

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-1225-117	Date	20-12-2025
Customer Name	RAMDHARI SHARMA	Contact No.	7524965553
VIN	MBLJAW409PGL03861	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP52BY5881
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	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	61300ADG000RS -COWL FRONT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
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	83402ADG000S -PANEL INNER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
6	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
7	53175AAFH00S -LEVER COMP R STRG.HNDL	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
8	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
9	3340BAAF40099S - WINKERS FR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
10	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
Parts Total											0.00	7,357.00

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	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00	
Jobs Total											0.00	531.00

Parts Total	7,357.00
Labour Total	531.00
SGST (Parts) 9%	561.13
CGST (Parts) 9%	561.13
SGST (Labour) 9%	40.50
CGST (Labour) 9%	40.50
Total	7,888.00

Rupees in Words: Seven Thousand Eight Hundred Eighty Eight Only

Authorised Signatory

66913 - Main W/S

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.

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.	RAMDHARI SHARMA XXXXXXXXXX 9695173055
2	Vehicle No. / वाहन संख्या	UP52BY5881
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/398612
4	Period of Insurance / बीमा अवधि	13/01/2025 - 12/01/2028
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/12/2025 , 11:00 AM.
6	Place of Accident / दुर्घटना का स्थान	नाथरा पेट्रोल पंप गौरीवाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	INDRJEET KUMAR UP522024/0009022 9695173055
8	Estimated Loss / अनुमानित हानि	₹888/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे दोस्त इन्द्रजीत मेरी गाड़ी को अपनी किसी निजी कार्य करने के लिए कहीं जा रहे थे तभी नाथरा पेट्रोल पंप के गौरीवाजार तेल के वाद जैसे निकले तभी रागं साइड से तेज रफ्तार बाइक से टकराव हो गया जिससे गाड़ी क्षतिग्रस्त हो गयी ।
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 GAUKI BAZAR 8948895612

Date / दिनांक : 20/12/2025
हस्ताक्षर

Abhishek Singh.

Ramdhari
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. MS/2025/7001/0146575/39
5612

Tel. No. _____

Period of Insurance ~~12/12/2025~~
 Claim No. 13/01/2025 - 12/01/2026

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

(a) Name : RAMDHARI SHARMA
 (b) Address for correspondence : VTL-LAUKANT, PO- GAURIBAZAR
 (c) Telephone : 9695173055

2. THE INSURED VEHICLE

Make & Year <u>SUPER SPLIT EXTC .2023</u>	Engine No. <u>04479</u> Chassis No. <u>03861</u>	Registration No. <u>UP52BY 5881</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

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : INDRAJEET KUMAR
- (b) Age : 25 / male
- (c) Address : KARAMJEETPUR, DEORIA.
- (d) Is the Driver
 - 1. Owner : _____
 - 2. paid driver? : friend
 - 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 20240009020
- (h) Issuing Authority : Deoria, UP
- (i) Date of Expiry : 01/03/2040
- (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 : 12/12/2025
- (b) Place : नामस पेट्रोलपंप गौतिकाजार
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : सामने से वाइक तकराव
- (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 : Head light, front cowl, Handle, meebare etc
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : 7888/-

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? : _____

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

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

10. THEFT

- (a) Date and Time : NA
(b) Place : NA
(c) What was stolen? : NA
(d) Estimated cost of replacement? : NA
(e) By whom discovered and reported? : NA
(f) Has theft been reported to Police? : NA
(g) When? : NA
(h) Which Policy Station? : NA
(i) C.R. diary Number : NA
-

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 20/12/2008

Signature of the insured Randhari

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 ... *Ramdhari*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52BY5881 Registration Date : 06-Dec-2023
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 : RAMDHARI SHARMA Son/wife/daughter of : RAMGYA SHARMA
Full Address: (Permanent) : VILL+PO- LAUKANI, PS- GAURI BAZAR DEORIA, RUDRAPUR DEORIA, DEORIA, UTTAR PRADESH-274202
Full Address: (Temporary) : VILL+PO- LAUKANI, PS- GAURI BAZAR DEORIA, RUDRAPUR DEORIA, DEORIA-UTTAR PRADESH-274202

