 1,416.00

Parts Total	19,014.01
Labour Total	1,416.00
SGST (Parts) 9%	1,450.22
CGST (Parts) 9%	1,450.22
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
Total	20,430.01

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.	SAPNA GOND 9598680994.
2	Vehicle No. / वाहन संख्या	UP 57 BX 7451
3	Policy No. / पालिसी संख्या	252400/31/2026/10397.
4	Period of Insurance / बीमा अवधि	
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/04/2026 8:30 AM
6	Place of Accident / दुर्घटना का स्थान	Ahivauli Kushinagar
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ROSHAN KUMAR GOND
8	Estimated Loss / अनुमानित हानि	20430
09.	Cause of Accident / दुर्घटना का कारण : सपना गोंड की गाड़ी रोशन कुमार गोंड चला रहे थे। सामने से दूसरी गाड़ी ने टक्कर मार दिया। जिससे गाड़ी गिर कर क्षतिग्रस्त हो गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M. B. MOTOR 8318237680

Date / दिनांक : 16/04/26

हस्ताक्षर

सपना

सपना

Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Roshan Kumar Goud
(b) Age : 34 years
(c) Address : Wata Kushiwaga 8
(d) Is the Driver
1. Owner : 1
2. paid driver? :
3. Owner's relative or friend? : Relative
(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 : UP 5720200005765
(h) Issuing Authority : L.A. Kushiwaga
(i) Date of Expiry : 02/07/2026
(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 : 15/04/2026 8:30 AM
(b) Place : Anirawli, Kushiwaga
(c) Speed of vehicle at the time of accident : 30 kmph
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : श्रीराम शंकर गौड़
बहादुर नगर पोली

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
(b) Estimated cost of repairs : 20430
(c) When and where can the damaged vehicle be inspected : 1

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : N
(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 : A
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : 1
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : 1
(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 : 1
(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 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 12/02/21 200

✓ Signature of the insured सपना

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 SHYAM

Occupation

Address

Bank Account Number

Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX7451 Registration Date : 09-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 180-273004
 Owner Name : SAPNA GUND Son/wife/daughter of : GULAB GUND
 Full Address: (Permanent) : BARWA POST LEHANI BARAWA TEHSIL, HATA, , KUSHINAGAR, UTTAR
 PRADESH-274149
 Full Address: (Temporary) : BARWA POST LEHANI BARAWA TEHSIL, HATA, , KUSHINAGAR-UTTAR
 PRADESH-274149
 Fitness Up To : 08-May-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2124467824 Rear HSRP No : AA21244880203
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2024
 No of Cylinders : 1 Chassis No : MBLJAW409R9K19322
 Engine No : JA07AMR9K22819 Fuel : PETROL(E20)
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Bullt

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, NEW DELHI, , New Delhi, Delhi-110001 w.e.f. 07-May-2025.

Purchase dt : 07-May-2025 Sale Amt : 82461/-
 OTT Date : 07-May-2025 Amount/Rcpt No : 8247 / UP57D25050001577
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-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 09-May-2025 to 08-May-2040

कर/पंजीयन अधिकारी
मोटर वाहन विभाग

Signature of Registering Authority
Date : 30-Jun-2025

Date : 30-Jun-2025 12:15:44

Taxation Particulars / Advance Registration Mark Fee Details

784644

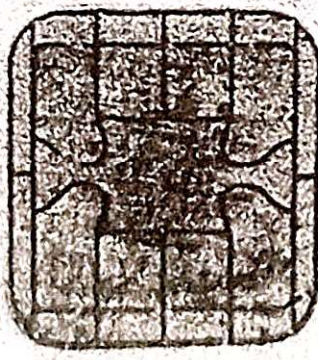


सत्यमेव जयते

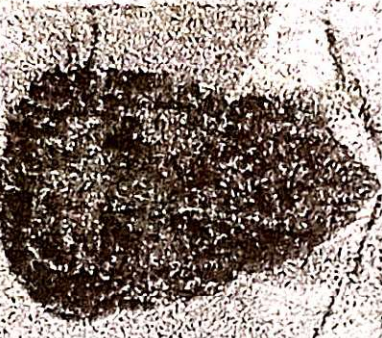
Indian Union Driving Licence Issued by Uttar Pradesh



UP57 2020005765



Issue Date	Validity (NT)	Validity (TR)#
06-07-2020	07-07-2036	_____



Holder's Signature

Name: **ROSHAN KUMAR GOND**

Date of Birth: **08-07-1996** Blood Group: **N**

Son/Daughter/Wife of: **GULAB GOND** Organ Donor: **N**

Address:
BARWA BABU POST PIPRAICH
Hata, Kushinagar, UP 273152

Date of First Issue (06-07-2020)

DL No: UP57 20200005765

UPDL000003132360



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	UP57	06-07-2020	NT			
	LMTV	UP57	06-07-2020	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP57 KUSHNAGAR



भारत सरकार
Government of India



Issue Date: 29/07/2017



सपना गुंड
Sapna Gund
जन्म तिथि/DOB: 10/07/1991
महिला/ FEMALE

5217 4956 1018

VID : 9105 2273 8459 6664

मेरा आधार, मेरी पहचान



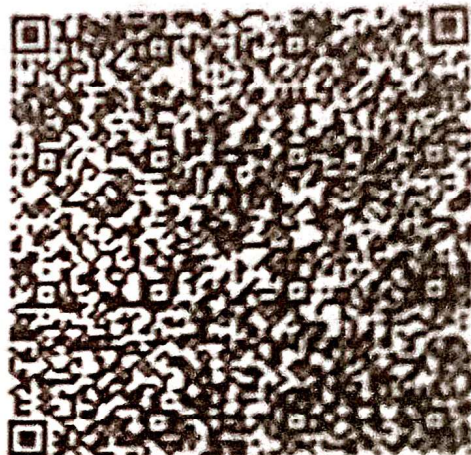
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 29/11/2017

पता:
: गुलाब गुंड, बरवा पोस्ट लेहनी, बरवा, कुशीनगर,
उत्तर प्रदेश - 274149

Address:
C/O: Gulab Gund, barwa post lehani, Barawa,
Kushinagar,
Uttar Pradesh - 274149



5217 4956 1018

VID : 9105 2273 8459 6664

1947

help@uidai.gov.in

www.uidai.gov.in

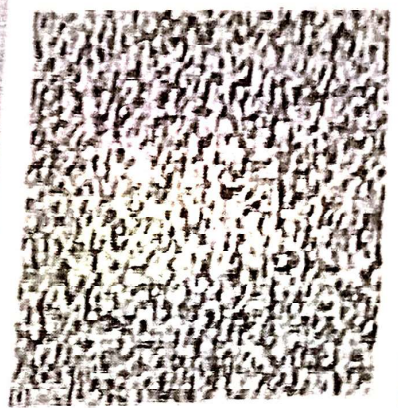
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

HIPPS9142R



नाम / Name
SAPNA GUND

पिता का नाम / Father's Name
GULAB GUND

जन्म की तारीख /
Date of Birth
10/07/1991

हस्ताक्षर / Signature

15/01/2022