

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-0626-20
 Customer Name MUKESH KUMAR
 VIN MBLJAW527S9B02329
 Insurance Company
 HMCGI Card No
 Part Details

Date 01-06-2026
 Contact No. 8953285230
 Model SUPER SPLENDOR XTEC
 Reg No. UP53FL6879
 HMCGI Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,390.00
2	61303ADG000S -FRONT COWL CHROME	87141090	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
3	37100ADG40099S -METER ASSEMBLY COMBINED	87141090	Paid	3,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	3,705.00
4	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	466.10	1	9.00	9.00	0.00	0.00	0.00	0.00	550.00
5	ADGES6A0010EBGS - COWL FRONT BL(BR)-021M (F)	87141090	Paid	834.75	1	9.00	9.00	0.00	0.00	0.00	0.00	985.00
6	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	3,199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	3,775.00
7	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	330.51	1	9.00	9.00	0.00	0.00	0.00	0.00	390.00
8	83402ADG000S -PANEL INNER	87141090	Paid	330.51	1	9.00	9.00	0.00	0.00	0.00	0.00	390.00
Parts Total											0.00	11,380.00

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	900.00	9.00	9.00	0.00	0.00	0.00	0.00	1,062.00	
Jobs Total											0.00	1,062.00

Parts Total	11,380.00
Labour Total	1,062.00
SGST (Parts) 9%	867.97
CGST (Parts) 9%	867.97
SGST (Labour) 9%	81.00
CGST (Labour) 9%	81.00
Total	12,442.00

Authorised Signatory

Rupees in Words: Twelve Thousand Four Hundred Forty Two 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

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

महोदय .

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिए गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Mukesh Kumar 8953285230
Vehicle No. / वाहन संख्या	UP 53 FL 6879
Policy No. / पालिसी संख्या	252400/31/2026/89595
Period of Insurance / बीमा अवधि	01/10/25 to 31/03/26
Date of loss & Time / दुर्घटना का दिनांक & समय	31/05/2026 8:00 P.M
Place of Accident / दुर्घटना का स्थान	Maharajganj G.K.P
Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	Sonu Kanaujia UP 53 201400 23182
Estimated Loss / अनुमानित हानि	
Cause of Accident / दुर्घटना का कारण :	मुकेश कुमार की गाड़ी सोनू कानूजिया की चल रहे थे सड़क जगल सड़क निम्न का कार्य चल रहा था। सतधान ब्रीड रही लूगा क्या। जिससे गाड़ी गड्ढे में गिर गई। हौर हतिगस्त हा गड्ढे
Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
Third Party Loss / तृतीय पक्ष हानि / FIR No.	
Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M.B. MOTOR 8318237680

Mukesh Kumar
Signature of Insured / बीमाधारक के

Date / दिनांक :
हस्ताक्षर

01/06/2026
Mukesh Kumar

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name
- (b) Age
- (c) Address
- (d) Is the Driver
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or 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
- (h) Issuing Authority
- (i) Date of Expiry
- (j) Was the licence temporary/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?;

Sonal Karmacharya
33 years
Glossapur
Relative
UP 5320110023182
R.T.O. G.M.P.
01/08/2021
Permanent

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time
- (b) Place
- (c) Speed of vehicle at the time of accident
- (d) Give a short description of the accident
- (e) If any third party was responsible for this accident give the name and address

31/05/2026, 8:00 P.M.
Glossapur
130 kmph
SIRSI 1562 412122

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected

102122

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?

A

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

(a) Give names and addresses of passengers/other Witness, if any : NA
(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? : A
(e) Date and Diary No. : _____

10. THEFT

(a) Date and Time : NA
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Was theft been reported to Police? : _____
(g) When? : _____
(h) Which Police Station? : A
(i) P.R. diary Number : _____

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 demand 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.

Signature of the insured Mukesh Kumar

Date 01/06/200



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.O. No. 7037, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

Div. In Office Address

Tel. No.

