

RAJ AUTOMOBILES

COLLEGE ROAD, OPP. POWER HOUSE, FAZILNAGAR, KUSHINAGAR, 274401, UP, INDIA

State Code: 9 Contact: 05564-267228, 9415910944 , ,

GSTIN No: 09AZXPS2639D1ZQ

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 21318-02-REST-1225-7
 Customer Name CHOTELAL YADAV
 VIN MBLJAU02XSGA21381
 Insurance Company
 HMCGL Card No
 Part Details

Date 14-12-2025
 Contact No. 9792822949
 Model XTREME 125R
 Reg No. UP57BX1522
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ABH501S -LIGHT ASSY HEAD	85122010	Paid	2,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	3,230.00
2	33300ACL001S -POSITION LIGHT FRONT	85122010	Paid	1,525.42	1	9.00	9.00	0.00	0.00	0.00	0.00	1,800.00
3	61301ACL000S -COWL FRONT	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
4	6131AACL000S -STAY METER SUB ASSEMBLY	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
5	61329ACL000AS -FRONT COWL LOWER LEFT NH-1	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
6	61328ACL000AS -FRONT COWL LOWER RIGHT NH-1	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
7	53252ACL000S -COVER MAIN SWITCH	87141090	Paid	38.98	1	9.00	9.00	0.00	0.00	0.00	0.00	46.00
8	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
9	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
10	64302ACL000S -FRONT COWL UPPER	87141090	Paid	73.73	1	9.00	9.00	0.00	0.00	0.00	0.00	87.00
11	83402ACL000S -PANEL INNER	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
12	17510ACL000S -TANK COMPLETE FUEL	87141090	Paid	3,116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	3,678.00
13	17530ACL000DS -TANK COVER TOP NH-194M-U	87141090	Paid	600.85	1	9.00	9.00	0.00	0.00	0.00	0.00	709.00
14	17565ACL000AS -TANK COVER FRONT LEFT BLACK NH1	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
15	83646ACL000DS -TANK COVER LEFT SIDE NH-194M-U	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
16	17555ACL000AS -TANK COVER FRONT RIGHT BLACK NH1	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
17	83445ACL000FS -TANK COVER FRONT CENTRE NH-105	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
18	6110AACL000AS -FRONT FENDER SUB ASSEMBLY BLACK NH-1	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
19	37100ACL01099S -METER ASSEMBLY COMBINATION	87141090	Paid	3,710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	4,378.00
20	53100ACL000S -PIPE STEERING HANDLE	87141090	Paid	311.86	1	0.00	0.00	0.00	0.00	0.00	0.00	311.86
Parts Total											0.00	18,578

Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
J2032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	800.00	9.00	9.00	0.00	0.00	0.00	0.00	944.00
102046 - ADDITIONAL REPAIR CHARGES-XTREME 125R	998729	Paid	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00	1,500.00
Rs Total									0.00	2,444.00

Parts Total	18,357.66
Labour Total	2,444.00
SGST (Parts) 9%	1,414.53
CGST (Parts) 9%	1,414.53
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
Total	21,301.86

Rupees in Words: Twenty One Thousand Three Hundred One and paise Eighty Six Only

Authorised Signatory

21318 - Main W/S

1. Terms Cash

- Prices & statutory levies prevailing at the time of delivery shall be charged
- Vehicles in this workshop are handled/driven and kept at owner's risk.
- Customers are requested to satisfy themselves with the quality of work done before taking delivery
- Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
- vehicle may be inspected in Workshop premise or outside the premise
- Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
- All disputes subject to jurisdiction of FAZILNAGAR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.



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

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.	CHOTELAL Yadav 9792822949		
2	Vehicle No. / वाहन संख्या	UP57BX1522		
3	Policy No. / पालिसी संख्या	282400131/2025(90254		
4	Period of Insurance / बीमा अवधि	28/03/2025 TO 27/03/2026		
5	Date of loss & Time / दुर्घटना का दिनांक & समय	9/12/2025: 2:30 PM		
6	Place of Accident / दुर्घटना का स्थान	Lakshya Chaffi (TAMKUNROJ)		
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMASHRAY KUCHWAHA		
8	Estimated Loss / अनुमानित हानि	20000/-		
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी रामशरीर कुश्वाहा चाली रहे थी हार में मल्लमगड़ जा रहे थे रास्ते में लतवाचही मोड़ पे अचानक सामने एक बूलीरी वाला आ राहा था जिसने हफार हो गयी और गाड़ी हटी मारुथ 10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA हो गयी
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA		
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	RAJ Auto mobiles Puzi/ Nagpur AKSHAY mishra 9651400295		

Date / दिनांक :
हस्ताक्षर

Signature of Insured / बीमाधारक के

चोटेला ल यदव





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 mucet corp Certificate/Policy No 252400/31/2025/90254
 Tel. No. Period of Insurance 20/03/2025 TO 27/03/2025
 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 : Chotelal Yadav
 (b) Address for correspondence : _____
 (c) Telephone : 9792822949

2. THE INSURED VEHICLE:

Make & Year <u>2025</u>	Engine No. <u>10910</u> Chassis No. <u>A21381</u>	Registration No <u>UP57BX</u> <u>1522</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 use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Romashwari Kushwaha
(b) Age : 31.01.2001
(c) Address : SAPPHI Kulkad
(d) Is the Driver
1. Owner : NA
2. paid driver? : NA
3. Owner's relative or friend? : YES
(e) If paid driver, how long has he been in your employment : NA
(f) Was he under the influence of intoxication Liquor or drugs? : NA
(g) Driving Licence Number : UP57-20080006503
(h) Issuing Authority : KUSHINAPUR
(i) Date of Expiry : 6/6/2028
(j) Was the licence temporary/permanent : permanent
(k) Details of endorsement/suspension, if any : NA
(l) Has he been involved in any accident before? : NA
(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 9/12/2025 : 2:30 PM
(b) Place : Latwa Chatti
(c) Speed of vehicle at the time of accident : 80 km
(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 : As per Estimat
(b) Estimated cost of repairs : 20000/-
(c) When and where can the damaged vehicle be inspected : 9/12/2025

