

ADITYA MOTORS

HATA ROAD, GAURI BAZAR, GAURI BAZAR, DEORIA, 274202, UP, India

State Code: 9 Contact: 7651881414, , ,

GSTIN No: 09CTBPM8181N1ZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66913-03-REST-1225-109	Date	12-12-2025
Customer Name	UDAYBHAN ...	Contact No.	9137331246
VIN	MBLHAW462SHG46424	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP57BZ7385
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Discount %	Net Amount
1	ADHMS6A0020CCGS - FUEL TANK NH-1(T6)	87141090	Paid	4,296.6	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	5,070.00
2	ADHMS6A0050CCGS - VISOR FRONT NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	783.00
3	61100ADH500RS -FENDER COMPLETE FRONT BLACK (TYPE-1)	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	875.00
4	53178AAFH00S -LEVER COMP L STRG.HNDL	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	84.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	622.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	0.00	460.00
Parts Total												0.00	7,894.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount %	Discount %	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	300.00	9.00	9.00	0.00	0.00	0.00	0.00	0.00	354.00	
Jobs Total												0.00	354.00

Parts Total	7,894.00
Labour Total	354.00
SGST (Parts) 9%	602.08
CGST (Parts) 9%	602.08
SGST (Labour) 9%	27.00
CGST (Labour) 9%	27.00
Total	8,248.00

Rupees in Words: Eight Thousand Two Hundred Forty Eight Only

Authorised Signatory

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 DEORIA Jurisdiction Only

66913 - Main W/S

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.	UDAYABHAN 9794346816
2	Vehicle No. / वाहन संख्या	UP57BZ7385
3	Policy No. / पालिसी संख्या	252400/31/2026/41169
4	Period of Insurance / बीमा अवधि	08/10/2025 To 07/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025 03:30 PM
6	Place of Accident / दुर्घटना का स्थान	Baluwa Chauraha.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	HARSHVARDHAN MAURYA UP5320250031778
8	Estimated Loss / अनुमानित हानि	8248/-
9.	Cause of Accident / दुर्घटना का कारण :	मैरी गाड़ी में भाई दुर्घटन अपने किसी भी कार्य करने के लिए घट से चौराहे पर जा रहे थे तभी अचानक से सामने कृता आ जाने से गाड़ी कुत्ते से बसके गिरक क्षतिग्रस्त हो गई ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	ADITYA MAURYA ADITYA MOTARS CHAURI BAZAR 8948395612

उदय भान

Date / दिनांक : 12/12/2025
हस्ताक्षर

Signature of Insured / बीमाधारक के

Abhishek



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. 252400/31/2028/41169

Tel. No. _____

Period of Insurance 08/10/2025 - 07/10/2026
 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 : LIPAY BHAN
 (b) Address for correspondence : RAMPUR SHOHAUNA, KUSHZNAGAR.
 (c) Telephone : 9799346816

2. THE INSURED VEHICLE

Make & Year <u>SPLT EXTC</u> <u>2025</u>	Engine No. <u>41287</u> Chassis No. <u>96424</u>	Registration No. <u>UP57BZ</u> <u>7385</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
 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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : HARSHVARDHAN MALPYA
(b) Age : 37 Male
(c) Address :
(d) Is the Driver
1. Owner :
2. paid driver? : Brother
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 : UP5320250031778
(h) Issuing Authority : GORAKHPUR, UP
(i) Date of Expiry : 25/09/2035
(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 : 08/19/2025
(b) Place : Baluaa Chauraha
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : भात से ठन आ लाने
(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 : Fuel Tank, front visor, Headlamps, fenders,
(b) Estimated cost of repairs : 8248/-
(c) When and where can the damaged vehicle be inspected : level 2 etc.

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? :
NA

8. INJURY TO DRIVER/OCCUPANT

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

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. :

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 :

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 12/12/2025

Signature of the insured उदय शर्मा

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 *36291107*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Copy

185

Printed On: 15-Oct-2025 11:16:27



GOVERNMENT OF UTTAR PRADESH
Transport Department
PADRAUNA(KUSHI NAGAR),Uttar Pradesh



RECEIPT/APPL No: UP57D25100003523/UP25101185922721
 Vehicle Class: M-Cycle/Scooter
 Received From: UDAYABHAN
 Receipt date: 14-Oct-2025 Vehicle No: UP57BZ7385
 Chassis No: MBLHAW462SHG46424 Sale Amount : 77982/-
 FinancerName: HERO FINCORP LTD Transaction Id: UPY2510140318936
 Bank Ref No: CPAFTOKFL3
 Remarks: ONLINE-PAYMENT

Particular	Amount	Fine/Penalty/Addl.Fe	Total
New Registration (RTO Side)	300	0	300
Hypothecation Addition	500	0	500
MV Tax(08-Oct-2025 to One Time)	7799	0	7799

GRAND TOTAL (in Rs): 8599/- (EIGHT THOUSAND FIVE HUNDRED AND NINETY NINE ONLY)

Note-- This is computer generated slip, no need of signature (<https://parivahan.gov.in>).