Fitness UpTo : 05-Dec-2038 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 : AA2086713995 Rear HSRP No : AA2088290752
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2023
No of Cylinders : 1 Chassis No : MBLJAW409PGL03861
Engine No : JA07AMPGL04479 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 : BLACK 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 : 01-Dec-2023 Sale Amt : 84578/-
OTT Date : 01-Dec-2023 Amount/Rcpt No : 8458 / UP52D23120001389
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 22-Dec-2023

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 06-Dec-2023 to 05-Dec-2038

Date : 02-Jan-2024 12:24:27

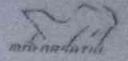
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 02-Jan-2024

Program Proposal Two-Wheeler Package Contract - Bundled

MS/2025/7001/O/46575/395662



Motorsathi Private Limited
Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
Toll Free No: 79410 50643
Email: info@motorsathi.com
Website: www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
RAMDHARI SHARMA		7524965553		Hero	SUPER SPLENDOR
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
PLUS XTEC E20 MBK		JA07AMPGL04479	MBLJAW409PGL03861	2023	Vehicle Tyre
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
0.95	NA	0.00	0.00	0.00	0.95
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)
	Solo			2	1744.22
Address			City / District	Pin Code	State
					Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
ANKIT SHARMA	Male	18 Years	SON	2025-01-13 00:00	Midnight of 2026-01-12

Section A, VRC: 311.97 TCR: 309.16 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 757.48

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 241.53 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 43.47 Total MS Services with GST(C): 285.00

Section D, Drive Assure: 594.70 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 107.05 Total with GST(D): 701.75

Total(Section A+B+C+D) Offered Price After Discount: 1744

Package Period Covered	2025-01-13 To 2026-01-12	2026-01-13 To 2027-01-12	2027-01-13 To 2028-01-12	2028-01-13 To 2029-01-12	2029-01-13 To 2030-01-12
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event. Up to Rs - 100000/ No The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:79410506 Email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Received with Thanks Rs 1744.22 ON 2025-01-13 from Mr./Ms. RAMDHARI SHARMA
The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: TMT - 22, 16, 18
Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



भारत सरकार

Government of India



रामधारी शर्मा
Ramdhari Sharma

जन्म तिथि / DOB : 01/01/1982

पुरुष / Male



5524 8021 9419

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: संबोधित: रामग्या शर्मा, वॉर्ड
न.10, लबकनी, लवकानी, लबकनी,
देवरिया, उत्तर प्रदेश, 274202

Address: S/O: Ramgya Sharma, ward
no.10, labkani, Lavkani, Labkani, Deoria,
Uttar Pradesh, 274202

5524 8021 9419

1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAMDHARI

RAMGYA NAI

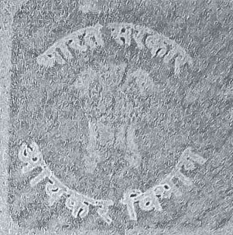
01/01/1978

Permanent Account Number

BQPPR7755D

रामधारी राम

Signature



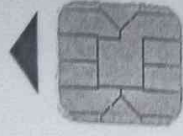
30082013



Indian Union Driving Licence
Issued by Uttar Pradesh



UP52 20240009020



Issue Date: 04-05-2024
Validity (NT): 01-03-2040
Validity (TR): -----



(04-05-2024)

Name: **INDRJEET KUMAR**
Date of Birth: **02-03-2000** Blood Group:
Son/Daughter/Wife of: **RAMASHISH NISHAD**

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

Address:
karmajitpur Karmajeetpur Karmajit Pur
Bhatpar Rani Deoria Uttar Pradesh 274202

Date of First Issue

DL No: **UP52 20240009020**

UPDL000013342200



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	04-05-2024	NT			
	LMV	UP52	04-05-2024	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number
8707035837

Licensing Authority
UP52 DEORIA