

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-0526-15	Date	18-05-2026
Customer Name	ANIL GUPTA	Contact No.	9005223816
VIN	MBLHAW482SGE17183	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FJ6137
HMCGL Card No	1051526530000628	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	ADHMS6A0030BBGS - VISOR FRONT NH-1(T2)	87141090	Paid	894.07	1	9.00	9.00	0.00	0.00	0.00	0.00	1,055.00
3	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
4	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	420.00
5	53200AAE300S -STEM COMP STRG	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	935.00
6	33120AAEB0099S -UNIT HEAD LIGHT	85122010	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
7	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
8	3365BAAEB0099S -WINKER ASSY L RR	85122010	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
9	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
Parts Total											0.00	6,880.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	6,880.00
Labour Total	1,416.00
SGST (Parts) 9%	524.75
CGST (Parts) 9%	524.75
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
Total	8,296.00

Rupees in Words: Eight Thousand Two Hundred Ninety Six Only

Authorised Signatory

- Terms Cash
- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking the delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- Actual amount may vary from estimate
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date

10515 - Main W/S

0 / 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.	Anil Gupta / 9005223816
2	Vehicle No. / वाहन संख्या	UP53FJ6137
3	Policy No. / पालिसी संख्या	252400/31/2026/21504
4	Period of Insurance / बीमा अवधि	09/06/2025 To 08/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/05/2026 4:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Bargadva
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9005223816 SAMEER, UP5320250036268
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : शामिल गुप्ता, जी का गाड़ी शमीर कुशावादा चला रहा था और शर-ता भीगा होने के कारण अगली वेक लगते पर गाड़ी स्लीप कर के गिर गिर गरे।	
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 8318237680

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

15/05/26
आनिल गुप्ता

आनिल गुप्ता

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Santecy
(b) Age : 65
(c) Address : Bhosakhpur 21st
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Friend
(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 53202536268
(h) Issuing Authority : R.T.O. G.K.P.
(i) Date of Expiry : 02/10/2026
(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 : 15/05/2026 5 P.M.
(b) Place : Bargadua
(c) Speed of vehicle at the time of accident : 60 kmph
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : श्रीमती शोभा देवी कारम
स.स. 2, बालुवाडा, ग.स.

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage :
(b) Estimated cost of repairs : 8250
(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 17/08/26 200

✓ Signature of the insured [Signature]

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 अनिल गुहा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ6137
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004
 Owner Name : ANIL GUPTA
 Full Address: (Permanent) : 598 HUMAYUPUR UTTARI GORAKHPUR, WARD NO 25, , GORAKHPUR, UTTAR PRADESH-273015
 Full Address: (Temporary) : 598 HUMAYUPUR UTTARI GORAKHPUR, WARD NO 25, , GORAKHPUR-UTTAR PRADESH-273015
 Fitness UpTo : 11-Jun-2040
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2129132905
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11F7SGE16531
 Horse Power(BHP) : 8.17
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : Black Heavy Grey
 Other Criteria :
 Vehicle Purchase As : Fully Built
 Registration Date : 12-Jun-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : KRISHNA MOHAN GUPTA
 Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1042412915
 Month/Year of Manuf. : 05/2025
 Chassis No : MBLHAW482SGE17183
 Fuel : PETROL(E20)
 Cubic Capacity : 97.20
 Wheel base : 1235
 Standing Cap : 0
 Unladen Wt (kgs) : 113
 Laden/GV Wt (kgs) : 243
 AC Fitted : NO

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. 09-Jun-2025.

Purchase dt : 09-Jun-2025
 OTT Date : 09-Jun-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 26-Jun-2025
 Sale Amt : 78776/-
 Amount/Rcpt No : 7878 / UP53D25060003482
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Jun-2025 to 11-Jun-2040

Date : 30-Jun-2025 12:19:21

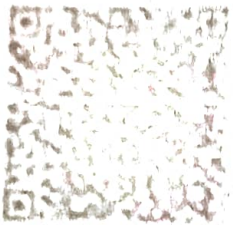
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-Jun-2025