(Note:-This Registration number is a provisional and system generated, subject to the final Approval of Registering Authority.In case of disapproval,vehicle registration number shall not be valid.)

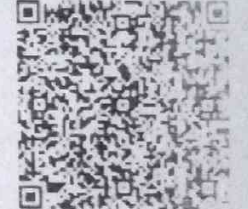
GANESH
GANPATI AUTOMOBILES (P)

Customer Copy

Printed On: 15-Oct-2025 11:16:27



GOVERNMENT OF UTTAR PRADESH
Transport Department
PADRAUNA(KUSHI NAGAR),Uttar Pradesh



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GANESH
GANPATI AUTOMOBILES (P)



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

This Document is Digitally Signed
Signature: JIS THE ORIENTAL INSURANCE
Company Ltd. Date: 08-10-2025 15:44:19 IST
Reason: Signature

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	08-OCT-25
Policy No	252400/31/2026/41169	Proposal No. & Date	R/252400/31/2026/32813 & 08-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:38 ON 08/10/2025 TO MIDNIGHT OF 07/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 15:38 ON 08/10/2025 TO MIDNIGHT OF 07/10/2030
Insured Name	UDAYABHAN (GSTIN:)	Lead / Breakin No	/
Insured Address	C/O VRUJRAJ, VILL- RAMPUR SOHRAUNA, POST- RAMPUR SOHRAUNA, PADRAUNA (KUSHINAGAR), NA,	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			
Make	HERO MOTOCORP	INSURED DECLARED VALUE (IDV) (in Rs.)	
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Vehicle	74083
Registration No	NEW	Electrical Accessories	0
Year Of Manufacture	2025	Non Electrical Accessories	0
Engine -Chassis No	HA11F6SHG41287 - MBLHAW462SHG46424	Total IDV	74083
Cubic Capacity	100	FMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	INDIA
Type Of Fuel	PETROL		
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1241.63	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1241.63	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4037
AAI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1056	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	1056	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4763
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	186		

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	HERO FINCORP LTD	Financer Branch
POS Name		POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy which 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, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org in or on demand from the policy issuing office.

Warned that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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/have herein to set his/their hands at 252400 on 08-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 MV 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 trails

g) Any Purpose in connection with motor trade.

Driver's Clause: 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 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 or body injury. Such amount is necessary to meet these 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

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 five consecutive years/45% preceding five consecutive years. 50% of 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 :	659525SMD
	Approved On :	08-OCT-25
	Place :	MRT
	Printed On :	08-OCT-25



The Oriental Insurance Company Limited
General Manager
Authorized Signature

 भारत सरकार
Government of India

 आधार



उदयभान
Udayabhan
जन्म तिथि / DOB : 01/01/1979
पुरुष / Male

20/02/2015

9118 3873 7978

मेरा आधार, मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

 AADHAAR

पता: C/O वृजराज, रामपुर सोहरौना, रामपुर
सोहरौना, कुशीनगर, उत्तर प्रदेश, 274203

Address: C/O Vrijraj, rampur sohrauna,
Rampur Sohrauna, Kushinagar, Uttar
Pradesh, 274203



9118 3873 7978

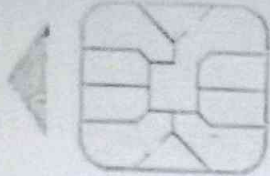
 1947  help@uidai.gov.in  www.uidai.gov.in



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



UP53 20250031778



Issue Date Validity (NT) Validity (TR)*
26-09-2025 25-09-2035



34 00 1012

Name: **HARSHVARDHAN MAURYA**

Holder's Signature

Date of Birth: **05-07-1988** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **MOHAN MAURYA**

Date of First Issue

Address:

**927 CHAURI POST OFFICE EAST SATHAWA
CHAURI CHAURA CHAORI CHAURI CHAURA
GORAKHPUR UTTAR PRADESH 273201**

DL No: UP53 20250031778

UPDL531000050984



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	UP53	26-09-2025	NT			
	LMV	UP53	26-09-2025	NT			

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
Issuing Authority
UP53 GORAKHPUR