

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-0526-13	Date	15-05-2026
Customer Name	SATISH. KUMAR SINGH	Contact No.	9889158933
VIN	MBLJAW520S9G09296	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP53FL4230
HMCGL Card No	1051526540000717	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	17520ADG000RS -FUEL TANK NH-1	87141090	Paid	5,859.3	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
Parts Total												0
Labour Details												0.00
												6,914.00

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	300.00	9.00	9.00	0.00	0.00	0.00	0.00	354.00
Jobs Total											0.00
											354.00

Parts Total	6,914.00
Labour Total	354.00
SGST (Parts) 9%	527.34
CGST (Parts) 9%	527.34
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
Total	7,268.00

Rupees in Words: Seven Thousand Two Hundred Sixty Eight 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
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10515 - Main W/S

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.	SATISH KUMAR SINGH 7905176622
2	Vehicle No. / वाहन संख्या	UP53 FL4230
3	Policy No. / पालिसी संख्या	252400/31/2026/38021
4	Period of Insurance / बीमा अवधि	26/09/25 to 25/09/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/05/26 सायं 7 बजे
6	Place of Accident / दुर्घटना का स्थान	चरगावां ब्लाक गोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Satish Kumar Singh 7905176622
8	Estimated Loss / अनुमानित हानि	7268
09.	Cause of Accident / दुर्घटना का कारण :	दिवस 12/05/26 को आफिस जाते समय सांड भागने आगया ब्रेक लैन पट गड़ी ब्रेकमे न रही रहा एक्सिस में दायां तरफ गिर गया और गड़ी की टंकी पचक गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	— /
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 8818237680.

S. K. Singh

Date / दिनांक :

हस्ताक्षर 12/05/26

— S. K. Singh

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. 252100/31/2026 B802

Tel. No. _____

Period of Insurance 26/09/25 to 25/09/26
 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
- (b) Address for correspondence
- (c) Telephone

Satish Kumar Singh
GODAKHAR 7205176622

2. THE INSURED VEHICLE

Make & Year <u>Honda</u> <u>2025</u>	Engine No. <u>09296</u> Chassis No. <u>11099</u>	Registration No. <u>UP53FL</u> <u>4230</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

NA

A

3 DRIVER AT THE TIME OF ACCIDENT

(a) Name: Swedish Kunnar Singh &
 (b) Age: 34 years
 (c) Address: 54/100/100
 (d) Is the Driver:
 1. Owner
 2. Part owner
 3. Driver's relative or friend?
 (e) If part driver, how long has he been in your employment?
 (f) Was he under the influence of intoxication, liquor or drugs?
 (g) Driving License Number: UP53N0030003690
 (h) Issuing Authority: R.T.O. GKP
 (i) Date of Issue: 10/05/2021
 (j) Was the license temporary/permanent? permanent
 (k) Details of previous accidents/suspensions, if any
 (l) Has he been involved in any accident before?
 (m) Has he been insured by the policy? If so, Why?

4 OTHER INSURANCE

Details of other insurances Policies indemnifying you in the event of an accident

5 DETAIL OF ACCIDENT

(a) Date and Time: 10/05/2026 7:10 PM
 (b) Place: Gyanpur Ghatkhopur
 (c) Speed of vehicle at the time of accident: 40 kmph
 (d) Give a short description of the accident: ...
 (e) If any third party is responsible for this accident give name and address: ...

6 DAMAGE TO UNKIDNEY VEHICLE

(a) Full details of damage to vehicle
 (b) Estimated cost of repairs
 (c) Where and when was the damaged vehicle inspected?

7 THIRD PARTY INJURY AND DAMAGE TO PROPERTY

(a) Name: N
 (b) Address: A
 (c) Full details of injury sustained
 (d) Name and address of person/hospital getting treated
 (e) Full details of property damaged
 (f) Has anyone been injured or property damaged?

9. THEORY OF LIABILITY

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

(a) Give name(s) and address(es) of passenger(s) other than driver, 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 Day _____

10. THEFT

(a) Date and Time _____

(b) Place _____

(c) What was stolen? _____

(d) Estimated value of replacement? _____

(e) By whom discovered and reported? _____

(f) Has theft been reported to Police? _____

(g) When? _____

(h) Which Policy is used? _____

(i) C.R. diary Number _____

I/We the above named Insured(s), to the best of my/our knowledge and belief, warrant the truth of the foregoing statement(s) and I/We have made or caused to be made no other declaration the Company may require in respect of the above accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to recover under in respect of part or future accident shall be forfeited.

Date 13/05/26

Signature of the insured

S.K. Singh

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 _____ 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 connection with the said accident.

Rs. _____

One Rupee
Revenue Stamp

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. _____ in _____ under Policy No. _____ of
the said company and incident which occurred on _____ 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 connection with said accident.