7. THIRD PARTY INJURY PROPERTY DAMAGE

- (a) Name : NA
(b) Address : NA
(c) Full Details of personal injury sustained
(d) Name and address of any person/hospital giving medical attention to injured person : NA
(e) Full details of property damaged : NA
(f) Has notice of any claim been given to you? : NA

8. INJURY TO DRIVER/OCCUPANT

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

Not

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. : _____

Not

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 Policy Station? : _____
- (i) C.R. diary Number : _____

Not

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 24/12/2028

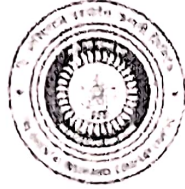
Signature of the insured
ਬੀ. ਟੀ. ਟੀ. ਪ੍ਰਦੀਪ

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 द्वारे मालकायक
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BX1522 Registration Date : 31-Mar-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304
 Owner Name : CHOTELAL YADAV Son/wife/daughter of : SAKALDEV
 Full Address: (Permanent) : VILL- SAPAHI KHAS, PO- SEMARA HARDO PATTI, PS- SEMARA HARDO PATTI,
 KUSHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL- SAPAHI KHAS, PO- SEMARA HARDO PATTI, PS- SEMARA HARDO PATTI,
 KUSHINAGAR-UTTAR PRADESH-274401

Fitness Up To : 30-Mar-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No
 Ownership : INDIVIDUAL Nominee Name : CHANDANI DEVI
 Relationship with the : Spouse Norms : BHARAT STAGE VI
 Nominee
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1039720524 Rear HSRP No : AA1040179906
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAU02XSGA21381
 Engine No : JA07AVSGA18910 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sidepeap Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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 HERO FINCORP LTD, NEW ELHI, . . New Delhi, Delhi-110057 w.e.f. 28-Mar-2025.

Purchase dt : 28-Mar-2025 Sale Amt : 101439/-
 TT Date : 28-Mar-2025 Amount/Rcpt No : 10144 / UP57D25030004665
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 31-Mar-2025 to 30-Mar-2040

A.R.T.O. (A)

Signature of Registrar (UP) Date : 16-Jun-2025

16-Jun-2025 15:43:07
 Particulars / Advance Registration Mark Fee Details

3621724

6/16/2025, 3:43 PM

भारत सरकार
Government of India

जेटेलाल यादव
Chotelal Yadav
जन्म तिथि/DOB: 05/12/1991
पुरुष/ MALE

Issue Date: 31/12/2016

3001 8978 2630
VID : 9161 5849 0959 5859

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
श्रीलाल साकलदेव, सापही खास, सेमरा हार्दो पट्टी,
कुशीनगर,
उत्तर प्रदेश - 274401

Address:
S/O: Sakaldev, sapahi khas, Semara Hardeo
Patti, Kushinagar,
Uttar Pradesh - 274401

3001 8978 2630
VID : 9161 5849 0959 5859

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT
CHOTELAL YADAV
SAKHALDEV YADAV

भारत सरकार
GOVT. OF INDIA

05/12/1991

Permanent Account Number

AFTPY3268A

चौतेलाल यादव





TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FII MISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)

Table with 2 columns: Field Name and Value. Fields include Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), and Policy Period (LIABILITY).

Table with 2 columns: INSURED MOTOR VEHICLE DETAILS and INSURED DECLARED VALUE (IDV) (In Rs.). Fields include Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, Vehicle, Electrical Accessories, Non-Electrical Accessories, Total IDV, and Geographical Area.

Table with 2 columns: Schedule Of Premium (Amount In Rs.) and Liability Section (B). The left column is divided into Own Damage Section (A) and Liability Section (B). It lists various premium components like Basic Premium, Driving Tuition, and various deductibles, along with liability components like Basic Third Party Liability, Compulsory PA Cover, and Legal Liability.

Table with 4 columns: Name, Age, Relation, and Amount. It lists nominee details for a payment of 5000.

Notes and conditions section containing important information regarding the policy, including details about the insured's driving license, the insurer's liability, and the insured's obligations.

Additional terms and conditions section detailing the scope of cover, exclusions, and the insured's responsibilities under the policy.



Approved By: [Signature]
Approved On: [Date]
Place: [Location]
Printed On: [Text]

For and on behalf of
The Oriental Insurance Company Limited
Authorized Signature



UNION OF INDIA Driving Licence (UP) (NT)

UP57-20080006583



जारी करने की तिथि
Date of Issue
07/06/2008

वैधता की तिथि
Validity
06/06/2028

जन्म तिथि
Date of Birth
07/10/1981

Blood Group
UNKNOWN



नाम / Name

RAMASHRAY KUSHWAHA

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

KESHAV NAND KUSHWAHA

UP57 20080006583

UP00819933RS



LMV

07/06/2008



MCWG

07/06/2008



(UP)

Form 7 Rule 16(2)

पता / Address

RAO SAPHI KHURD
SEMRA HARDO PATTI, TURKPATTI
KUSHINAGAR 274401

होल्डर की हस्ताक्षर

Holder's Signature

जारीकर्ता / Issuing Authority Sign

KUSHINAGAR

