

RAJARAM AUTO SALES

NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK,UCHAULIYA, KHERI, 261505,
 UP, India
 State Code: 9 Contact: 7704099099, 8953999853 , ,
 GSTIN No: 09AAQFR0980E2ZV
 Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	22992-02-REST-1225-217	Date	10-12-2025
Customer Name	THE ORIENTAL INSURANCE COMPANY LTD. 09AACT0627R4ZU SALMAN HAIDER	Contact No.	9289155177
VIN	MBLHAW210RHL09832	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31CJ5981
HMCGL Card No	2299225520000001	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	77300AAE300SS -R SIDE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
2	COWL BLACK NH 1 TYPE 2											
2	77400AAE300SS -L SIDE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	COWL BLACK NH 1 TYPE 2											
3	77235AAE300RS -CENTER	87141090	Paid	202.54	1	9.00	9.00	0.00	0.00	0.00	0.00	239.00
4	REAR COWL NH-1 TYPE-1											
4	33650KCC710S -WINKER	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	ASSY L RR											
5	33600KCC710S -WINKER	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	ASSY R RR											
6	83410AAEB00SS -FRONT	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
7	VISOR BLACK NH-1 (TYPE-1)											
7	3310BAAEB0099S -LIGHT	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
8	ASSY HEAD											
8	61100KST940ZAS -FENDER	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
9	COMPLETE.FRONT NH-1											
9	50803KST940S -GUARD	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
	LEG											
Parts Total											0.00	4,559.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	4,559.00
Labour Total	1,000.64
SGST (Parts) 9%	347.72
CGST (Parts) 9%	347.72
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	5,559.64

Rupees in Words: Five Thousand Five Hundred Fifty Nine and paise Sixty Four Only

Authorised Signatory

22992 - 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

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

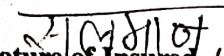
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

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.	9870251244 Salman Haider
2	Vehicle No. / वाहन संख्या	UP 31CT 5981
3	Policy No. / पालिसी संख्या	252400/31/2025/4346
4	Period of Insurance / बीमा अवधि	20.12.24 to 24.12.25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09.12.25 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	J. b. Ghant
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP 31 20240008016 Jubair
8	Estimated Loss / अनुमानित हानि	5559
09.	Cause of Accident / दुर्घटना का कारण : चालक जुबैर गाड़ी लेकर एक मोबाइल ले छुट्टा था उसका तभी लेबली गंत के पास एक अटो चाले ने पीछे से क्लक भाट दी जिससे गाड़ी आगे बढ़े एक दुर्घरे आये से क्लक भाट डालिफ्त हो गई !	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9953999855 Rajwaram Auto sales

Date / दिनांक : 10.12.25
हस्ताक्षर


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. 252100/31/2025/74346
 Tel. No. _____ Period of Insurance 20.12.24 to 27.12.25
 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 : Salman Haidex
 (b) Address for correspondence : 21 Badhaiya mohammadi Pasgawan sarouniya
 (c) Telephone : 9070251244 Khesi

2. THE INSURED VEHICLE

Make & Year <u>Hero/2024</u>	Engine No. <u>L17276</u> Chassis No. <u>L09032</u>	Registration No. <u>UP31CT</u> <u>05901</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NO
 2. Was a pillion rider carried NO

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 : _____
- N.A.

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Jubait
- (b) Age : _____
- (c) Address : Bedaiyan margalbanj mohammadi
- (d) Is the Driver : relative
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 : UP 3120240009016
- (h) Issuing Authority : Khesi
- (i) Date of Expiry : 31.12.2034
- (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?: _____

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 09.12.25 4:00 Pm
- (b) Place : J. b. Ganj
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : जेबलबाण के पास एक आदीवाली ने पीसने
- (e) If any third party was responsible for this accident give the name and address : कमल मालदी जिमल जासी शानो बुवड बुक
पुस्तक शील ले लकमा जा सील शीवर एत जा!

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : total damage
- (b) Estimated cost of repairs : 5559
- (c) When and where can the damaged vehicle be inspected : Rajaram Auto sales

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? : _____

~~M.A~~

8. INJURY TO DRIVER/OCCUPANT

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

N.A.

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. : _____

N.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 : _____

N.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.

