

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. 09AAKFM3861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10515-03-REST-0526-11	Date	12-05-2026
Customer Name	PRIYANKA BHARTI	Contact No.	9839290784
VIN	MBLHAW215RHD26763	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP53FB4S23
HMCGL Card No	1051524520001471	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
3	63410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	531.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
4	3310BAAE0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	17520AAEB00SS -FUEL TANK BLACK NH-1 (TYPE-1)	87141090	Paid	4,687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
7	17511KCC905ZBS -LID COMP. F TANK(BLK)	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
8	50603KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	11,333.00

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	998729	Paid	1,100.00	9.00	9.00	0.00	0.00	0.00	0.00	1,298.00

Jobs Total

Jobs Total	0.00	1,298.00
Parts Total		11,333.00
Labour Total		1,298.00
SGST (Parts) 9%		864.38
CGST (Parts) 9%		864.38
SGST (Labour) 9%		99.00
CGST (Labour) 9%		99.00
Total		12,631.00

Rupees in Words: Twelve Thousand Six Hundred Thirty One 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.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only

10515 - Main W/S



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 _____
 Tel. No. _____

Certificate/Policy No. 2524-00/31/2025/45061
 Period of Insurance 20/01/2026-31/01/27
 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 : Poojanka Bharti
 (b) Address for correspondence : Gorakhpur
 (c) Telephone : 9839290784

2. THE INSURED VEHICLE

Make & Year <u>Honda</u> <u>2021</u>	Engine No. <u>HAIIE7RHDC 4132</u> Chassis No. <u>MBLHAW215RHD28783</u>	Registration No. <u>UP53</u> <u>FB4823</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 : ANIKET KUMAR
- (b) Age : 25
- (c) Address : JANSI EKLA No 2 GORAKHPUR
- (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 : UP 53 20210005516
- (h) Issuing Authority : R.T.O, GIKV
- (i) Date of Expiry : 11/06/2026
- (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 : 10/05/2026
- (b) Place : BALAPAL OVER BRIS G.K.P
- (c) Speed of vehicle at the time of accident : 6:30 PM
- (d) Give a short description of the accident : Yeton the 2nd RT TRUCK BK STAY
- (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 : 12621
- (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? : |

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 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 12/05/2006

✓ Bejanka Shardi
Signature of the insured _____

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 *Brijanka tharti*
Occupation
Address
.....
.....

Bank Account Number

Name of the Bank



भारत सरकार



Issue Date: 11/01/2014



पियंका भारती

Priyanka Bharti

जन्म तिथि/DOB: 16/07/1999

महिला/ FEMALE

8207 6620 3187

VID : 9153 3676 5606 3930

मेरा आधार, मेरी पहचान



भारतीय विधिगत महत्त्वपूर्ण प्राधिकरण

Ministry of Information & Public Relations, Government of India

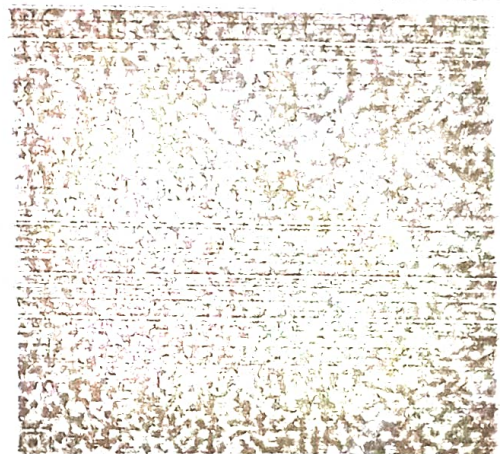


Issue Date: 24/07/2012

पता: देवानंद, 17, जंगल बेनी माधव न 1 (महेशारा), वार्ड 4, गोरखपुर, गोरखपुर, उत्तर प्रदेश - 273007

Address:

D/O: Dewanend, 17, jangal beni madhav no 1 (mahesara), ward 4, Gorakhpur, Gorakhpur, Uttar Pradesh - 273007



8207 6620 3187

VID : 9153 3676 5606 3930



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www.uidai.gov.in

Program Proposal Two-Wheeler Package Contract - Bundled Script of Proposal for Two-Wheeler Policy - Bundled



Call No. MS-9267001/0-16575-569795

Company Name: M/s. Motorsathi Care Pvt. Ltd.
 Registered Office: Plot No. 10, Sector 10, Noida, Uttar Pradesh, India
 Website: www.motorsathi.com
 Email: info@motorsathi.com

