

M.B.MOTORSKHARAIYA 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-0426-4	Date	20-04-2026
Customer Name	SHIVANGI .	Contact No.	9704304450
VIN	MBLHAW403SHC17952	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP53FH2621
HMCGL Card No	1051526660001824	HMCGL Card Category	Gold
Part Details			

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	902.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
3	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
4	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
5	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
6	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
10	35010AAE931S -KEY SET	83012000	Paid	762.71	1	9.00	9.00	0.00	0.00	0.00	0.00	900.00
11	35010AAE931S -KEY SET	83012000	Paid	762.71	1	9.00	9.00	0.00	0.00	0.00	0.00	900.00
Parts Total											0.00	15,921.99

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	1,400.00	9.00	9.00	0.00	0.00	0.00	0.00	0.00	1,652.00
Jobs Total											0.00	1,652.00

Parts Total	15,921.99
Labour Total	1,652.00
SGST (Parts) 9%	1,214.39
CGST (Parts) 9%	1,214.39
SGST (Labour) 9%	126.00
CGST (Labour) 9%	126.00
Total	17,573.99

Rupees in Words: Seventeen Thousand Five Hundred Seventy Three and paise Ninety Nine Only

Authorised Signatory

1.Terms Cash

10515 - Main W/S

To / सेना में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्सोरेंस 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.	SHIVANGI 9898890780
2	Vehicle No. / वाहन संख्या	UP53FH 2621
3	Policy No. / पालिसी संख्या	252400/31/2026/5897
4	Period of Insurance / बीमा अवधि	22/04/25 to 21/04/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/04/26 7:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Pipriwadi (GMP)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sudraj Patil UP5320240032524
8	Estimated Loss / अनुमानित हानि	17573
09. Cause of Accident / दुर्घटना का कारण :		
शिवगो की गाड़ी सुरज पैटिल चला रहे थे पीपीवाडीपाल माभने अचानक जानवार आगया जीससे गाड़ी अनियंत्रित होकर ओरकर टेयमेज हो 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.	M. B. MOTOR 821828768

Date / दिनांक

हस्ताक्षर

20/04/26

शिवगो

Signature of Insured / बीमाधारक के

शिवगो



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. 252460/3/2026/5897

Tel. No. _____

Period of Insurance 22/02/25 to 21/04/21
 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 : Shivangi
 (b) Address for correspondence : Gorakhpur
 (c) Telephone : 7898290780

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>18090</u> Chassis No. <u>17952</u>	Registration No. <u>UP53EH</u> <u>2621</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 : _____
 (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 : Suraj Patel
 (b) Age : 24 years
 (c) Address : Gosakhpur
 (d) Is the Driver
 1. Owner : /
 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 : UP5320240032524
 (h) Issuing Authority : R To GK
 (i) Date of Expiry : 07/08/2024
 (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 : 18/01/24 7:00 P.M
 (b) Place : Pithampur
 (c) Speed of vehicle at the time of accident : 30 kmph
 (d) Give a short description of the accident : साइकिल चलाते वरताना जाण्यात आल्या
 (e) If any third party was responsible for this accident give the name and address : /

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : /
 (b) Estimated cost of repairs : 17573
 (c) When and where can the damaged vehicle be inspected : /

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? : A

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



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20240032524

Issue Date: 23-08-2024 Validity (NT): 07-08-2043 Validity (TR)*: _____



Holder's Signature



Date of First Issue: 23-08-2024

Name: **SURAJ PATEL**
 Date of Birth: **08-08-2003** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **BALAKISAN**
 Address:

**BHAMBHAUR RAKHAH BHAMBHAUR POST
 NARKATAHA BAZAR PEPEGANJ BHABHAUR
 CAMPHERGANJ GORAKHPUR UTTAR PRADESH
 223165**

DL No: UP53 20240032524

UPDL000014001724



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	23-08-2024	NT			
	LMV	UP53	23-08-2024	NT			
	MVSD						

Emergency Contact Number

0522007777

Issuing Authority

Form 7 Rule 16(2)

