

D P MOTORS
 BHAVAN SANKHYA 0282, SARAF COMPLEX, SUMER SAGAR, NEAR VIJAY CHOWK, GORAKHPUR, GORAKHPUR,
 273001, UP, India
 State Code: 9 Contact: 9151025502, ..
 GSTIN No: 09AALFD0651P1Z0
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	11790-05-REST-1225-53	Date	21-12-2025
Customer Name	DEEPAK KUMAR	Contact No.	9651265583
VIN	MBLHAW225RHA02779	Model	SPLENDOR +
Insurance Company		Reg No.	UP53EX2906
HMCGL Card No	1179024510000659	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000ADH700CS -FRONT FENDER MAT AXIS GRAY METALLIC	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
2	50803KST940 -LEGAURD		Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
Parts Total											0.00	1,981.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	301003 - FENDER COMP FRONT (R/R)-SPLENDOR +	998729	Paid	87.00	9.00	9.00	0.00	0.00	0.00	0.00	102.66	
2	301007 - SET FR VISOR (R/R)-SPLENDOR +	998729	Paid	109.00	9.00	9.00	0.00	0.00	0.00	0.00	128.62	
Jobs Total											0.00	231.28

Parts Total	1,981.00
Labour Total	231.28
SGST (Parts) 9%	151.09
CGST (Parts) 9%	151.09
SGST (Labour) 9%	17.64
CGST (Labour) 9%	17.64
Total	2,212.28

Rupees in Words: Two Thousand Two Hundred Twelve and paise Twenty 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. vehicle may be inspected in Workshop premise or outside the premise
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 GORAKHPUR Jurisdiction Only

11790 - Exty Counter W/S



To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

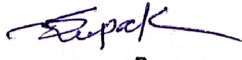
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Deepak Kumar. 9651265383-
2	Vehicle No. / वाहन संख्या	UPS3 EX. 2906
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/418460
4	Period of Insurance / बीमा अवधि	19/03/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/12/2025 & 12:50 PM
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SHUBHAM PANDEY UPS3 20220030455
8	Estimated Loss / अनुमानित हानि	4000/-
9.	Cause of Accident / दुर्घटना का कारण :	वशातक से H.N. Singh chole के पाल लाने समय, जिनको एक बलक बलक धकेल अपनी दिशा में गति दृष्टिगत हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NO
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Hero D.P. MOTOR SUMER SAKAR GORAKHPUR

Date / दिनांक : 21/12/2025
हस्ताक्षर


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/2023/7001/0/46575/418460

Tel. No. _____

Period of Insurance 19/03/2026

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 : Deepak kumar.
 (b) Address for correspondence : JHANSANA GOPAKPUR
 (c) Telephone : 9651265583

2. THE INSURED VEHICLE

Make & Year <u>Hero X 2024</u>	Engine No. <u>07452</u>	Registration No. <u>UP33 EX. 2906</u>
	Chassis No. <u>02779</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

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 241
 (b) Unladen Weight : 111
 (c) Weight of goods carried/Load Challan No. : NO
 (d) Nature of permit : GRP
 (e) Nature of goods carried : NO
 (f) Was the vehicle plying for hire : Yes.
 (g) If Lorry/Jeep/Tractor, was trailer attached? : NO
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : SHUBHAM PANDEY
 (b) Age : 22
 (c) Address :
 (d) Is the Driver
 1. Owner :
 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 : UPS3 20220030455
 (h) Issuing Authority : RTO - GKP.
 (i) Date of Expiry : 24/07/2043
 (j) Was the licence temporary/permanent : permit
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before? :
 (m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 20/12/2025 @ 12:00pm.
 (b) Place : GORAKHPUR
 (c) Speed of vehicle at the time of accident : 40.
 (d) Give a short description of the accident : गुरुद्वारा से H.N. Singh की गाड़ी में टक्कर
 (e) If any third party was responsible for this accident give the name and address : गुरुद्वारा से टक्कर में शामिल

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : फ्रंट & लफ्ट राइट डमरेज
 (b) Estimated cost of repairs : 4000
 (c) When and where can the damaged vehicle be inspected :

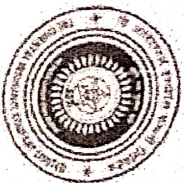
7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : NO
 (b) Address : NO
 (c) Full Details of personal injury sustained : NO
 (d) Name and address of any person/hospital giving medical attention to injured person : No
 (e) Full details of property damaged : No.
 (f) Has notice of any claim been given to you? :