Rs. _____

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

S.K. Singh

Witness

Name

Signature

Address

Account Number

of the Bank

GOVERNMENT OF UTTAR PRADESH

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

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FL4230 Registration Date : 29-Sep-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 : SATISH KUMAR SINGH Son/wife/daughter of : KESHAV RAM SINGH
 Full Address: (Permanent) : 83 B SEMRA NO.1 SEMRA SEMRA NO. 1, . . . GORAKHPUR, UTTAR PRADESH-273013
 Full Address: (Temporary) : 83 B SEMRA NO.1 SEMRA SEMRA NO. 1, . . . GORAKHPUR-UTTAR PRADESH-273013
 Fitness UpTo : 28-Sep-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 : AA2134075197 Rear HSRP No : AA2134820067
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025
 No of Cylinders : 1 Chassis No : MBLJAW520S9G09296
 Engine No : JA07AZS9G11099 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1263

Seating Cap(In all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : GLOSSY BLACK Laden/GV Wt (kgs) : 252
 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 : 25-Sep-2025 Sale Amt : 78618/-
 OTT Date : 25-Sep-2025 Amount/Rcpt No : 7862 / UP53D25090006856
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-Oct-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-Sep-2025 to 28-Sep-2040

Date : 15-Nov-2025 17:49:33
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 15-Nov-2025
 गोरखपुर

Q 4833888



TAX INVOICE CERTIFICATE POLICY SCHEDULE
(FORM 1 OF THE CENTRAL MOTOR VEHICLE RULES, 1989)

Table with 2 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address. Values include: RUBBER POLICY (MOTOR), 752400/312026/3021, BA000038144, ABHINAV BHATT, SATISH KUMAR SHROTRI, COOKESHAV RAMSINGH, 3111, SEMRA ROAD, GORAKHPUR, HA.

INSURED MOTOR VEHICLE DETAILS. Table with 2 columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location. Values include: HERO MOTORCYCLE, HERO SUPER SLENDOR DRS X1FC H, HEW, 2025, JAGTA/59011099 - MB11A/W5205901099, 175, 1+1, SOLO, PETROL, HA.

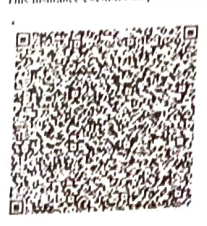
Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes rows for Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (INT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMI 22A), Anti-Theft Device (IMI-10), AAI Membership (IMI-8), No Claim Bonus, Discount for vehicle designed for handicapped, NP Discount, Sub-Total Deductibles, Add-On Coverages, NH, Depreciation, Return to Invoice, Key Replacement, Consumables, Sub-Total Add-on Coverages, Net own Damage Premium(A), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 2 Person (10 Rs) each (IMI-16), Legal Liability (WC) for driver (IMI-20), Legal Liability to Employees (IMI-29), Legal Liability to Passenger (IMI-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner (IR35B3), Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid.

Table with 4 columns: Nominee Name, Age, Relation, Amount. Values include: NA, NA, NA, 4150. Includes Payment Details: Payment Method, Cheque No./Transaction No., Bank Name, Amount.

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 of the Company. The AML policy is available in all our operating Offices as well as company's website. The insured under the policy is subject to conditions, clauses, warranties, exclusions, IMIs and OIC endorsements mentioned below, which are available on company's website. Warranted that in case of dishonesty of premium collector 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. We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provisions 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 hereon set his/her hand on 26/SEP/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 MV Act 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN ADD 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Pre liability trials. 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. Limits of Liability Clause: Under section II-1 (b) of the policy, if no claim is made or pending during the preceding year(s) on the The preceding year (1988), preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% preceding ten consecutive years/55% preceding ten consecutive years/60% preceding fifteen consecutive years/65% preceding twenty consecutive years/70% preceding twenty consecutive years/75% preceding twenty consecutive years/80% preceding twenty consecutive years/85% preceding twenty consecutive years/90% preceding twenty consecutive years/95% preceding twenty consecutive years/100% preceding twenty consecutive years. 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 MV Act, 1988.



Approved By: 659258MD
Approved On: 26-SEP-25
Place: MRF
Printed On: 26-SEP-25

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



सत्यमेव जयते

भारत सरकार
GOVERNMENT OF INDIA



सतीश कुमार सिंह

Satish Kumar Singh

जन्म तिथि/ DOB: 01/09/1974

पुरुष / MALE

3003 8756 8600



आधार-आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

आत्मज: केशव राम सिंह, 83
बी, सेम्रा न.1, सेमरा न. 1,
सेमरा, गोरखपुर,
उत्तर प्रदेश - 273013

S/O: Keshav Ram Singh, 83 b,
samra no.1, semra no. 1, Semra,
Gorakhpur,
Uttar Pradesh - 273013



आयकर विभाग
INCOME TAX DEPARTMENT

SATISH KUMAR SINGH

KESHAV RAM SINGH

01/09/1974

Permanent Account Number

CJWPS1388C

S. K. Singh

Signature



भारत सरकार
GOVT. OF INDIA

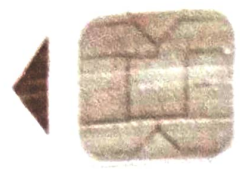


1082009



Indian Motor Driving Licence
Issued by Uttar Pradesh

UP53 20030003692



Issue Date 13-05-2024 Validity (NT) 12-05-2034 Validity (TR)

Holder's Signature

Name: **SATISH KUMAR SINGH**
Date of Birth: **01-09-1975** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **KESHAW RAM SINGH**
Address:
**C/O NEW SATISH MEDICAL STORE 83 B SEMRA
NO 1 PO CHARGAWAN PS GULHARIYA GORAKHPUR
UP 273013**

DL No: **UP53 20030003692**

UPDL 0000 13394238



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	24-12-2003	NT			
LMV		UP53	24-12-2003	NT			
MVSD							

Licensing Authority
UP53 GORAKHPUR

Emergency Contact Number