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53FH2621	Registration Date	: 27-Apr-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, . . . 188-273004		
Owner Name	: SHIVANGI	Son/wife/daughter of	: PANNELAL
Full Address: (Permanent)	: RATANPUR PATRA BAZAR, . . . GORAKHPUR, UTTAR PRADESH-273152		
Full Address: (Temporary)	: RATANPUR PATRA BAZAR, . . . GORAKHPUR-UTTAR PRADESH-273152		
Fitness Up To	: 26-Apr-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	: AA2124467614	Rear HSRP No	: AA2124889083
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 03/2025
No of Cylinders	: 1	Chassis No	: MBLHAW403SHC17952
Engine No	: HA11F1SHC18090	Fuel	: PETROL
Horse Power(BHP)	: 7.91	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ XTEC 2.0	Wheel base	: 1235
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 112
Colour	: Black Heavy 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	: 21-Apr-2025	Sale Amt	: 84351/-
OTI Date	: 21-Apr-2025	Amount/Rcpt No	: 8436 / UP53D25040008004
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 30-May-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 27-Apr-2025 to 26-Apr-2040

Date : 02 Jun 2025 15:43:20

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
 Signature of Registering Authority
 Date : 02-Jun-2025



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PC100921

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, 1989

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MARKET, 0121 4063570 (GSTIN: 09AAAC10627R0Z0)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	22-APR-25
Policy No	2524003120265897	Proposal No. & Date	R/2524003120263703 & 22-APR-2025
Agent/Broker Code	BAD000155144	Policy Period (OWN DAMAGE)	FROM 13-20 ON 22-04-2025 TO 13-20 ON 13-04-2028
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13-20 ON 22-04-2025 TO 13-20 ON 13-04-2028
Insured Name	SHIBANGI (GSTIN: 0)	End/Breaking No	
Insured Address	C/O PANKAJ, RATANPUR PATRA BAZAR, GOBRAKHUR, PIN-	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		ISSUE DATE (EFFECTIVE DATE) (DD/MM/YY)	
Make	HERO MOTORCYCLE	Vehicle	7013
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total DVV	80133
Engine/Chassis No	HAHF5HC18090 - MBLHAW403HC17952	IME 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
RTU Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1343.03	Basic Third Party Liability	1851
Elec. Accessories	0	Compulsory PA Cover Premium	0
Non-Elec. Accessories	0	PA Cover for 0 Person Of Its (0) each (IME-16)	0
Basic Premium	1263.03	Legal Liability (WC) to driver (IME-28)	0
Geographical Area Extn (IME-11)	0	Legal Liability to Employeess (IME-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IME-46)	54
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Lead Driver, Conductor, Cleaner (G136B3)	281
Voluntary Deductibles (IME 22A)	0	Net Liability Premium (B)	117
Anti-Theft Device (IME-10)	0	Total Premium (A+B)	3002
SAI Membership (IME-8)	0	GST	180
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for motorcycle	0	STAMP DUTY	0
MP Discount	1142	Swachh Bharat Mission (SBM) 50%	0
Sub-Total Deductibles	1142	Krishna Kalyan Cess @ 600%	392
Add-on Coverages		Gross Premium Paid	3792
Nil Depreciation	200	Note:	
Return to Invoice	0	1. Policy Insurance is the subject to the calculation of clause	
Key Replacement	0	2. Consolidated Stamp Duty paid via e-stamp	
Consumables	200	3. The Policy is subject to conditions of insurance policy (R/2524003120265897)	
Sub-Total Add-on Coverages	200	4. Voluntary excess (B50)	
Net own Damage Premium(A)	521	5. Subject to Endorsements (ME 7 To 15)	

Nominee Details:	Nominee Name	Age	Relation	Amount
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	4922
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No

In the event of a claim under the policy exceeding Rs. Five or a claim for refund of premium exceeding Rs. Five, the insured will comply with the provisions of the AML policy in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon which shall be available on our website. The insured shall not be liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon. The insured shall not be liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon. The insured shall not be liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon.

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 water damage appearing in the certificate is subject to the condition that 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 water damage appearing in the certificate is subject to the condition that the insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule.

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 rather than samples or personal baggage (3) Organized racing (4) Pace Making (5) Speed testing (6) Liability trials.

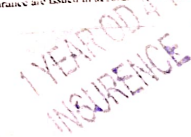
Driver's Clause: Any person not authorized by the insured to drive the vehicle shall not be covered under the policy. The insured shall not be liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon. The insured shall not be liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon.

No Claim Bonus: The insured is entitled to a No Claim Bonus (NCB) on the own damage section of the policy if the insured does not claim any loss during the consecutive years of the policy. The insured is entitled to a No Claim Bonus (NCB) on the own damage section of the policy if the insured does not claim any loss during the consecutive years of the policy.