Certificate/Policy No. 2523100/81/2026/37815
 Period of Insurance 01/10/25 to 30/09/25
 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 Mukesh Kumar
 (b) Address for correspondence Glosskhpur
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>Maruti</u> <u>2025</u>	Engine No. <u>02510</u> Chassis No. <u>02329</u>	Registration No. <u>UP53</u> <u>FL6879</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
 I. Was a side-car attached
 * 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 | _____ |

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 Mukesh Kumar
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

मुख का प्रथम हमारे पास
 The Oriental Insurance Company Ltd.
 (Govt. of India Undertaking)
 Policy No. 1912/01007158



PRITHVI, AGNI, JAL, AAKASH, SUBH, KRISHNA, HAMA, H PA
THE ORIENTAL INSURANCE COMPANY
 Report ID: P1190912
 U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
 (FORM 5) OF THE CENTRAL MOTOR VEHICLES RULES, (1989)

REGIONAL OFFICE: VIKRAM NAGAR, OPP. THE MISTAN CINEMA MARKET, DELHI-110001
 (ESTD. IN 1947) WITH OVER 45 Years

Policy Issued On: 01-OCT-25
 Proposal No & Date: R/252400/31/2026-10516582# 15 & 01-OCT-2025
 Policy Period (OWN DAMAGE): FROM 17.25 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026
 Policy Period (LIABILITY): FROM 17.25 ON 01/10/2025 TO MIDNIGHT OF 30/09/2026

REGISTRATION NO: KA01-2026-0001547
 REGISTRATION OFFICE: KARMAURA DUKARIA, GORAKHPUR, N.A.0

Lead/Breakin No: [Blank]
 Insured State: UTTAR PRADESH

VEHICLE DETAILS
 TYPE OF FUEL: PETROL

INSURED DECLARED VALUE (IDV) (in Rs.)	
Vehicle	74687
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	74687
TMF CONTRACT NO	[Blank]
Policy Type	Zone B - Rest of India
Geographical Area	[Blank]

OWN DAMAGE SECTION (A)

Basic Third Party Liability	1251.75
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-29)	187.75
Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-16)	0
Driving Tuition Loading On TP Premium (60%)	0
PA Paid Driver, Conductor, Cleaner-GR36B3	0
Net Liability Premium (B)	0
Total Premium (A+B)	0
GST	0
SERVICE TAX	0
STAMP DUTY	0
Swachh Bharat Cess @ 0.50%	0
Krishi Kalyan Cess @ 0.50%	0
Gross Premium Paid	0
	188

Schedule Of Premium (Amount in Rs.)

LIABILITY SECTION (B)	
Basic Third Party Liability	3851
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-29)	0
Legal Liability to Employees (IMT-29)	NA
Legal Liability to Passenger (IMT-16)	NA
Driving Tuition Loading On TP Premium (60%)	0
PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Net Liability Premium (B)	4039
Total Premium (A+B)	0
GST	0.00
SERVICE TAX	0
STAMP DUTY	0
Swachh Bharat Cess @ 0.50%	0
Krishi Kalyan Cess @ 0.50%	4767
Gross Premium Paid	4767

- Note:
1. Policy Issuance is 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 Rs(0)
 5. Subject to Endorsements IMT,7,10,28.

Age	Relation	Amount
[Blank]	[Blank]	4767

Bank Name	Financer Branch	Amount
[Blank]	POS PAN NO/Aadhar No	NA

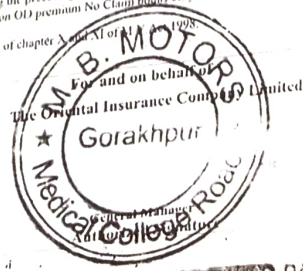
1. The insured shall be liable for the payment of premium exceeding Rs 1000, if the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.

2. The insured shall be liable for the payment of premium exceeding Rs 1000, if the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.

3. The insured shall be liable for the payment of premium exceeding Rs 1000, if the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.

