

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-1225-115
 Customer Name VIKKI KUMAR
 VIN MBLJAW404R9G04855

Date 15-12-2025
 Contact No. 7820000010
 Model SUPER SPLENDOR XTEC
 Reg No. UP52CE9533
 HMCGL Card Category

Insurance Company
 HMCGL Card No
 Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.5	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
2	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	1,723.00

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	100.00	9.00	9.00	0.00	0.00	0.00	0.00	118.00	
Jobs Total											0.00	118.00

Parts Total	1,723.00
Labour Total	118.00
SGST (Parts) 9%	131.42
CGST (Parts) 9%	131.42
SGST (Labour) 9%	9.00
CGST (Labour) 9%	9.00
Total	1,841.00

Rupees in Words: One Thousand Eight Hundred Fourty One 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.	VIKKI KUMAR. 8953262325
2	Vehicle No. / वाहन संख्या	UP52CE9533
3	Policy No. / पालिसी संख्या	252400/31/2026/2095
4	Period of Insurance / बीमा अवधि	09/04/2025 To 08/04/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025 02:00pm.
6	Place of Accident / दुर्घटना का स्थान	तरकुलहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AKASH MADHESHIYA UP52 20210015593
8	Estimated Loss / अनुमानित हानि	1841/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी में आई आकाश में ही गड़ी बैलें अपनी खिन्नी नीपी कार्य करने के लिए गोरखपुर जा रहे थे तरकुलहा के सामने ही सामने से वाडुक टक्कर हो गई। घिसैले गाडी 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 Curri Bazar 8948395612

Date / दिनांक : Abhishek Singh
हस्ताक्षर

15/12/2025

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. 252400/31/2026/2095

Tel. No. _____

Period of Insurance 09/04/2025 TO 08/04/2026
 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 : VIKKI KUMAR
 (b) Address for correspondence : KHORMA KHANAUZ, DEORZA UP
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SUPER SPLT EXTOR 2025</u>	Engine No. <u>04627</u> Chassis No. <u>04855</u>	Registration No. <u>UPS2 CE 9533</u>
-------------------------------------------------	-----------------------------------------------------	---------------------------------------------

- (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 : AKASH MADHESHIYA
(b) Age : 26 / male
(c) Address : Kharma Po - KANHUAI
(d) Is the Driver
1. Owner : Brother
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 : CIPS220210015593
(h) Issuing Authority : Deoria UP
(i) Date of Expiry : 13/07/39
(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 : 08/12/2025 02:00pm
(b) Place : TARKULHA
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : हिमने से वाहन टकरा
(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 fender, Headle
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : 18411-

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 15/12/2008

Signature of the insured [Signature]

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 *[Handwritten Signature]*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CE9533 Registration Date : 17-Apr-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . . 190-274001
Owner Name : VIKKI KUMAR Son/wife/daughter of : CHHOTELAL
Full Address: (Permanent) : VILL- KHORMA KANHAULI KHAS, DEORIA, . DEORIA, UTTAR PRADESH-274204
Full Address: (Temporary) : VILL- KHORMA KANHAULI KHAS, DEORIA, . DEORIA-UTTAR PRADESH-274204
Fitness Up To : 16-Apr-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 : AA2124454841 Rear HSRP No : AA2124882475
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2024
No of Cylinders : 1 Chassis No : MBLJAW404R9G04855
Engine No : JA07AMR9G04627 Fuel : PETROL
Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
R
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 122
Colour : MATT NEXUS BLUE Laden/GV Wt (kgs) : 252
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 w.e.f. .

Purchase dt	: 11-Apr-2025	Sale Amt	: 82461/-
OTT Date	: 11-Apr-2025	Amount/Rept No	: 8247 / UP52D25040002462
Vehicle is Govt./ Pvt,	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 30-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 17-Apr-2025 to 16-Apr-2040

Date : 03-May-2025 11:51:08

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी
Signature of Registering Authority
मोटर वाहन विभाग
देवारीय
Date : 03-May-2025

Q 2660316



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGIR0926

Page No: 1

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: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	09-APR-25
Policy No	252400/31 2026/2095	Proposal No. & Date	R/252400/31/2026/98405513/8 & 09-APR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:51 ON 09/04/2025 TO MIDNIGHT OF 08/04/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:51 ON 09/04/2025 TO MIDNIGHT OF 08/04/2026
Insured Name	VIKKI KUMAR (GSTIN :)	Lead / Breakin No	/
Insured Address	C/O CHHOTELAL, R/O VILL- KHORMA, POST- KANHAULI KHAS, DEORIA, N.A.0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	78338
Model & Variant	HERO SUPER SPLENDOR DRS XTECH			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	78338
Engine - Chassis No	JA07AMR9G04627 - MBLJAW40MR9G04855			TMF CONTRACT NO	
Cubic Capacity	125			Policy Type	Zone B - Rest of India
Seating Capacity	1 - 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1312.95	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	118.95	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)	4166
AAI Membership (IMT-8)	0	GST	750
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.60
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishh Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4916
NIL Depreciation	196	Note:	
Return to Invoice	0	1. Policy Insured is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	196	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	315	5. Subject to Endorsements IMT.7,10,28.	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type		Financer Name	Cash	Financer Branch
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				Amount
				4916

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 cheques 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/his hands at 252400 on 09-APR-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 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 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 there 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 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 four 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 Motor Vehicles Act, 1988.

* This insurance excludes all pre-existing damages

Approved By : UNIV@252400

Approved On : 09-APR-25

Place : MBT

Printed On : 09-APR-25





भारत सरकार

Government of India



विकी कुमार

Vikki Kumar

जन्म तिथि / DOB : 01/01/1996

पुरुष / Male



4567 8410 7290

आधार - आम आदमी का अधिकार



आधार विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: छोटेलाल, खोरमा,
कन्हाली खस, देवरिया, कन्हाली,
उत्तर प्रदेश, 274204

Address: S/O: Chhotelal, khorma,
Kanhali Khas, Deoria, Kanhali, Uttar
Pradesh, 274204

4567 8410 7290



1947

1947 1947 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20210015593

Issue Date: 04-10-2021
Validity (NT): 13-07-2039
Validity (TR): _____



04-10-2021



Name: **AKASH MADHESHIYA**
Date of Birth: **14-07-1999** Blood Group: _____
Son/Daughter/Wife of: **CHOTELAL MADHESHIYA**
Address: **KHORMA PO KANHAULI PS RUDRAPUR
RUDRAPUR, DEORIA, UP 274204**

Holder's Signature

Date of First Issue

DL No: UP52 20210015593

UPDL000008505464



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*
MCWV	MCWV	UP52	04-10-2021	NT			
LHV	LHV	UP52	04-10-2021	NT			
MVSD							

Forms 7 (Rule 104.2)

Emergency Contact Number

Authority
UP52 DEORIA