

Claim No -

**SHANU MOTORS**

"GATA NO- 73A, 73B,  
CSB ROAD", SAURIKH, KANNAUJ, 209728, UP, India  
State Code: 9 Contact: 05691-263010, , ,  
GSTIN No: 09AAOPU0195N1ZS  
Associate Dealer: Hero MotoCorp Ltd.

J-

**ESTIMATE**

Estimate No.	22718-02-REST-1225-33	Date	14-12-2025
Customer Name	MOHIT KUMAR	Contact No.	7760415441
VIN	MBLHAW472SHLB9362	Model	SPLENDOR +
Insurance Company	THE ORIENTAL INSURANCE CO LTD	Reg No.	UP74AQ4702
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	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	83401KCC900SS -VISOR FRONT (BLACK)	87141090	Paid	468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	553.00
3	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
9	K44446AAF000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
10	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
11	61312AAE330S -STAY METER MOUNTING	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
12	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
13	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
14	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
15	35150AAF00099S -SWITCH ASSEMBLY START I3S	85365020	Paid	220.34	1	9.00	9.00	0.00	0.00	0.00	0.00	260.00
16	81200AAD300S -CARRIER REAR.	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
17	17520AAEA00RS -FUEL TANK (BLACK NH-1)	87141090	Paid	4,335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	5,116.00
18	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
19	18350AAE940S -MUFFLER COMPLETE EXHAUST	87141090	Paid	5,038.98	1	9.00	9.00	0.00	0.00	0.00	0.00	5,946.00
20	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00
21	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
Parts Total											0.00	24,527.00
Labour Details												0

14 December 2025 7:27 pm

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.	MOHIT KUMAR S/o MAHARAM 7760415441
2	Vehicle No. / वाहन संख्या	UP74 AQ 4702
3	Policy No. / पालिसी संख्या	252400/31/2026/61916
4	Period of Insurance / बीमा अवधि	22/11/2025 TO 21/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025 05:30 PM
6	Place of Accident / दुर्घटना का स्थान	BUMBAROAD PAROUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MOHIT KUMAR S/o MAHARAM UP7420230010165
8	Estimated Loss / अनुमानित हानि	26,000/-
9.	Cause of Accident / दुर्घटना का कारण :	हम अपनी गाडी से सौरिख आ रहे थे बम्बारा रोड पे परौर के पास अचानक से बाइक निकलने से मेरी गाडी में सामने से टक्कर हो गयी जिससे मेरी गाडी गिरकर बुरी तरह दतिगृष्ट हो गयी। इस घटना में कोई जनहानि नहीं हुयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फोन नं.	SHANU MOTORS C.S.B ROAD, SAURIKH, KANNAUJ 8896873786

Mohit Kumar

Date / दिनांक : 14/12/2025  
हस्ताक्षर

Signature of Insured / बीमाधारक के

14 December 2025 7:27 pm



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 \_\_\_\_\_

Tel. No. \_\_\_\_\_

Certificate/Policy No. 252400/31/2026/61916  
 Period of Insurance 22/11/2025 TO 21/11/2026  
 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 MOHIT KUMAR S/O MAHARAM  
 (b) Address for correspondence NAYA NAGLA, USMANPUR, BHOURAJPUR  
 (c) Telephone 7760415441 KANNAW

2. THE INSURED VEHICLE

Make & Year <u>HERO MOTOR CORP</u> <u>SPL +</u>	Engine No. <u>HAIIF6SHL74297</u> Chassis No. <u>MBLHAW472SHLB93</u> <u>62</u>	Registration No. <u>UP74AQ</u> <u>4702</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? PERSONAL  
 (c) Was trailer attached? NO  
 (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

