

OUR-SPLENDOR XTEC

	0.00	2,950.00
Parts Total		21,430.00
Labour Total		2,950.00
SGST (Parts) 9%		1,634.49
CGST (Parts) 9%		1,634.49
SGST (Labour) 9%		225.00
CGST (Labour) 9%		225.00
Total		24,380.00

Authorised Signatory

Rupees in Words: Twenty Four Thousand Three Hundred Eighty Only

10515 - Main W/S

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.

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.	Pushpa 6387737028
2	Vehicle No. / वाहन संख्या	UP 53FM 7883
3	Policy No. / पालिसी संख्या	252400/31/2026/50576
4	Period of Insurance / बीमा अवधि	23/10/25 to 23/10/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/05/26 6:00 PM
6	Place of Accident / दुर्घटना का स्थान	तुषा बाजार, जोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Biraj 76101120250007888
8	Estimated Loss / अनुमानित हानि	24380
09.	Cause of Accident / दुर्घटना का कारण	पुरुषा कि गाडी विरजु चलारहे थे तुषा बाजार के पास सामने अचानक जानवर आ गई जिससे गाडी अनियंत्रित होकर जानवर से टकरा गई दाहिने तरफ स्थिर होकर गिर गई दृष्टिगोचर हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
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 8218237680

19/05/26

पुष्पा
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. 250400/21/2026/50576
 Tel. No. _____ Period of Insurance 28/10/25 to 22/10/21
 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 : Pashpa
 (b) Address for correspondence : Gozakhpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Herd</u> <u>2025</u>	Engine No. <u>10586</u> Chassis No. <u>01287</u>	Registration No. <u>UP58FM</u> <u>7883</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 : 21
 (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 : A

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 Y.S.H.
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

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 19/05/26 200

Signature of the insured [Signature]

FORM NO. 60

[See second proviso to rule 114B]

Form of declaration to be filed by a person who does not have a permanent account number and who enters into any transaction specified in rule 114B

1. Full name and address of the declarant _____
2. Particulars of transaction _____
3. Amount of the transaction _____ Yes /No
4. Are you assessed to tax ? _____
5. If yes.
 - (i) Details of Ward/ Circle/ Range where the last return of income was filed?
 - (ii) Reasons for not having permanent account number?
6. Details of the document being produced in support of address in column (1) _____

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the _____ day of _____

Y. E. U.
Signature of the declarant

Date : _____
Place : _____

Instructions : Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.

Indian Union Driving Licence
Issued by Telangana



TG01120250007888

Issue Date Validity(NT) Validity(TR)
29/07/2025 28/07/2035 00/00/0000



[Signature]
Holder's Signature

Date of First Issue 29/07/2025

Name : BIRJU
Date Of Birth :01/01/1985 Blood Group : Organ Donor :
Son/Daughter/Wife of : BUDHI RAM
Address :
1-9-1062/A/1
ADIKMET
VIDYANAGAR, MALAKPET, HYDERABAD - 500044

DL0242912/25

DL No : TG01120250007888



Invalid Carriage (Regn. Numbers)

Hazardous Validity Hill Validity

Form 7 Rule 16(2)

Class of vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
	MCWG	TG011	29/07/2025	NT			

Emergency Contact Number

Licencing Authority
RTA-HYDERABAD/07

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DOVPP5303H

नाम / Name
PUSHPA

पिता का नाम / Father's Name
FEKU

जन्म की तारीख / Date of Birth
01/01/1981

हस्ताक्षर / Signature



FORM 23
CERTIFICATE OF REGISTRATION

Registration No : **UP53FM7883**
 Description of Vehicle : **M-CYCLE/SCOOTER**
 Dealer's Name & Address : **M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004**
 Owner Name : **PUSHPA**
 Full Address: (Permanent) : **PARSHURAMPUR, PARUSRAMPUR,, PARASURAMPUR,, , GORAKHPUR, UTTAR PRADESH-273152**
 Full Address: (Temporary) : **PARSHURAMPUR, PARUSRAMPUR,, PARASURAMPUR,, , GORAKHPUR-UTTAR PRADESH-273152**
 Registration Date : **26-Oct-2025**
 Purpose For Printing RC : **NEW**
 Son/wife/daughter of : **BAJARANGI**
 Fitness Up To : **25-Oct-2040**

Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Owner Serial No	: 1
Ownership	: INDIVIDUAL	Link Vehicle No	:
Maker's Name	: HERO MOTOCORP LTD	Norms	: BHARAT STAGE VI
Front HSRP No	: AA2140308139	Rear HSRP No	: AA2142020034
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 05/2025
No of Cylinders	: 1	Chassis No	: MBLHAW464S4E01387
Engine No	: HA11F6S4E10586	Fuel	: PETROL
Horse Power(BHP)	: 8.17	Cubic Capacity	: 97.20
Maker's Classification	: SPLENDOR+ XTEC (DRS)	Wheel base	: 1235
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 113
Colour	: BLACK TORNADO GREY	Laden/GV Wt (kgs)	: 243
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	: 22-Oct-2025	Sale Amt	: 77982/-
OTT Date	: 22-Oct-2025	Amount/Rcpt No	: 7799 / UP53D25100014496
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 01-Feb-2026		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	:
Previous Owner	:	Entry Date	:
Old State	:	Conversion Date	:
Transfer Date	:		

This certificate is valid from **26-Oct-2025 to 25-Oct-2040**

Date : 05-Feb-2026 14:47:05
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar Authority
 मोटर वाहन विभाग
 गोरखपुर
 Date: 05-Feb-2026

Q 7492137

