

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-1225-116
 Customer Name RAMESH RAI
 VIN MBLJAW511S9D02131
 Insurance Company
 HMCGL Card No
 Part Details

Date 15-12-2025
 Contact No. 7379083708
 Model SUPER SPLENDOR XTEC
 Reg No. UP52CH0542
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
2	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
4	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
5	64315ADG000S -STAY NUMBER PLATE	87141090	Paid	30.51	1	9.00	9.00	0.00	0.00	0.00	0.00	36.00
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	77250ADG000RS -COWL REAR LEFT NH-1	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
8	3345BAAF40099S - WINKERS FR L(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
9	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
10	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
Parts Total											0.00	7,492.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	998729	Paid	500.00	9.00	9.00	0.00	0.00	0.00	0.00	590.00	
Jobs Total											0.00	590.00

Parts Total	7,492.00
Labour Total	590.00
SGST (Parts) 9%	571.42
CGST (Parts) 9%	571.42
SGST (Labour) 9%	45.00
CGST (Labour) 9%	45.00
Total	8,062.00

Rupees in Words: Eight Thousand Eighty Two 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

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.	RAMESH RAI 7379083708
2	Vehicle No. / वाहन संख्या	UP52CH0542
3	Policy No. / पालिसी संख्या	252400/31/2026/23410
4	Period of Insurance / बीमा अवधि	17/06/2025 To 16/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/12/2025, 12:00pm.
6	Place of Accident / दुर्घटना का स्थान	गुलहरिया बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	HEMENT RAI, 7379083708 UP5220080058236
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण : मेरे बेटे हेमन्त राय अपने बिली के कार्ग करने के लिए घर से गुलहरिया चौराहे पर जा रहे थे उसी समय स्कूल की छुट्टी होने से वच्चे रोड पर जा रहे थे अचानक सामने से एक वच्चा आ गया इसी को बचाने के चक्कर में गाड़ी गिर गयी जिससे 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 / फोन नं.	Aditya motors Bauria Bazar 8948395612

Date / दिनांक : 15/12/2025
हस्ताक्षर

Abhishek Singh

रमेश राय
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. 2524/00/31/2026/23410

Tel. No. _____

Period of Insurance 17/06/2025 - 16/06/2028

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 : RAMESH RAI
 (b) Address for correspondence : Gulahari, Sahasa, Deoria, UP
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SUPER SPLIT EXTC 2025</u>	Engine No. <u>09710</u> Chassis No. <u>02131</u>	Registration No. <u>UP82CH 6542</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 / WA

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 trailor attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : HEMENT RAI
- (b) Age : 42 / male
- (c) Address : Gulahasiy, Gohara, Deoria, UP.
- (d) Is the Driver :
 - 1. Owner : SON
 - 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 : UP52 20080058236
- (h) Issuing Authority : Deoria, UP
- (i) Date of Expiry : 16/10/2028
- (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 : #11/12/2025 12:00 PM
- (b) Place : Gulahasiya Gharha.
- (c) Speed of vehicle at the time of accident : 30-40 km/hr
- (d) Give a short description of the accident : अचानक गाड़ी रुक गई
- (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 visor, Head light, Headlight etc.
- (b) Estimated cost of repairs :
- (c) When and where can the damaged vehicle be inspected :

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? :
(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 15/12 / 2025

Signature of the insured रमेश राय

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 मेहराज
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CH0542
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP, ROAD, DEORIA, , 190-274001
 Owner Name : RAMESH RAI
 Full Address: (Permanent) : VILL- RASAU LI PO SOHASA, DEORIA, , DEORIA, UTTAR PRADESH-274202
 Full Address: (Temporary) : VILL- RASAU LI PO SOHASA, DEORIA, , DEORIA-UTTAR PRADESH-274202
 Fitness UpTo : 23-Jun-2040
 Registration Date : 24-Jun-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : KAMLA RAI
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1043239619
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07AZS9D09710
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base

Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1043057742
 Month/Year of Manuf. : 04/2025
 Chassis No : MBLJAW511S9D02131
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1263

Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : GLOSSY BLACK
 Other Criteria :
 Vehicle Purchase As : Fully Built

Standing Cap : 0
 Unladen Wt (kgs) : 123
 Laden/GV Wt (kgs) : 253
 AC Fitted : NO

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 w.e.f. .

Purchase dt : 18-Jun-2025
 OTT Date : 18-Jun-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 14-Jul-2025

Sale Amt : 88461/-
 Amount/Rcpt No : 8847 / UP52D25060003086
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Jun-2025 to 23-Jun-2040

Date : 16-Jul-2025 10:26:35

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 16-Jul-2025

Q 3665406



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928
Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)		
Policy No	252400/31/2026/23410	Policy Issued On	17-JUN-25
Agent/Broker Code	BA0000133144	Proposal No. & Date	R/252400/31/2026/100978792/6 & 17-JUN-2025
Agent/Broker Name	ABHINAV BHATI	Policy Period (OWN DAMAGE)	FROM 22.10 ON 17/06/2025 TO MIDNIGHT OF 16/06/2026
Insured Name	RAMESH RAI (GSTIN:)	Policy Period (LIABILITY)	FROM 22.10 ON 17/06/2025 TO MIDNIGHT OF 16/06/2026
Insured Address	C/O KAMLA RAI, RAJ VII I, RASALI, POST-SOHASA, DEORIA, NA, 0		