Policyholder Name	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
NEHA BHARTI	1999-07-16	9839290784	DEWANAND	Hero Motocorp	SPLENDOR PLUS	
State Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
UP-31B4823	UP-31B4823	HA1E7RHIDG112	MBLHAW21SRHID28783	2024	100	1W
State Car ADA	State Car ADA	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/B5-Fuel ADV	Total ADV	
NA	NA	0.00	0.00	0.00	67500.00	
Body Type	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire Purchase	Seating Capacity	Offered Payment (incl. GST)	
Sore	Sore			2	1564.00	
Address	Address	City/District	Pin Code	State	Package Start Date	
BEHNI MADHAV NO 1, MAHESARA WARD 1, Gorakhpur,	BEHNI MADHAV NO 1, MAHESARA WARD 1, Gorakhpur,		215007	Uttar Pradesh	Package End Date	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NEHA BHARTI	Male	25 Years	HUSBAND	2026-01-20 12:05	Midnight of 2027-01-19	

Secured Value: 67500.00. R.R. 368.25 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (6%): 0.00 **Total with GST(A): 1205.44**
 Section 17B(1)(c) Input Tax Credit: 0.00 EC PD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @ 9% + SGST @ 9%): 0.00 Total with GST(C): 0.00

Standard Insurances: (D) 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 0.00 **Total MS Services with GST(C): 0.00**
 Scheme: (A) 0.00 (B) 0.00 (C) 0.00 (D) 0.00 (E) 0.00 (F) 0.00 (G) 0.00 (H) 0.00 (I) 0.00 (J) 0.00 (K) 0.00 (L) 0.00 (M) 0.00 (N) 0.00 (O) 0.00 (P) 0.00 (Q) 0.00 (R) 0.00 (S) 0.00 (T) 0.00 (U) 0.00 (V) 0.00 (W) 0.00 (X) 0.00 (Y) 0.00 (Z) 0.00
 Total with GST(D): 358.88

Offered Price After Discount: 1564

Year	2026-01-20 To 2027-01-19	2027-01-20 To 2028-01-19	2028-01-20 To 2029-01-19	2029-01-20 To 2030-01-19	2030-01-20 To 2031-01-19
CD	62500	NIL	NIL	NIL	NIL
MS Services (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)	1 Year	NIL	NIL	NIL	NIL

THE POLICYHOLDER ON THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UP TO 2029-10-13 (DETAILS ARE IN THE ATTACHED DOCUMENTS)

This contract covers the use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Commercial purpose, d) Public transport, e) Reliability, trials, g) Any purpose in connection with Motor Trade.

The insured shall be responsible for the safety of the vehicle. 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 license. It is also that the person holding an effective learners license is not to drive the vehicle and/or such a person satisfies the requirements of Rule 3 of the Motor Vehicle Act, 1988.

Limit of the amount of the Company's accountability in respect of any one claim or series of claims arising out of one event: Up to Rs. 100000. Subject to the terms, conditions and exclusions of the policy. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com.

The company may cancel the package by sending 7 days' notice in case of fraud or non-operation of the coverage.

In the event of a request under the package exceeding Rs. 1 lakh or a request for refund of payment exceeding Rs. 1 lakh, the accountability will be subject to the terms and conditions of the company. The AMI package is available in all our operating offices as well as Company website.

TO REGISTER CLAIM PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643



THE COVERAGE IS NOT INDEMNIFIED IF THE VEHICLE IS USED OR DRIVEN OTHERWISE THAN IN ACCORDANCE WITH THIS SCHEDULE. ANY PAYMENT MADE BY THE COMPANY SHALL BE SUBJECT TO THE TERMS APPEARING IN THE CERTIFICATE. ALL DISPUTES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT SHALL BE SUBJECT TO THE EXCLUSIVE JURISDICTION OF THE COURTS AT NOIDA.