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

Signature
Occupation
Address

Bank Account Number
Name of the Bank

Proposal Two-Wheeler Package Contract - Bundled

Phone: 79410 5043
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
DEEPAK KUMAR		9651265583		Hero	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity
ZX		HA11E7R1A07482	MH11HAW23R1A02779	2024	174
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Vehicle Type
0.95					TW
Piece of Regn.	Body Type	HIV/Used/Three-Purchase Agreement	Branch Office of HIV/Used/Three-Purchase	Seating Capacity	Offered Payment (Incl. GST)
	NA	0.00	0.00	0.00	0.95
	Sole				
	Address		City / District	Pin Code	State
				2	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
GANGACHANDRA	Male	56 Years	FATHER	2025-03-20 00:00	Midnight of 2026-03-19
Section A. VRC: 405.50 TCR: 273.76 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A): 828.36					
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%): 0.00 Total with GST(B): 0.00					
Section C. MS Services(D): 374.58 MS Services(E): 0.00 MS Services(F): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00					
Section D. Drive Assure: 282.00 AHDC, DDC & Additional External Tyre Cover(ATC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.76 Total with GST(D): 332.76					
Total(Section A+B+C+D) Offered Price After Discount: 1603					
Package Period Covered	2025-03-20 To 2026-03-19	2026-03-20 To 2027-03-19	2027-03-20 To 2028-03-19	2028-03-20 To 2029-03-19	2029-03-20 To 2030-03-19
Prices Period Covered (NODL)	0.95	1 Year	NIL	NIL	NIL

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) c) Organized Racing d) Race 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 or 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 the 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/ Note 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 e 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 Lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability 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 PVY LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941051 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 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.

4: Received with Thanks Rs 1603.12 ON 2025-03-20 from Mr./Ms. DEEPAK KUMAR
 The acknowledgment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Endorsement: INT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH
 Transport Department Gorakhpur RTO
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP53D24030005838
 Description of Vehicle : M CYCLE/SCOOTER
 Dealer's Name & Address : M OVERSEASOOTER
 Dealer's Name & Address : D FORTIONS, OPP JAIN HIG COLLEGE DEORIA ROAD, GORAKHPUR, - 186-273039
 Owner Name : DEEPA KUMAR
 Full Address: (Permanent) : VILL. KANDEWA, PO. BHAINPUR, PS. JHANGAHA, GORAKHPUR, UTTAR
 Full Address: (Temporary) : VILL. KANDEWA, PO. BHAINPUR, PS. JHANGAHA, GORAKHPUR-UTTAR
 Registration Date : 19-Mar-2024
 Purpose For Printing RC : NEW
 Owner Serial No : 1
 Link Vehicle No : BHARAT STAGE VI
 Harms :
 Rear HSRP No : AA2095542149
 Month/year of Manuf. : 01/2024
 Chassis No : MBLHAW225RHA02779
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 111
 Laden/GV Wt (kgs) : 241
 AC Fitted : NO

Fitness Up To :
 Detailed Description : M CYCLE/SCOOTER
 Class of Vehicle : INDIVIDUAL
 Ownership : HERO MOTOCORP LTD
 Maker's Name : AA2095542149
 Front HSRP No : SOLO WITH PILLION
 Type of Body : 1
 No of Cylinders : HATHE/RHA07457
 Engine No : 7.91
 Horse Power(BHP) : SPLFNDR+13S (DRS)
 Maker's Classification : 2
 Seating Cap(In all) : 0
 Sleepar Cap : MATT GREY
 Colour :
 Other Criteria : Fully Built
 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 we.l.
 Purchase dt : 15-Mar-2024 : Sale Amt : 77926/-
 OTT Date : 15-Mar-2024 : Amount/Rept No : 7793 / UP53D24030005838
 Vehicle is Govt./ Pvt : PRIVATE : Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 27-Mar-2024
 Other State/Transfer/Conversion/Reassign Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 19-Mar-2024 to 18-Mar-2039

Date : 01-Apr-2024 15:55:05
 Taxation Particulars / Advance Registration Mark Fee Details

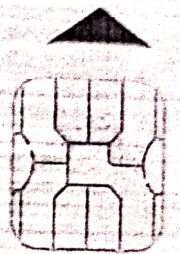
Signature of Registering Authority
 Date 01-Apr-2024
 मोटर वाहन विभाग
 गोरखपुर (3010)

P 7430589



Indian Union Driving Licence
Issued by Uttar Pradesh

UP53 20220030455



Issue Date 19-12-2022 Validity (NT) 24-07-2043 Validity (TR) #



Holder's Signature

(19-12-2022)

Name: SHUBHAM PANDEY
Date of Birth: 25-07-2003 Blood Group: Organ Donor: N
Son/Daughter/Wife of: INDU PANDEY
Address: Gorakhpur (M Corp.)
Gorakhpur, UP 273014

Date of First Issue

DL No: UP53 20220030455

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	19-12-2022	NT			
	LMV	UP53	19-12-2022	NT			
	MVSD						

Emergency Contact Number
9919558872

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)

भारत सरकार
Government of India

डीपक कुमार
Deepak Kumar
जन्म तिथि / DOB : 12/04/2003
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता या पंजीयन का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन पंजीयन, या पंजीयन कोड/
ऑनलाइन एक्सएमएल की स्थिति) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication or scanning of QR code / offline XML).

9171 5551 5797

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O गंगाचन्द्र, ,, रामपुरा, राम पुर,
गोरखपुर, उत्तर प्रदेश, 273203
Address: S/O Gangachandra, ,, rampura,
Ram Pur, PO:Brahmpur, DIST:Gorakhpur,
Uttar Pradesh, 273203

Details as on 09/01/2024

9171 5551 5797

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

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
MVUPK4045C

नाम / Name
DEEPAK KUMAR

पिता का नाम / Father's Name
GANGACHANDRA

जन्म की तिथि /
Date of Birth
12/04/2003

24/12/2022

प्रमाणित / Certified