

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-0626-30	Date	19-06-2026
Customer Name	BANDHANI .	Contact No.	7754874704
VIN	MBLHAW470SHGC3597	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FM4740
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	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	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
3	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	76.27	1	9.00	9.00	0.00	0.00	0.00	0.00	90.00
4	83402AAE710S -PANEL INNER	87141090	Paid	254.24	1	9.00	9.00	0.00	0.00	0.00	0.00	300.00
5	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
6	ADHNA7V000000GS -KEY SET	83012000	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
7	33400KCC710S -WINKER ASSY RFR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
8	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
9	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
10	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00
11	53230KCC900S -BRIDGE COMP.FORK TOP	87141090	Paid	220.34	1	9.00	9.00	0.00	0.00	0.00	0.00	260.00
12	17520ADH1800CS -FUEL TANK MAT AXIS GRAY METALLIC	87141090	Paid	5,656.78	1	9.00	9.00	0.00	0.00	0.00	0.00	6,675.00
13	53200AAE300S -STEM COMP STRG	87141090	Paid	792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	935.00
14	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
15	3310BAAEC1099S -LIGHT ASSEMBLY HEAD (W/O BULB)	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
16	61312AAE330S -STAY METER MOUNTING	87141090	Paid	101.69	1	9.00	9.00	0.00	0.00	0.00	0.00	120.00
Parts Total											0.00	16,320.00

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	1,300.00	9.00	9.00	0.00	0.00	0.00	0.00	1,534.00	
Jobs Total											0.00	1,534.00

Parts Total

16,320.00

SGST (Parts) 9%	1,244.75
CGST (Parts) 9%	1,244.75
SGST (Labour) 9%	117.00
CGST (Labour) 9%	117.00
Total	17,854.00

Words: Seventeen Thousand Eight Hundred Fifty Four Only

Authorised Signatory

h
 atutory levies prevailing at the time of delivery shall be charged
 this workshop are handled/driven and kept at owner's risk.
 are requested to satisfy themselves with the quality of work done before taking the

10515 - Main W/S

tary estimate will be submitted if further damages/parts are required after
 e vehicle.
 unt may vary from estimate
 rges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 subject to jurisdiction of GORAKHPUR Jurisdiction Only
 p can further contact you via Call, SMS or email for feedback or to give information
 nches.

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.	BANDHANI 7754872702
2	Vehicle No. / वाहन संख्या	UP58FM 4726
3	Policy No. / पालिसी संख्या	252400/31/2026/27332
4	Period of Insurance / बीमा अवधि	19/10/2025 to 18/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15.6.2026 8:00 P.M
6	Place of Accident / दुर्घटना का स्थान	Subigway GKD
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sanjeev Kumar Singh UP5820160014222
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण :	वहूदनी की गाड़ी संजीव कुमार चला रहे थे पीपी गज के पास अचानक एक जानवर सामने आ गया जिससे गाड़ी अनियंत्रित होकर सड़क के किनारे डिवाइडर के करीब दाहिने तरफ गिरकर इ स्थान गस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	M
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 8818237680

16/06/26

Date / दिनांक :
हस्ताक्षर

वशनी

वशनी

Signature of Insured / बीमाधारक के

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) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Policy Station? : _____ A
(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 16/06/20 200

Signature of the insured [Signature]



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. 252400/31/2026/47332
 Tel. No. _____ Period of Insurance 19/10/25 to 18/10/21
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED

(a) Name : BANDHANT
 (b) Address for correspondence : Gosakhpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>22927</u> Chassis No. <u>3597</u>	Registration No. <u>UP 53FM</u> <u>47216</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 to 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 : A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name: Sanjeev Kumar Singh
- (b) Age: 30 years
- (c) Address: Choudhary
- (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: UP52200160014222
- (h) Issuing Authority: R.T.O. GIKP
- (i) Date of Expiry: 12/06/36
- (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: 15/06/2026 8:00 P.M
- (b) Place: GIKP
- (c) Speed of vehicle at the time of accident: 30 kmph
- (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: HSBH
- (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? |

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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



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
Occupation
Address
.....
.....

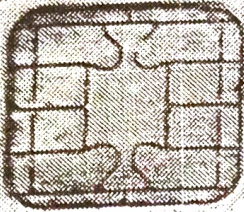
Bank Account Number
Name of the Bank



UNION OF INDIA Driving Licence

UP NT

UP53 20160014222



जारी करने की तिथि
Date of Issue

15/06/2016

वैधता / Validity

14/06/2036

जन्म तिथि
Date of Birth

30/01/1996

Blood Group

Unknown

नाम / Name

SANJEEV KUMAR SINGH

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

RUDAL SINGH

UP04111052MT

UP53 20160014222



11 DV
15/06/2016



MC.VG
15/06/2016

पता / Address

MOH.LACHHIPUR TOLA
PO-MOHRIPUR
GORAKHPUR - 273007

UP

Form 7 Rule 16(2)

Holder's Signature

जारीकर्ता / Issuing Authority Sign
GORAKHPUR



(भारत सरकार का उपक्रम)
U66010DL1947G01007158



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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMIST AN CINEMA MEERO, T. ROAD, BHILAI, (M.P.)
Policy Type: BUNDLED POLICY (MOTORISED TWO WHEELERS-45 Years)
Policy No: 25240031202647332
Agent Broker Code: BA0000155144
Agent Broker Name: ABHINAV BHATI
Insured Name: BANDHANI (GSTIN)
Insured Address: C/O SANJIV KUMAR CHAUHAN, P.O. JANGAL BIHULI TOLA LAMCHA, (POST PIPIHANI), GORAKHPUR, U.P.