NA  
NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : MOHIT KUMAR & MAHARAM  
 (b) Age : 01-01-1996  
 (c) Address : NAYA NAGLA, USHMANPUR, BHAUNRAJPUR  
KANNAUJ  
 (d) Is the Driver  
 1. Owner : OWNER  
 2. paid driver? : NA  
 3. Owner's relative or friend? : NA  
 (e) If paid driver, how long has he been in your employment : NO  
 (f) Was he under the influence of intoxication Liquor or drugs? : NO  
 (g) Driving Licence Number : UP7420230010165  
 (h) Issuing Authority : ARTO KANNAUJ  
 (i) Date of Expiry : 31-12-2035  
 (j) Was the licence temporary/permanent : PERMANENT  
 (k) Details of endorsement/suspension, if any : NO  
 (l) Has he been involved in any accident before? : NO  
 (m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 11/12/2025 05:30pm  
 (b) Place : BUMBA ROAD PARAUR  
 (c) Speed of vehicle at the time of accident : 50-60 KM/H  
 (d) Give a short description of the accident : हम अपनी गाड़ी से सौरख आ रहे थे रास्ते में परोद डे पास उसमक से वाइक निकली से मेरी गाड़ी में लगने से रकक होगी जिससे गाड़ी गिरकर क्षतिग्रस्त होगी  
 (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 : FRONT/RIGHT/BACK/LEFT  
 (b) Estimated cost of repairs : 26000/-  
 (c) When and where can the damaged vehicle be inspected : SHANU MOTORS SAURKHA

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NA  
 (b) Address : NA  
 (c) Full Details of personal injury sustained : NA  
 (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? \_\_\_\_\_ **NA**  
(b) If yes, give full details \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any \_\_\_\_\_  
(b) Did a Police Constable take particulars of The accident? \_\_\_\_\_ **NA**  
(c) Was accident reported to Police? If not, Why? \_\_\_\_\_  
(d) If yes, to which Police Station? \_\_\_\_\_  
(e) Date and Diary No. \_\_\_\_\_ **NA**

10. THEFT

- (a) Date and Time \_\_\_\_\_  
(b) Place \_\_\_\_\_  
(c) What was stolen? \_\_\_\_\_ **NA**  
(d) Estimated cost of replacement? \_\_\_\_\_  
(e) By whom discovered and reported? \_\_\_\_\_  
(f) Has theft been reported to Police? \_\_\_\_\_  
(g) When? \_\_\_\_\_  
(h) Which Policy Station? \_\_\_\_\_ **NA**  
(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: 14/12/2025

Mohid Ruman  
Signature of the insured \_\_\_\_\_

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. UP76AQ4709 insured under Policy No. 61916 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. \_\_\_\_\_

*Mohit Kumar*  
Stamp: This Receipt is Valid Only When Amount Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature MOHIT KUMAR  
Occupation PVT. JOB  
Address NAYA NAGLA  
USHMANPUR, BHAUNRAJPUR  
KANNAUT, UP, 209720

