

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-0626-24	Date	03-06-2026
Customer Name	RAHUL .	Contact No.	9696090061
VIN	MBLHAW453S9J74880	Model	HF DELUXE
Insurance Company		Reg No.	UP53FN7156
HMCGL Card No	1051526590000908	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount
1	AI ABS6A0000BAGS -TANK FUEL NH-1(T1)	87141090	Paid	6,546.6	1	9.00	9.00	0.00	0.00	0.00	0.00	7,221.6
2	AI ABS6A0010BAGS -VISOR FRONT NH-1(T1)	87141090	Paid	800.85	1	9.00	9.00	0.00	0.00	0.00	0.00	889.85
3	AI ABS6A0020BAGS -COVER SIDE RIGHT NH-1(T1)	87141090	Paid	728.81	1	9.00	9.00	0.00	0.00	0.00	0.00	806.81
4	53100AAH810S -PIPE STRG HANDLE	87141090	Paid	398.31	1	9.00	9.00	0.00	0.00	0.00	0.00	436.31
5	53175AAFH00S -LEVER COMP R STRG.HNDL.	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	92.75
Parts Total											0.00	10,926.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Net Amount	
1	102032 - ACCIDENTAL LABOUR HF DELUXE	998729	Paid	700.00	9.00	9.00	0.00	0.00	0.00	0.00	828.00	
Jobs Total											0.00	828.00

Parts Total	10,926.00
Labour Total	828.00
SGST (Parts) 9%	773.34
CGST (Parts) 9%	773.34
SGST (Labour) 9%	74.52
CGST (Labour) 9%	74.52
Total	10,926.00

Authorised Signatory:

Rupees in Words: Ten Thousand Nine Hundred Twenty Six Only

10515 - Mar 2026

- 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

श्री. सीमा देवी

The Oriental Insurance Co. Ltd.

दि. ऑरिएण्टल इन्शोरेंस कंपनी लिमिटेड

Subject: दिमाक: Claim Intimation Letter / दाव सूचना पत्र

श्री. मक़दूम

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

1. Name of the Insured & Mobile No. बीमाधारक का नाम & मोबाइल नं.	Rahul Singh (9696090061)
2. Vehicle No. वाहन संख्या	UP53 FN 7156
3. Policy No. पॉलिसी संख्या	252400/31/2026/57627
4. Period of Insurance बीमा अवधि	10/11/25 to 09/11/26
5. Date of loss & Time दुर्घटना का दिनांक & समय	01/06/2026. 5:00 P.M.
6. Place of Accident दुर्घटना का स्थान	Kusmthi Bazar (G.R.P)
7. Name of the Driver, D.L. No. & Mobile No. ड्राइवर का नाम, डी.एल. नं. & मोबाइल नं.	Rahul, UP53 28260008832, (9696090061)
8. Estimated Loss अनुमानित हानि	10,000/-
9. Cause of Accident दुर्घटना का कारण:	वेड के बाहर मेरी गाड़ी रफ़ी धी, जहिले तरफ से चार पहथवाँ वाहन ने धक्का मार दिया जिस से मेरी गाड़ी क्षतिग्रस्त हो गया.
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

माइल

Signature of Insured / बीमाधारक के

Date दिनांक: 03/06/2026.

इस्ताफ़र माइल

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rahul

(b) Age : 28 years

(c) Address : _____

(d) Is the Driver _____

1. Owner _____

2. paid driver? _____

3. Owner's relative or friend? owner

(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 : UP5320260008530

(h) Issuing Authority : R.T.O. G.M.P.

(i) Date of Expiry : 08/12/2028

(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 : 01/06/2026

(b) Place : Dokimph Rushmi Road

(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 _____

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : 10226

(b) Estimated cost of repairs _____

(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

Yes | A

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any

Yes

- (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.

A

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 Police Station?
- (i) C.R. diary Number

Yes

A

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.