Date 10.12.25

Signature of the insured [Signature]

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. UP31CT5991 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 राजेश.....
Occupation
Address
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ59B1 Registration Date : 01-Jan-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
 Owner Name : SALMAN HAIDER Son/wife/daughter of : S/O NISAR RAZA
 Full Address: (Permanent) : 21,BADHAIYA TEHSIL MOHAMMDI, THANA PASGAWAN,POST BADHIYA,
 SARAUNIYA,SARAUNIA KHERI,, KHERI, UTTAR PRADESH-261505
 Full Address: (Temporary) : 21,BADHAIYA TEHSIL MOHAMMDI, THANA PASGAWAN,POST BADHIYA,
 SARAUNIYA,SARAUNIA KHERI,, KHERI-UTTAR PRADESH-261505
 Fitness UpTo : 31-Dec-2039 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 : AA1038955265 Rear HSRP No : AA1039287254
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW210RHL09832
 Engine No : HA11E7RHL17276 Fuel : PETROL
 Horse Power(BHP) : 7.91 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) : 112
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242
 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 SHRIRAM FINANCE LIMITED,HPA, KANPUR, KANPUR,, Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 27-Dec-2024.

Purchase dt : 27-Dec-2024 Sale Amt : 81101/-
 OTT Date : 27-Dec-2024 Amount/Rcpt No : 8111 / UP31D25010000193
 Vehicle Is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-Jan-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 01-Jan-2025 to 31-Dec-2039

Date : 15-Feb-2025 10:58:44

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 15-Feb-2025

Q 1478339



भारत सरकार
Government of India

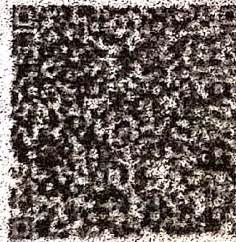


सलमान हैदर

Salman Haider

जन्म तिथि / DOB : 01/01/1997

पुरुष / Male



8965 1830 7388

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता: S/O नासिर राजा, 21, बढैया,
तहसील मोहम्मदी, थाना पसगवाँ
पोस्ट बढैया, सराऊनिया, सराऊनिया,
खोरी, उत्तर प्रदेश, 261505

Address: S/O Nasir Raza, 21 badhaya,
tehsil-mohammdi, thana-pasgawan
post-badhaya Sarauniya, Saraunia, Kher,
Uttar Pradesh, 261505

8965 1830 7388



हेल्प लाइन: 192



www.uidai.gov.in

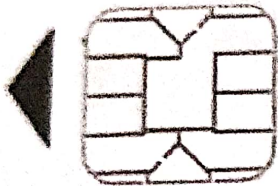




**Indian Union Driving Licence
Issued by Uttar Pradesh**



UP31 20240008016



Issue Date Validity (NT) Validity(TR)*
27-06-2024 31-12-2034



Holder's Signature

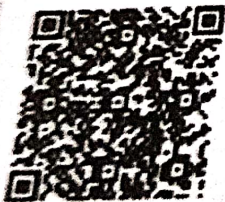
Name: **JUBAIR**
Date of Birth: **01-01-1995** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **NASIR RAJA**
Address:

**21 GRAM-BADAIYAN P.O-BADAIYAN MAIGAL
GANJ MAIGAL GANJ MOHAMMDI KHERI UTTAR
PRADESH 261505**

Date of First Issue **27-06-2024**

DL No: UP31 20240008016

UPDL000013702183



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	UP31	27-06-2024	NT			
	LMV	UP31	27-06-2024	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

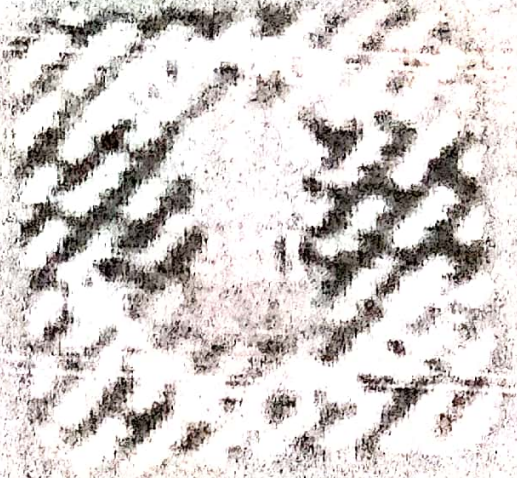
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AXDPH3969B



नाम / Name
SALMAN HAIDER

पिता का नाम / Father's Name
NASIR RAZA

जन्म की तारीख / Date of Birth
01/01/1997