We hereby certify that the insured has paid the premium for the policy in full. The insured is not liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon. The insured shall not be liable under the policy in the event of any violation of the conditions, clauses, warranties, exclusions (IME) and other conditions mentioned hereon.



Approved By: 659525SMD
Approved On: 22-APR-25
Place: MUM
Printed On: 22-APR-25



For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

इस कार्ड के खोने/पाने पर कृपया सूचित करें/नोट करें:

आयकर पैन सेवा इकाई, एन एस डी एल

चौथी मंजिल, पन्नी स्टलीन,

प्लॉट नं. 341, सर्वे नं. 997/8,

मॉडल कॉलोनी, दीप बंगला चौक के पास,

पुणे - 411 016.

***If this card is lost / someone's lost card is found,
please inform / return to -***

Income Tax PAN Services Unit, NSDL

4th Floor, Mantri Sterling,

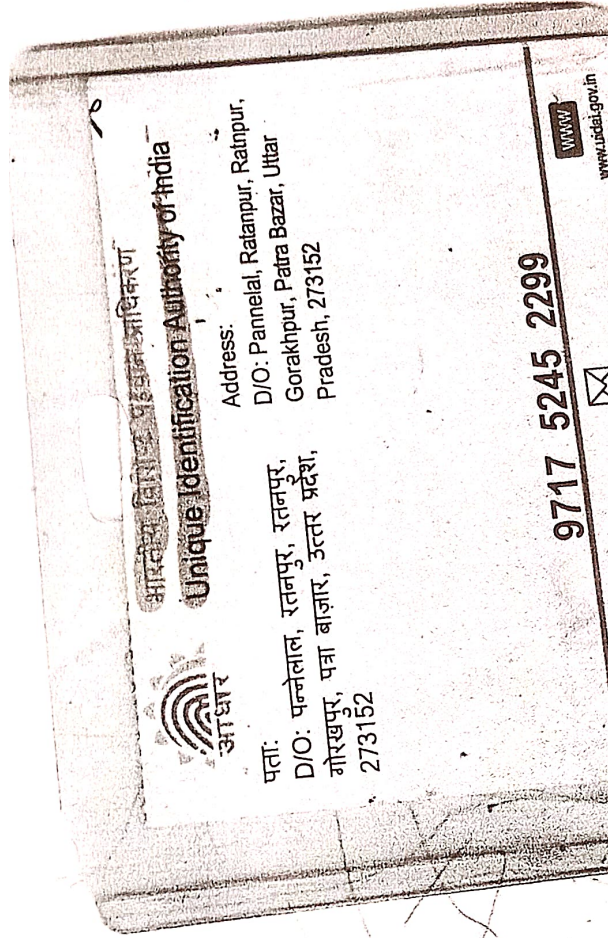
Plot No. 341, Survey No. 997/8,

Model Colony, Near Deep Bungalow Chowk,

Pune - 411 016

Tel: 91-20-2721 8980 Fax: 91-20-2721 8081

e-mail: tininfo@nsdl.co.in



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



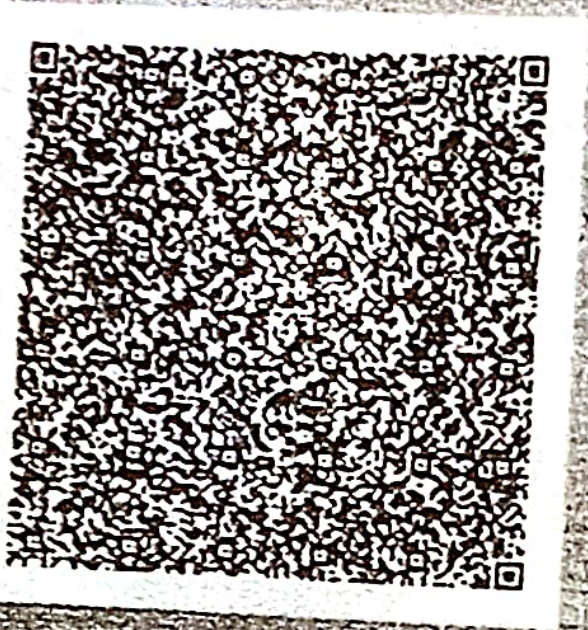
नाम / Name
SHIVANGI

पिता का नाम / Father's Name
PANNELAL

जन्म की तिथि /
Date of Birth
01/01/2002

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

PDWPS3094A



21012022

हस्ताक्षर /
Signature