Signature of the insured राहुल

Date 03/06/26 200

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 _____ 2001
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 _____ 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. _____

Ins. No. _____
Policy No. _____
Excess Rs. 500/-

Signature _____
Occupation _____
Address _____

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank

CERTIFICATE OF REGISTRATION

Registration No	: UP53FN7156	Registration Date	12-Nov-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	REG
Dealer's Name & Address	: M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GOPAKHURJ, GORAKHPUR		
Owner Name	: RAHUL	Son/wife/daughter of	RAHUL
Full Address: (Permanent)	: MADAPAR ARAJI MATAONI, GORAKHPUR, JI TAAR PRADH, GORAKHPUR		
Full Address: (Temporary)	: MADAPAR ARAJI MATAONI, GORAKHPUR, JI TAAR PRADH, GORAKHPUR		
Fitness Up To	: 11-Nov-2040	Owner Serial No	
Detailed Description		Link Vehicle No	
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	INDIAN SCOOTER
Ownership	: INDIVIDUAL		
Maker's Name	: HERO MOTOCORP LTD	Rear HSRP No	AA1047456905
Front HSRP No	: AA1047456905	Month/Year of Manuf	08/2025
Type of Body	: SOLO WITH PILLION	Chassis No	HA11F2S9J09021
No of Cylinders	: 1	Fuel	PETROL
Engine No	: HA11F2S9J09021	Cubic Capacity	125
Horse Power(BHP)	: 8.17	Wheel base	1265
Maker's Classification	: HF DELUXE PRO	Standing Cap	0
Seating Cap(n all)	: 2	Unladen Wt (kgs)	112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	242
Colour	: BLACK-RED STRIPE	AC Fitted	NO
Other Criteria	: 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 s f.

Purchase dt	: 09-Nov-2025	Sale Amt	
OTT Date	: 09-Nov-2025	Amount/Rcpt No	
Vehicle is Govt./ Pvt	: PRIVATE	Tax Exempted or Not	
Date of Approval	: 28-Dec-2025		
Other State/Transfer/Conversion/Reassign Details		Previous RegNo	
Previous Owner		Entry Date	
Old State		Conversion Date	
Transfer Date			

38794-
3874-UP-REGISTRATION-CHARGES-
NOT EXEMPTED

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

Date : 12-Jan-2026 16:51:12
Taxation Particulars / Advance Registration Mark Fee Details

[Signature]
Date: 12-Jan-2026



Indian Union Driving Licence
Issued by Government of UTTAR PRADESH

UP53 20260008832

Issue Date: 12-03-2024
Validity (Net): 00-12-2030
Validity (Hill): 00-00-0000



Date of Birth: 12-03-2006



Name: RAJESH
Date of Birth: 12-03-2006
Sex: Male
Address: Karamnagar Bazar, Bazar, Bahadurganj, Ghazipur, Uttar Pradesh 201001

DL No: UP53 20260008832

DLUP00321107



Invalid Carriages (Regn. Numbers):

Hazardous Validity: 00-00-0000
Hill Validity: 00-00-0000

Class of Vehicle	Code	Issued by	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date	Badge Issued by
MCWG	MCWG	UP53	12-03-2024	MT		00-00-0000	
MT	MT	UP53	12-03-2024	MT			

Form 7 (Rule 16, 2)

Licensing Authority
Gorakhpur

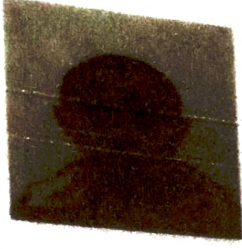
Emergency Contact Number



भारत सरकार
Government of India



Download Date: 18/01/2024



राहुल
RAHUL
जन्म तिथि / DOB : 09/12/1998
पुरुष / MALE

Issue Date: 18/01/2024

2456 4342 6482

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:

पुत्र: विनोद सिंह, माड़ापार, अराजी मतौनी,
कुस्मही बाजार गोरखपुर, उत्तर प्रदेश, 273002

Address:

S/O: Vinod Singh, Madapar, Arajai
Mataoni, Kusmahi Bazar Gorakhpur, Uttar
Pradesh, 273002



2456 4342 6482



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DAWPR4636A

नाम / Name
RAHUL

पिता का नाम / Father's Name
VINOD SINGH

जन्म की तारीख / Date of Birth
09/12/1998

Rahul
हस्ताक्षर / Signature



13081017