

**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-0526-9  
 Customer Name SANDEEP .  
 VIN MBLHAW432SHF13412  
 Insurance Company  
 HMCGL Card No 1051526590000526  
 Part Details

Date 07-05-2026  
 Contact No. 9935621414  
 Model HF DELUXE  
 Reg No. UP53FK2737  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	530.00
2	83402ACK000S -PANEL INNER	87141090	Paid	131.36	1	9.00	9.00	0.00	0.00	0.00	0.00	155.00
3	83400ACK410TS -FRONT VISOR NH-1(T3)	87141090	Paid	656.78	1	9.00	9.00	0.00	0.00	0.00	0.00	775.00
4	61312ACK000S -STAY METER MTG	87141090	Paid	67.80	1	9.00	9.00	0.00	0.00	0.00	0.00	80.00
5	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE-1	87141090	Paid	758.47	1	9.00	9.00	0.00	0.00	0.00	0.00	895.00
6	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
7	53200ACK000S -STEM COMP STRG	87141090	Paid	800.85	1	9.00	9.00	0.00	0.00	0.00	0.00	945.00
8	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
9	17520ACK400TS -FUEL TANK COMPLETE NH-1 TYPE-3	87141090	Paid	5,741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	6,775.00
10	18355AFA000S -COVER MUFFLER	87141090	Paid	402.54	1	9.00	9.00	0.00	0.00	0.00	0.00	475.00
11	3340BAAH001S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
12	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00
13	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	470.00
Parts Total											0.00	14,275.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,500.00	9.00	9.00	0.00	0.00	0.00	0.00	1,770.00	
Jobs Total											0.00	1,770.00

Parts Total	14,275.00
Labour Total	1,770.00
SGST (Parts) 9%	1,088.77
CGST (Parts) 9%	1,088.77
SGST (Labour) 9%	135.00
CGST (Labour) 9%	135.00
<b>Total</b>	<b>16,045.00</b>

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.	Sandeep 9985621414
2	Vehicle No. / वाहन संख्या	UP53FK 2787
3	Policy No. / पालिसी संख्या	252400/31/2026/28198
4	Period of Insurance / बीमा अवधि	16/07/25 to 15/07/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/05/2026 8:00 AM
6	Place of Accident / दुर्घटना का स्थान	Gita vatika, Gosaikhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Manish Kumar Jaiswal UP5320240024015
8	Estimated Loss / अनुमानित हानि	16045
9	Cause of Accident / दुर्घटना का कारण :	सोहीप की जाड़ी मनीष कुमार चला रहे थे जाड़ी के पास सामने अचानक फांवर आ गया जिससे जाड़ी टकराकर फिरकर हाथिस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	M /
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 : 05/05/26  
हस्ताक्षर

संदीप

Signature of Insured / बीमाधारक के



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. 252100/81/0006/28198

Tel. No. \_\_\_\_\_

Period of Insurance 16/07/25 to 15/07/26  
 Claim No. \_\_\_\_\_

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

I. INSURED

- (a) Name : Randeep  
 (b) Address for correspondence : Gurgaon, 9985621111.  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>H200</u> <u>2025</u>	Engine No. <u>12274</u> Chassis No. <u>13412</u>	Registration No. <u>UP53FK</u> <u>2737</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 : Manish Kumar Tripathi  
(b) Age : 31 years  
(c) Address : Ghoshkhari  
(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 : UP52202400231015  
(h) Issuing Authority : RT-0 GKP  
(i) Date of Expiry : 06/10/2025  
(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 : 06/05/2026 8:00 AM  
(b) Place : Charvati Ka GKD  
(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 : सावनी जवाहर लाल रंजीत

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :  
(b) Estimated cost of repairs : 160215  
(c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : M  
(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? \_\_\_\_\_
- (b) If yes, give full details \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any \_\_\_\_\_
- (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 \_\_\_\_\_
- (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 \_\_\_\_\_

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.

Signature of the insured [Signature]

Date 07/05/26 200

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 .....

GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaper1

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FK2737 Registration Date : 19-Jul-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 : SANDEEP Son/wife/daughter of : SATYA NARAYAN JAISWAL  
 Full Address: (Permanent) : PADRI BAJAR , JANGL TINKONIA NO 1,, GORAKHPUR, , GORAKHPUR, UTTAR  
 PRADESH-273014  
 Full Address: (Temporary) : PADRI BAJAR , JANGL TINKONIA NO 1,, GORAKHPUR, , GORAKHPUR-UTTAR  
 PRADESH-273014

Fitness Up To : 18-Jul-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 : AA1043460786 Rear HSRP No : AA2131516628  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025  
 No of Cylinders : 1 Chassis No : MBLHAW432SHF13412  
 Engine No : HA11F4SHF12274 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK GREY STRIPE 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)
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- 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	: 16-Jul-2025	Sale Amt	: 65000/-
OTT Date	: 16-Jul-2025	Amount/Rcpt No	: 6500 / UP53D25070005124
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 01-Aug-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 19-Jul-2025 to 18-Jul-2040

Date : 19-Aug-2025 14:27:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 19-Aug-2025

Q 5272633



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

UP

**UP53 20240024015**



Issue Date **25-06-2024** Validity (NT) **06-10-2035**

Validity (TR)



Holder's Signature

Date of First Issue **25-06-2024**

Name: **MANISH KUMAR JAISWAL**  
 Date of Birth: **07-10-1995** Blood Group: **A+ VE** Organ Donor: **N**  
 Son/Daughter/Wife of: **VIJAY KUMAR JAISWAL**  
 Address: **PADRI BAJAR JANGI TINKOMIA NO1 GORAKHPUR UTTAR PRADESH 273014**

DL No: **UP53 20240024015**

UPDL050000783273



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	25-06-2024	NT				
LMV	UP53	25-06-2024	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP53 GORAKHPUR**





भारत सरकार  
Government of India



संदीप  
Sandeep  
जन्म तिथि/DOB: 20/03/1988  
पुरुष/ MALE

Issue Date: 30/09/2021

2168 2658 0478

VID : 9154 3695 9105 2962

मेरा आधार, मेरी पहचान

Download Date: 19/10/2021

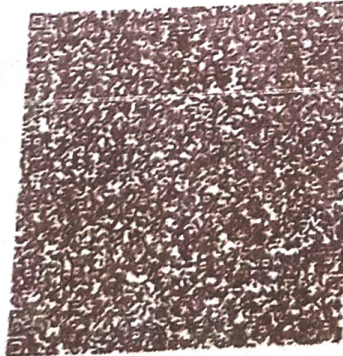


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O Satya Narayan Jaiswal, padri bajar,  
Jangl Tinkonia No1, Gorakhpur,  
Uttar Pradesh - 273014

Address:  
S/O Satya Narayan Jaiswal, padri bajar,  
Jangl Tinkonia No1, Gorakhpur,  
Uttar Pradesh - 273014



2168 2658 0478

VID : 9154 3695 9105 2962

1047

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SANDEEP JAISWAL

SATYA NARAYAN JAISWAL

20/03/1988

Permanent Account Number

A00PJ5842B

संदीप

Signature



25092010