3681642

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CAYPG6975Q

नाम / Name
ANIL GUPTA

पिता का नाम / Father's Name
KRISHNA MOHAN GUPTA

जन्म की तारीख / Date of Birth
01/10/1969

आनिल गुप्ता

हस्ताक्षर / Signature



1234567



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



UP53 20250036268

Issue Date Validity (NT) Validity(TR)*
11-11-2025 24-01-2046



Holder's Signature

Name: **SAMEER**
 Date of Birth: **25-01-2006** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **RADHESHYAM KUSHWAHA**
 Address:
**278 A TURKMANPUR GITA PRESS GORAKHPUR
 SAHJANWA GORAKHPUR UTTAR PRADESH 273005**

Date of First Issue 11-11-2025

DL No: UP53 20250036268

UPDL531000058501



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	11-11-2025	NT			
	LMV	UP53	11-11-2025	NT			
	MVSD						

Emergency Contact Number
8858612101

Licensing Authority
UP53 GORAKHPUR

1-16(7)



भारत सरकार

UNIQUE IDENTIFICATION AUTHORITY OF INDIA



अनिल गुप्ता

Anil Gupta

जन्म तिथि/ DOB: 01/10/1969

पुरुष / MALE



2538 3134 1896

आधार-आम आदमी का अधिकार



AADHAAR

भारतीय विधि एवं पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: कृष्ण मोहन गुप्ता,
598, हुमायपुर उत्तरी, बॉर्ड
नं 25, गोरखपुर, गोरखपुर,
उत्तर प्रदेश - 273015

Address:

S/O: Krishna Mohan Gupta, 598,
HUMAYYUPUR UTTARI, ward no 25,
Gorakhpur, Gorakhpur,
Uttar Pradesh - 273015

2538 3134 1896

Aadhaar-Aam Admi ka Adhikar

गन्त, जल, आकाश, सब की सुरक्षा हमारे पास
रिएण्टल इन्सुरेंस कम्पनी लिमिटेड

PRITHVI, AGNI, JAL, AAKASH SUB KI SURAKSHA HAMARE PASS



THE ORIENTAL INSURANCE COMPANY LIMITED

(भारत सरकार का उपक्रम) Policy Schedule (A Govt. of India undertaking)
CIN - U66010DL1947GOI007158 CIN - U66010DL1947GOI007158
TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT-01214063570 (GSTIN: 09AACT0617R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-4 Years)	Policy Issued On	09-JUN-25
Policy No	252400/31/2026/21504	Proposal No. & Date	P/252400/31/2026/14826 & 09-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18.01 ON 09/06/2025 TO MIDNIGHT OF 08/06/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18.01 ON 09/06/2025 TO MIDNIGHT OF 08/06/2026
Insured Name	ANIL GUPTA (GSTIN :)	Lead/Breakin No	
Insured Address	C/O KRISHNA MOHAN GUPTA, 598 HUNAYUPUR UTTARI WARD NO 25, GORAKHPUR, , NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	74837
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74837
Engine -Chassis No	HA1H75GE16531 - MBLHAW482SGE17183	TMF 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	1254.27	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1179.27	Legal Liability (WC)to driver (IMT-24)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4151
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	748
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	1066	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	1066	Krishki Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	4899
NIL Depreciation	187		
Return to Invoice	0		
Key Replacement	0		
Consumables	187		
Sub Total Add-on Coverages	300		
Net own Damage Premium(A)	300		

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT, 7, 10, 28.

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4899
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			NA

In the event of a claim under the policy exceeding Rs. 1Lac or a claim for refund of premium exceeding Rs.1Lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available on all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OJC endorsements mentioned herein above which are available on company's website.

www.orientalinsurance.org or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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.

I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision 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/have herein to set his/their hands at 252400 on 09-JUN-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 MVA Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND 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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

(7) Any Purpose in connection with motor trade.

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. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (1) of the policy - Death of or bodily injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (1) of the policy - Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section III for owner-Driver is RS

No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if claim is made or pending during the preceding year(s), as per the: The preceding year/20%+proceeding two consecutive years/25%+proceeding three consecutive years/35%+proceeding four consecutive years/45%+proceeding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/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 M V Act, 1988.

* This insurance excludes all pre-existing damages