Bank Account Number 799700170007864  
Name of the Bank PNB BANK

IFSC CODE - PUNB0799700  
MICR CODE - 209024354

14 December 2025 7:28 pm



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PCH0928

Page No : 3

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
REGIONAL OFFICE, 346 KHAR NAGAR, OPP. FILMISTAN CINEMA, MEERUT - 201406/578, (GSTIN: 09AAACT0627RZZU)			
Policy Type	MULTI-DUTY POLICY (MOTORISED TWO WHEELERS-15 Years)	Policy Issued On	22-NOV-25
Policy No	25240031202601911	Proposal No. & Date	N/25240031/2026/1071/19147/14 & 22-NOV-2025
Agent/Broker Code	BA000155144	Policy Period (OWN DAMAGE)	FROM 13:55 ON 22/11/2025 TO MIDNIGHT OF 21/11/2025
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 13:55 ON 22/11/2025 TO MIDNIGHT OF 21-11-2026
Insured Name	MURTI KUMAR (GSTIN: )		
Insured Address	CU MAHARAJ, RD NAYA NANGALA USMANPUR BHAINRAIPUR, KANNAULI, N.A.O	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (IN Rs.)	
Make	HERO MOTORCOY	Vehicle	70602
Model & Variant	HT60 SPLENDOR PLUS 135 BLS E20	Electrical Accessories	0
Registration No	NR79	Non-Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	70602
Engine-Chassis No	MA138038L74297-MBLHANW4725HLEB0AC	IMP CONTRACT NO	
Cubic Capacity	110	Policy Type	Form B - Rest of India
Seating Capacity	1-1	Geographical Area	
Type Of Body	SCULD		
RTO Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1183.20	Basic Third Party Liability	3451
Elec. Accessories	0	Compulsory PA Cover Premium	0
Non-Elec. Accessories	0	PA Cover for 3 Person Of Rs (Rs) each (IMT-16)	0
Basic Premium	177.20	Legal Liability (W.C in driver (IMT-28)	0
Geographical Area Extra (IMT-3)	0	Legal Liability to Employers (IMT-29)	0
Driving License Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving License Loading On T.P Premium (50%)	NA
Deductions		PA Paid Driver, Conductor, Crews-GR16R3	0
Voluntary Deductions (IMT-22A)	0	Net Liability Premium (B)	3451
Anti-Theft Device (IMT-16)	0	Total Premium (A+B)	4028
AAI Membership (IMT-4)	0	GST	728
No. Claims Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handtrapped	0	STAMP DUTY	0.00
SIF Discount	0	Searchlight/Beacon/50%	0
Sub-Total Deductions	0	Krishn Kalyan Cover/50%	0
Net own Damage Premium(A)	177	Gross Premium Paid	4754
Net own Damage Premium(A)	177		
Number Details :	Insured Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Amount			
4754			
Financier Type	Financier Name	Financier Branch	
POS Name	POS ID	POS PAN NO./Authr No	
NA	NA	NA	

**IMPORTANT NOTICE**  
The Insured is not indemnified if the vehicle is used to drive otherwise than in accordance with this schedule. Any Payment made by the company by issue of white form appearing in the certificate is made to comply with the MV Act, 1988 as necessitated from the insured. See the clause headed "AJUDICANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations on cover**  
(1) This policy is not valid for use for any purpose other than 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 baggage) (3) Organized racing (4) Fun Making (5) Speed testing (6)Racing or trials.  
(2) Any Person in connection with motor cycle.  
**Driver's Consent** Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license's license may also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.  
**Claims of Liability** Claims under section 111 of the policy (death of or body injury) shall amount to necessary to meet the requirement of the motor vehicle act 1988. Under Section 11-1 (1) of the policy, Damage to third party property is Rs. 7.5 lakhs. P.A. Cover under section 111 for owner-driver is RS 0.  
**No Claims Bonus** The insured is entitled for a No Claims 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 preceding year(s) provided new consecutive years/25% providing three consecutive years/35% providing five consecutive years/45% NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.  
EDV bonus entry that the policy is within the certificate rates 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 is exclusive of pre-existing damages.

*Mohd Kunal*

14 December 2025 7:28 pm

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

**UP74 20230010165**


Issue Date: 11-12-2023    Validity (NT): 31-12-2035    Validity (TR):

Name: **MOHIT KUMAR**  
 Date of Birth: 01-01-1996    Blood Group:  
 Son/Daughter/Wife of: **MAHARAM**  
 Address: **naya nagala Umanpur Kannauj Uttar Pradesh 209720**

Holder's Signature:   
 Organ Donor: **N**

Date of First Issue: (11-12-2023)

DL No: **UP74 20230010165**    UPDL000012220558

 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	UP74	11-12-2023	NT				
LMV	UP74	11-12-2023	NT				
MVSO							

Emergency Contact Number: \_\_\_\_\_    Licensing Authority: **UP74 KANNAUJ**

Form 7 Rule 16(2)

*Mohit Kumar*

14 December 2025 7:28 pm

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
GVVPK4444N



नाम / Name  
MOHIT KUMAR

पिता का नाम / Father's Name  
MAHARAM

जन्म की तिथि /  
Date of Birth  
01/01/1990

हस्ताक्षर / Signature

Mohit Kumar

14 December 2025 7:28 pm



Mohit Kumar

14 December 2025 7:28 pm

