

**DEEPA CHAND TRADERS**

NEAR UNION BANK, KATSAHRA BAZAR, GORAKHPUR, 273209, UP, India  
 State Code: 9 Contact: 7054923970, ..  
 GSTIN No: 09BKDPP2013C2ZN  
 Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	66816-03-REST-0526-11	Date	29-05-2026
Customer Name	BRIJESH	Contact No.	7080739955
VIN	MBLHAW473SHFB6009	Model	SPLENDOR +
Insurance Company	Motorsathi Solutions	Reg No.	UP53FN0165
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00
2	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,216.10	2	9.00	9.00	0.00	0.00	0.00	0.00	5,230.00
3	53200AAE300S -STEM COMP STRG	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	935.00
4	K44446AAF000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,766.95	1	9.00	9.00	0.00	0.00	0.00	0.00	4,445.00
5	45010AAHJ00S -PANEL SUB COMP.FR.BRAKE	87141090	Paid	584.75	1	9.00	9.00	0.00	0.00	0.00	0.00	690.00
6	37100ADHB1099S -METER ASSEMBLY COMB	87141090	Paid	1,394.07	1	9.00	9.00	0.00	0.00	0.00	0.00	1,645.00
7	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
8	83402AAE710S -PANEL INNER	87141090	Paid	254.24	1	9.00	9.00	0.00	0.00	0.00	0.00	300.00
9	33450KCC710S -WINKER ASSY L FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
10	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	127.12	1	9.00	9.00	0.00	0.00	0.00	0.00	150.00
11	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
12	61000ADH700CS -FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	927.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,095.00
13	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
<b>Parts Total</b>											0.00	<b>17,510.00</b>

**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	800.00	9.00	9.00	0.00	0.00	0.00	0.00	944.00	
<b>Jobs Total</b>											0.00	<b>944.00</b>
<b>Parts Total</b>												<b>17,510.00</b>
<b>Labour Total</b>												<b>944.00</b>
<b>SGST (Parts) 9%</b>												<b>1,335.51</b>
<b>CGST (Parts) 9%</b>												<b>1,335.51</b>
<b>SGST (Labour) 9%</b>												<b>72.00</b>
<b>CGST (Labour) 9%</b>												<b>72.00</b>
<b>Total</b>												<b>18,454.00</b>



भारत सरकार  
Government of India



Issue Date: 12/02/2015



बृजेश  
Brijesh

जन्म तिथि / DOB: 04/12/2006

पुरुष / Male

7896 7356 3185

मेरा आधार, मेरी पहचान

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
IJUPB8176D



नाम / Name  
BRIJESH

पिता का नाम / Father's Name  
RAMNARAYAN

जन्म की तारीख / Date of Birth  
04/12/2006

  
हस्ताक्षर / Signature

07561



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

UP53 20250035829



Issue Date    Validity (NT)    Validity(TR)\*  
07-11-2025    24-07-2044



Holder's Signature

Name: **DHARMVEER VISHWAKARMA**

Date of Birth: **25-07-2004**    Blood Group:    Organ Donor: **N**

Son/Daughter/Wife of: **HARINATH**

Address:

**RAMPUR GARTHAI KATAI TIKAR KATAI  
TIKAR KHAS SAHJANWA GORAKHPUR UTTAR  
PRADESH 273212**

Date of First Issue  
07-11-2025

DL No: UP53 20250035829

UPDL531000058009



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	07-11-2025	NT			
	LMV	UP53	07-11-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

9994594464

Licensing Authority  
UP53 GORAKHPUR



GOVERNMENT OF UTTAR PRADESH

<https://vahan.parivahan.gov.in/vahan/reports/formP>

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53FN0165	Registration Date	: 29-Oct-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, . . . 188-273001	Son/wife/daughter of	: RAMNARAYAN
Owner Name	: BRIJESH		
Full Address: (Permanent)	: VILL-RAMPUR GARTHAULI, PO-KATAI TIKAR, PS-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273212		
Full Address: (Temporary)	: VILL-RAMPUR GARTHAULI, PO-KATAI TIKAR, PS-HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273212		
Fitness Up To	: 28-Oct-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	
Class of Vehicle	: M-CYCLE/SCOOTER	Nominee Name	: INDRESH
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Relationship with the Nominee	: Brother		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	: AA2142018767
Front HSRP No	: AA2140306950	Month/Year of Manuf.	: 08/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW473SHFB6009
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F6SHF90010	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ 01 EDITION (D RS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: MATT GREY	AC Fitted	: NO
Other Criteria			
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 SHRIRAM FINANCE LTD, GORAKHPUR, . . . Gorakhpur, Uttar Pradesh-273001 w.e.f. 27-Oct-2025.

Purchase dt	: 27-Oct-2025	Sale Amt	: 74999/-
OTT Date	: 27-Oct-2025	Amount/Rcpt No	: 7500 / UP53D25100016889
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 18-Nov-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-Oct-2025 to 28-Oct-2040

Date : 10-Dec-2025 14:11:24

Taxation Particulars / Advance Registration Mark Fee Details

6232435

Signature of Registering Authority  
Date: 10-Dec-2025



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID: PGCR0928

Page No: 1



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: 09AAACT0627R4ZU)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead /Breakin No, Insured State.