INSURED MOTOR VEHICLE DETAILS
Make: HERO MOTORCORP
Model & Variant: HERO SPLENDOR PLUS FI
Registration No: NEW
Year Of Manufacture: 2025
Engine - Chassis No: HALLIPK/THK927 - MBL11W470SLHC03597
Cubic Capacity: 100
Stroke Capacity: 1-1
Type Of Body: SLD
RTU Location: ...
Type Of Fuel: PETROL
Lead Breakin No: ...
Insured State: UTTAR PRADESH
INSURED DECLARED VALUE (IDV) (In Rs.): 71249
Electrical Accessories: 0
Non Electrical Accessories: 0
Total IDV: 71249
TMS CONTRACT NO: ...
Policy Type: Zone B - Rest of India
Geographical Area: ...

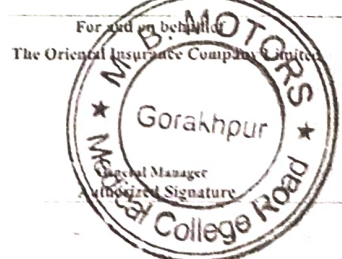
OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1194.13	Basic Third Party Liability	3851
Elec. Accessories	0	Compulsory P.A. Cover Premium	0
Non-Elec. Accessories	0	P.A. Cover for 0 Person Of Rs (0) each (LMT-16)	0
Basic Premium	179.13	Legal Liability (As City driver) (LMT-25)	0
Geographical Area Extra (LMT-1)	0	Legal Liability to Employees (LMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (LMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
		P.A. Paid Driver, Conductor, Cleaner-GR363	0
		Net Liability Premium (B)	3851
		Total Premium (A+B)	4030
		GST	726
		SERVICETAX	0
		STAMP DUTY	0.00
		Search & Seizure @ 0.50%	0
		Krishi Rajat Cess @ 0.50%	0
		Gross Premium Paid	4756
		Note: 1. Policy Insurence 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 (LMT-22) 4. Voluntary excess Rs(0) 5. Subject to Endorsements (MT,7,10,28)	
Voluntary Deductibles (LMT-22A)	0		
Anti-Theft Device (LMT-10)	0		
AAI Membership (LMT-5)	0		
No Claim Bonus	0		
Discount for vehicle designed for handicapped	0		
SIP Discount	0		
Sub-Total Deductibles	0		
Nil. Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	179		

Nominee Details:		Nominee Name	Age	Relation
Payment Details:		Payment Method	Cheque No./Transaction No.	Bank Name
				Amount
				4756
Financer Type		Financer Name	Cash	Financer Branch
POS Name		NA	POS ID	NA
				POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs. 1-lac or a claim for refund of premium exceeding Rs.1-lac, 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, LMTs and DIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in 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 hereon to set his/her hand(s) at 252400 on 19-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 M.V. 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
Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license at the time of an 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 (i) of the policy - Death of or body injury Such amount is necessary to meet there requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-driver is RS 0
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s) as per the: The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% w/e 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

Approved By: UNV/252400
Approved On: 19-OCT-25
Place: MRT
Printed On: 09-NOV-25



1 YEAR OD & YEARS THIRD PARTY INSURENCE

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No
Description of Vehicle
Dealer's Name & Address
Owner Name
Full Address: (Permanent)
Full Address: (Temporary)

: UP53FM4740
: M-CYCLE/SCOOTER
: M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, 193-273004
: BANDHANI
: JANGAL BAHULI TOLA LAMOHIYA, POST PIPIGANJ, JANGAL BIHULI, GORAKHPUR
: JANGAL BAHULI TOLA LAMOHIYA, POST PIPIGANJ, JANGAL BIHULI, GORAKHPUR
: JANGAL BAHULI TOLA LAMOHIYA, POST PIPIGANJ, JANGAL BIHULI, GORAKHPUR
: 22-Oct-2040

Fitness Up To
Detailed Description
Class of Vehicle
Ownership
Maker's Name
Front HSRP No
Type of Body
No of Cylinders
Engine No
Horse Power(BHP)
Maker's Classification

: M-CYCLE/SCOOTER
: INDIVIDUAL
: HERO MOTOCORP LTD
: AA2136850867
: SOLO WITH PILLION
: 1
: HA11F6SHG22927
: 8.17
: SPLENDOR+ 01 EDITION (D

Registration Date : 23-Oct-2025
Purpose For Printing RC : NEW
Son/wife/daughter of : SANJ KUMAR CHAUHAN
Owner Serial No : 1
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2138245102
Month/Year of Manuf. : 07/2025
Chassis No : MBLHAW470SHCC3597
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 113
Laden/GV Wt (kgs) : 243
AC Fitted : NO

Seating Cap(in all)
Sleepar Cap
Colour
Other Criteria
Vehicle Purchase As

: 2
: 0
: MATT GREY
: 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 : 19-Oct-2025
OTT Date : 19-Oct-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 02-Feb-2026
Sale Amt : 74099/-
Amount/Rcpt No : 7500 / UP53D25100011139
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 23-Oct-2025 to 22-Oct-2040

Date : 07-Feb-2026 15:57.56
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 07-Feb-2026

7458187

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 _____
4. Are you assessed to tax? _____ Yes /No
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 _____

Date : _____

Place : _____


Signature of the declarant

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.