INSURED MOTOR VEHICLE DETAILS				Lead/Breakin No	Insured State
Make	HERO MOTORCORP			/	UTTAR PRADESH
Model & Variant	HERO SUPER SPLENDOR DSS XTCH			INSURED DECLARED VALUE (IDV) (in Rs.)	
Registration No	NEW	Vehicle	84038	Electrical Accessories	0
Year Of Manufacture	2025	Non Electrical Accessories	0	Total IDV	84038
Engine -Chassis No	JA07AZS9D09710 - MBLJAWS11S9D02131	TMF CONTRACT NO		Policy Type	Zone B - Rest of India
Cubic Capacity	125	Geographical Area			
Seating Capacity	1 + 1				
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

OWN DAMAGE SECTION(A)		Schedule Of Premium (Amount in Rs.)		LIABILITY SECTION (B)	
Vehicle	1408.48	Basic Third Party Liability	3851	Compulsory PA Cover Premium	0
Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	Legal Liability (WC) to driver (IMT-28)	0
Non-Elec Accessories	0	Legal Liability to Employees (IMT-29)	0	Legal Liability to Passenger (IMT-46)	NA
Basic Premium	127.48	Legal Liability to Passenger (IMT-46)	NA	Driving Tuition Loading On TP Premium (60%)	NA
Geographical Area Extra (IMT-1)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0	Net Liability Premium (B)	3851
Driving Tuition Loading On OD Premium (60%)	0	Total Premium (A+B)	4188	GST	754
Sub-Total Additions	0	STAMP DUTY	0.00	Swachh Bharat Cess@0.50%	0
Deductibles		Krishhi Kalyan Cess@0.50%	0	Gross Premium Paid	4942
Voluntary Deductibles (IMT 22A)	0				
Anti-Theft Device (IMT-18)	0				
AAI Membership (IMT-8)	0				
No Claim Bonus	0				
Discount for vehicle designed for handicapped	0				
SIP Discount	0				
Sub-Total Deductibles	0				
Add-On Coverages					
NIL Depreciation	210				
Return to Invoice	0				
Key Replacement	0				
Consumables	0				
Sub Total Add-on Coverages	210				
Net own Damage Premium(A)	337				

- Note:
1. Policy Issuance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No.
 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT.7,10,28.

Number Details:	Nominee Name	Age	1 +	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
Financer Type	Financer Name	Cash	Financer Branch	4942
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 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.
 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 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.
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 MVA 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 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 at Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0
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 (B) 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 Motor Vehicles Act, 1988.
 * This insurance excludes all pre existing damages.

Approved By: UNIV@252400
 Approved On: 17-JUN-25
 Place: MBT
 Printed On: 17-JUN-25

The Oriental Insurance Company Limited

आधार

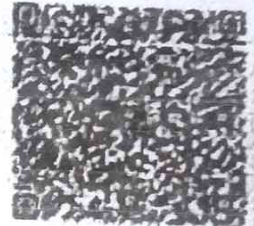
भारत सरकार
Unique Identification Authority of India

नामांकन क्रम / Enrollment No.: 2020/59535/01810

To
रमेश राय
Ramesh Rai
S/O: Kamla Rai
Rasauli
Sohaseo
Bhatpar Rani Deoria
Uttar Pradesh 274202

09/12/2014
1957869884

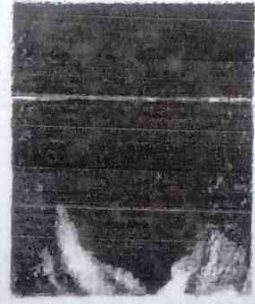
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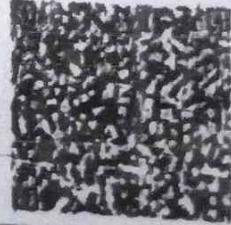
आपका आधार क्रमांक / Your Aadhaar No. :

6673 0195 2313

आधार - आम आदमी का अधिकार



रमेश राय
Ramesh Rai
जन्म तिथि / DOB : 06/05/1954
पुरुष / Male



6673 0195 2313

आधार - आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAMESH RAI

KAMLA RAI

06/06/1954

Permanent Account Number

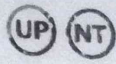
BBTPR0497P

रमेश राय

Signature



UNION OF INDIA **Driving Licence**



UP52 20080058236



जारी करने की तिथि
Date of Issue
07/10/2008

वैधता / Validity
06/10/2028

जन्म तिथि
Date of Birth
01/07/1983

Blood Group
Unknown



नाम / Name

HEMWANT RAI

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

RAMESH RAI

DUPLICATE

UP52 20080058236

LMV
07/10/2008

MCWG
07/10/2008

पता / Address

SOHASA, GAURI BAZAR
DEORIA

holder's Signature



जारीकर्ता / Issuing Authority Sign
Deoria