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (in Rs.)

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)

LIABILITY SECTION (B)

Table with 2 main sections: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti- Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub -Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC)to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMPDUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid).

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 0(IMT-22) 4. Voluntary excess Ra(0) 5. Subject to Endorsements IMT,7,10,28.

Table with 2 main sections: Nominee Details (Nominee Name, Age, Relation) and Payment Details (Payment Method, Cheque No/Transaction No, Bank Name, Amount). Financier Type: SHIRAM FINANCE LTD., Financier Branch: GORAKHPUR, POS Name: NA, 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 in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC 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 the 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 23-OCT-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 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 trails.

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.

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 18000 = 00 Day of 28/05/2026  
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 18000 = 00  
(In words Rupees अठ्ठाईए हज़ार 00 पैसे)  
in full and final settlement of the loss and/or damage caused through the accident to  
my/our motor Car/Vehicle No. UPS 3FN0165 insured under Policy No. 50337 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. 18000 = 00

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

Witness  
Name .....  
Signature .....  
Address .....

Signature बुधेश .....  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

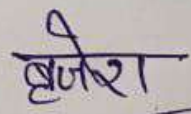
- (a) Give names and addresses of passengers/other Witness, if any : X  
(b) Did a Police Constable take particulars of The accident? : X  
(c) Was accident reported to Police? If not, Why? : X  
(d) If yes, to which Police Station? : X  
(e) Date and Diary No. : \_\_\_\_\_

10. THEFT

- (a) Date and Time : \_\_\_\_\_  
(b) Place : \_\_\_\_\_  
(c) What was stolen? : \_\_\_\_\_  
(d) Estimated cost of replacement? : \_\_\_\_\_  
(e) By whom discovered and reported? : N.A.  
(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 28/05/2026

Signature of the insured 

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Dharmveer Ujawar ma  
 (b) Age : 25/07/2004  
 (c) Address : Rampur Gadhthauli Po. Katra ti hary  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? : X  
 3. Owner's relative or friend? : ✓  
 (e) If paid driver, how long has he been in your employment : X  
 (f) Was he under the influence of intoxication Liquor or drugs? : X  
 (g) Driving Licence Number : UP5320250035829  
 (h) Issuing Authority : 24/07/2024  
 (i) Date of Expiry : 24/07/2024  
 (j) Was the licence temporary/permanent : Permanent  
 (k) Details of endorsement/suspension, if any : X  
 (l) Has he been involved in any accident before? : X  
 (m) Has he been charged by the policy? If so, Why? : X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 28/05/2026  
 (b) Place : Chandpur, Katrahar  
 (c) Speed of vehicle at the time of accident : 200 km/hr  
 (d) Give a short description of the accident : रात में चांदपुर के बाजार में मोटर गाड़ी जा रही थी जो कि बाजार में जाते ही मोटर गाड़ी से टकरा कर ले गयी  
 (e) If any third party was responsible for this accident give the name and address : लगेत पर गाड़ी चोरित गान्त हो गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Visor, Handle T, Fork pipe, Alloy wheels  
 (b) Estimated cost of repairs : 18000 = 00  
 (c) When and where can the damaged vehicle be inspected : Deep Chand Tradesix  
 Katrahar

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 : N.A  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :



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. 257402/31/2026/50337

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

Period of Insurance 23/10/2025 to 22/10/2026  
 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 Brijesh  
 (b) Address for correspondence Rampur Garhnauli Po. Katni Tikar  
 (c) Telephone \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>HA11F6SHF90810</u> Chassis No. <u>MBLHAW473SHFB6</u> <u>009</u>	Registration No. <u>UP53FN</u> <u>0165</u>
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- (a) Was the vehicle in proper working condition? NO  
 (b) For what purpose was the vehicle being used at the time of accident? Personal  
 (c) Was trailer attached? X  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached X  
 2. Was a pillion rider carried X

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 N.A.  
 (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 \_\_\_\_\_

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.	Brijesh
2	Vehicle No. / वाहन संख्या	UP 53FN 0165
3	Policy No. / पालिसी संख्या	252400/31/2026/50337
4	Period of Insurance / बीमा अवधि	23/10/2025 TO 22/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/05/2026
6	Place of Accident / दुर्घटना का स्थान	Chandpar Katarahara
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Dharamveer Ujwalparma
8	Estimated Loss / अनुमानित हानि	18000 = 00
09.	Cause of Accident / दुर्घटना का कारण : 28/05/2026 को रामपुर गढवाली से जायनगर जा रहे थे रात में चंदपार में लागने से आगे द्रक से ठोका लगने पर लागने से गाड़ी क्षतिग्रस्त हो गयी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Deep Chand Traders Katarahara C.K.P. 7521065310

Date / दिनांक :  
हस्ताक्षर

28/05/2026

Signature of Insured / बीमाधारक के

ब्रिजेश