4. The insured shall be liable for the payment of premium exceeding Rs 1000, if the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.

5. The insured shall be liable for the payment of premium exceeding Rs 1000, if the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our branches.



1/24/2025

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FL6879 Registration Date : 05-Oct-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 : MUKESH KUMAR Son/wife/daughter of : BUDDHU
 Full Address: (Permanent) : TIKARIA JUNGLE BHELMAPUR URF, KARMAURA, , GORAKHPUR, UTTAR
 PRADESH-273165
 Full Address: (Temporary) : TIKARIA JUNGLE BHELMAPUR URF, KARMAURA, , GORAKHPUR-UTTAR
 PRADESH-273165
 Fitness UpTo : 04-Oct-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 : AA2136849824 Rear HSRP No : AA2138241661
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLJAW527S9B02329
 Engine No : JA07AZS9B02512 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
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : MATT NEXUS BLUE 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 : 01-Oct-2025 Sale Amt : 78618/-
 OTT Date : 01-Oct-2025 Amount/Rcpt No : 7862 / UP53D25100001821
 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 05-Oct-2025 to 04-Oct-2040

Date : 15-Nov-2025 18:07:04
 Taxation Particulars / Advance Registration Mark Fee Details

कर / उत्तर प्रदेश सरकार
 Signature of Registering Authority
 15-Nov-2025

Q 4803081

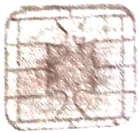
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Date
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UNION OF INDIA Driving Licence



UP53-20140023182



जारी करने की तिथि
Date of Issue

01/09/2014

जन्म तिथि
Date of Birth

20/05/1993

वैधता अवधि
Validity

31/08/2034

Blood Group

Unknown

नाम / Name

SONU KANAUJIYA

पिता/पत्नी का नाम / Son/Daughter/Wife of

DINA NATH KANAUJIYA

UP 53 20140023182

UP03610081MT



LMV
01/09/2014



MCWG
01/09/2014



Form 7 Rule 16(2)

पता / Address

NETAJI SUBHASH CHANDRA BOSE
COLONY, BILANDPUR KHATTA
PO-PS-GORAKHNATH GORAKHPUR - 273015

Holder's Signature

जारीकर्ता / Issuing Authority Sign

(Signature)

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MGTPK9500Q



नाम / Name
MUKESH KUMAR

पिता का नाम / Father's Name
BUDDHU

जन्म की तारीख /
Date of Birth
03/04/2003


हस्ताक्षर / Signature



भारत सरकार
Government of India



मुकेश कुमार
Mukesh Kumar
जन्म तिथि / DOB : 03/04/2003
पुरुष / Male

6442 4425 0516



आधार
The Unique Identification Authority of India
UIDAI

6442 4425 0516

मेरा आधार, मेरी पहचान

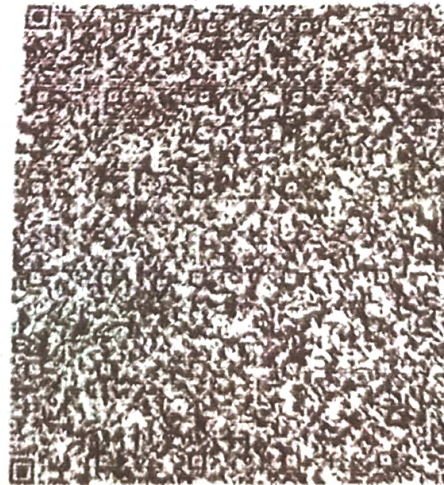


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: बुद्धू, जंगल भेलमपुर उर्फ
करमौरा, टिकरिया, गोरखपुर, उत्तर प्रदेश,
273165

Print Date: 10/12/2022

Address: S/O: Buddhu, jungle bhelmapur urf
karmaura, Tikaria, Gorakhpur, Uttar
Pradesh, 273165



6442 4425 0516



1947



help@uidai.gov.in



www.uidai.gov