Received of Rs. 1564/- ON 2026-01-20 from Mr./Ms. PRIYANKA BHARTI against the ARN No. INC P9950202.
 The insured vehicle is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions.
 Policy is available for Annual/Consolidated/Stamp Duty Paid Premiums: MAT - 2, 16, 18
 Call Centre: Address: B-29, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FB4623 Registration Date : 16-Oct-2024
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 : PRIYANKA BHARTI Son/wife/daughter of : DEWANAND
Full Address: (Permanent) : 17 JANGAL, BENI MADHAV NO 1, MAHESARA WARD 4, , GORAKHPUR, UTTAR PRADESH-273007
Full Address: (Temporary) : 17 JANGAL, BENI MADHAV NO 1, MAHESARA WARD 4, , GORAKHPUR-UTTAR PRADESH-273007

Fitness Up To : 15-Oct-2039 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 : AA2109629363 Rear HSRP No : AA2109272636
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2024
No of Cylinders : 1 Chassis No : MBLHAW215RHD28783
Engine No : HA11E7RHDG4132 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(m all) : 2 Standing Cap : 0
Ground Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Buill

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: S, Manuf., Description, As Regd., Weight(in kgs). Rows for Front, Rear, Other, Tandem.

This motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, NEW DELHI, . . New Delhi, Delhi-110001 w.e.f. 14-Oct-2024.

Purchase dt : 14-Oct-2024 Sale Amt : 81101/-
RTI Date : 14-Oct-2024 Amount/Rcpt No : 8111 / UP53D24100005061
Vehicle is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 30-Nov-2024

Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 16-Oct-2024 to 15-Oct-2039

Date: 24 Dec 2024 12:38:19

Location Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
मोटर वाहन विभाग
गोरखपुर (उप्र)

Q 1135979

12/24/2024, 12:38 PM

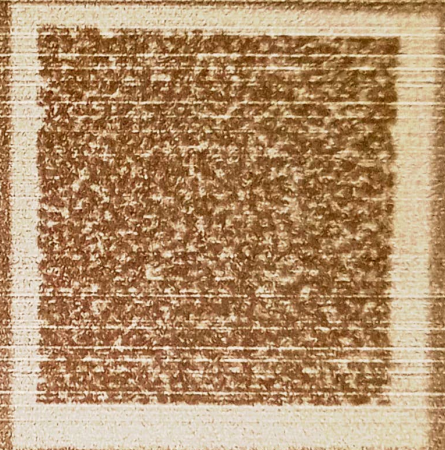
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT OF INDIA



वर्ग 125 का आयकर प्रमाणपत्र
FORM 125 का आयकर प्रमाणपत्र
LZSPK70842



ANSA BHATT

Father's Name
DEWANAND

18/07/2024



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: S/O हरिचन्द्र प्रसाद, 00, जंगल एकला
नं.2 बुढ़ई टोला, मुल्हीहा, गोरखपुर, उत्तर प्रदेश,
273013

Address: S/O Hanshchand Prasad, 00,
Jangal ekla no.2 budhau tola, Gulariha,
PO. Gulhari, DIST. Gorakhpur, Uttar
Pradesh, 273013



7091 0738 7771



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www.uidai.gov.in

Date of Birth: 16/09/2024



Indian Union Driving Licence
Issued by Uttar Pradesh



UP53 20210025516



Issue Date: 18-10-2021
Validity (NT): 11-06-2040
Validity (TR):



Holder's Signature

Name: **ANIKET KUMAR**

Date of Birth: 12-06-2000 Blood Group:

Son/Daughter/Wife of: **HARISCHAND PRASAD**

Organ Donor: **N**

Address:

JUNGLE EKA NO 2 BUDHAU TOLA POST
GULHARTYA BAZAR GULABHA THANA
Gorakhpur, UP 273013

Date of First Issue (18-10-2021)

Indian Union Driving Licence
Issued by Uttar Pradesh

UP53 20210025516

Issue Date: 18-10-2021 Validity (NT): 11-06-2040 Validity (TR)*: _____



Holder's Signature

Name: **ANIKET KUMAR**
 Date of Birth: 12-06-2000 Blood Group: _____

Son/Daughter/Wife of: **HARISCHAND PRASAD**

Organ Donor: **N**

Address:
JUNGLE EKLA NO 2 BUDHAU TOLA POST
GULHARIYA BAZAR GULABHYA THANA
Gorakhpur, UP 273013

Date of First Issue: (18-10-2021)

DL No: **UP53 20210025516**

UPDL 0000000 1/19/13



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	UP93	UP93	18-10-2021	NT			
LAW	UP93	UP93	18-10-2021	NT			
MVSD							

Emergency Contact Number

UP53 GORAKHPUR

Form 7 Rule 16(2)