

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-1225-114	Date	15-12-2025
Customer Name	KRISHNA KUMAR	Contact No.	7380942861
VIN	MBLHAW46XSHE46505	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52CF9105
HMCGL Card No		HMCGL Card Category	
Part Details			

S No	Part Number	HSN No	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	ADHMS6A0050CCGS - VISOR FRONT NH-1(T6)	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
2	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
3	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
4	83402ADH600S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
5	37100ADH60099S -METER ASSY COMB	87141090	Paid	2,870.34	1	9.00	9.00	0.00	0.00	0.00	0.00	3,387.00
6	ADHMS6A0020CCGS - FUEL TANK NH-1(T6)	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
7	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
8	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
9	61100ADH500RS -FENDER COMPLETE FRONT BLACK (TYPE-1)	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
10	53200ADH600S -STEM COMPLETE STEERING	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
11	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
12	51500KWA941S -FORK ASSY. L FR	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
13	46544ADH600S -REAR BRAKE PEDAL AND ROD SUB ASSEMBLY	87141090	Paid	710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	838.00
14	50500AAE300S -STAND COMP MAIN	87141090	Paid	370.34	1	9.00	9.00	0.00	0.00	0.00	0.00	437.00
Parts Total											0.00	19,011.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	750.00	9.00	9.00	0.00	0.00	0.00	0.00	885.00	
Jobs Total											0.00	885.00

Parts Total	19,011.00
Labour Total	885.00
SGST (Parts) 9%	1,449.99
CGST (Parts) 9%	1,449.99
SGST (Labour) 9%	67.50
CGST (Labour) 9%	67.50
Total	19,896.00

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.	KRISHNA KUMAR 8299662360
2	Vehicle No. / वाहन संख्या	UP52CF9105
3	Policy No. / पालिसी संख्या	252400/31/2026/22094
4	Period of Insurance / बीमा अवधि	11/06/2025 To 10/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/12/2025 08:00 pm
6	Place of Accident / दुर्घटना का स्थान	खोखर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHAL GOND / 8299662360 UP5290220018153
8	Estimated Loss / अनुमानित हानि	19896/-
09.	Cause of Accident / दुर्घटना का कारण : मेरी मेरे भाई विशाल अपने किसी भी भी कार्य करने के लिए खोखर जा रहे थे अचानक सामने से रांग साइड वाइक से टकराव हो गई जिससे गाड़ी बसकट दामे साइड से 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 MOTARS GAURI BAZAR 8948395612

Date / दिनांक : 15/12/2025
हस्ताक्षर

Abhishek Singh

Krishna Kumar
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. 252400/31/2026/22094

Tel. No. _____

Period of Insurance 11/06/2025 To 10/06/2026
 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 : KRISHNA KUMAR
 (b) Address for correspondence : DAKSINI NAGAR, GAURZ BAZAR
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPL+ 2025</u>	Engine No. <u>55037</u> Chassis No. <u>46505</u>	Registration No. <u>UP52CF</u> <u>9105</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 : VISHAL KOND
(b) Age : 22 / male
(c) Address : NAGAR PAYANCHAYAT LAUR BAZAR
(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 : UP52 20220018153
(h) Issuing Authority : Deoria UP.
(i) Date of Expiry : 20/07/2043
(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 : 10/12/2025 08:00 pm
(b) Place : Khokharwar
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : मामने से वाइक हकटाव
(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, Visor, fender Headlle etc.
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 19896 /-

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? :
MA

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? : NA
- (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 Police 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 15/12/2025

Signature of the insured Raushna Kumar

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 .. *Keulshma Kumar*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF9105 Registration Date : 12-Jun-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Owner's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , , 188-273010
Owner Name : KRISHNA KUMAR Son/wife/daughter of : RAMNARESH GOND
Full Address: (Permanent) : WARD- NO. 04 DAKSHINI NAGAR, PANCHAYAT NAME GAURI POST- GAURI, BAZAR,
DEORIA, UTTAR PRADESH-274202
Full Address: (Temporary) : WARD- NO. 04 DAKSHINI NAGAR, PANCHAYAT NAME GAURI POST- GAURI, BAZAR,
DEORIA-UTTAR PRADESH-274202
Fitness UpTo : 11-Jun-2040 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 : AA2129126280 Rear HSRP No : AA1042048207
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
No of Cylinders : 1 Chassis No : MBLHAW46XSHE46505
Engine No : HA11F6SHE55037 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243
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, GORAKHPUR, , , New Delhi, Delhi-110001 w.e.f. 11-Jun-2025.

Purchase dt : 11-Jun-2025 Sale Amt : 83351/-
OTT Date : 11-Jun-2025 Amount/Rcpt No : 8336 / UP52D25060001546
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 21-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Jun-2025 to 11-Jun-2040

Date : 21-Aug-2025 15:01:26

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Aug-2025

2 5076179



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZL)

Table with 4 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY).

Table with 2 main sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with 2 main sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes items like Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Add-On Coverages, Net own Damage Premium(A), Basic Third Party Liability, Compulsory PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess @ 0.50%, Krishi Kalyan Cess @ 0.50%, Gross Premium Paid.

Table with 4 columns: Nominee Details (Nominee Name, Age, Relation), Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, Amount), Financer Type (Financer Name, HERO FINCORP LTD., Financer Branch), POS Name (NA, POS ID, 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 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, 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. 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 this 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 11-JUN-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 trials (7) 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 of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 under Section II-1 (i) of the policy. Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS. NA. 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.

QR code, Approved By: 9221378MD, Approved On: 11-JUN-25, Place: MKT, Printed On: 11-JUN-25, For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature.

Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20220018153



Issue Date 18-11-2022 Validity (NT) 20-07-2043 Validity(TR)*



Holder's Signature

Date of First Issue (18-11-2022)

Name: **VISHAL GOND**
 Date of Birth: **21-07-2003** Blood Group: **A+ VE** Organ Donor: **N**
 Son/Daughter/Wife of: **RAM NARESH GOND**
 Address:
NAGAR PANCHAYAT GAURI BAZAR DEORIA GAURI
BAZAR Deoria, UP 274202

DL No: UP52 20220018153

UPDL000009577902



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	UP52	18-11-2022	NT			
	LMV	UP52	18-11-2022	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP52 DEORIA

भारत सरकार
Government of India

आधार

कृष्णा कुमार
Krishna Kumar
जन्म तिथि/DOB: 13/07/2000
पुरुष/ MALE

Download Date: 23/10/2021

Issue Date: 05/10/2021

6158 3394 1189
VID: 9113 8478 2552 4696

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O रामनरेश गोंड, वॉर्ड नं. 04, दक्षिणी नगर पंचायत,
पोस्ट- गौरी बाजार, नामे गौरी, देवरिया,
उत्तर प्रदेश - 274202

Address:
S/O Ramnaresh Gond, Ward- No. 04,
Dakshini Nagar Panchayat, Post- Gauri
Bazar, Name Gauri, Deoria,
Uttar Pradesh - 274202

6158 3394 1189
VID: 9113 8478 2552 4696

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