

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-1225-118 | Date | 22-12-2025 |
| Customer Name | CHANDAN MADDHESHIYA | Contact No. | 9919676736 |
| VIN | MBLJAW218M9L00056 | Model | GLAMOUR XTEC |
| Insurance Company | | Reg No. | UP52BP3776 |
| 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 | 33100ACLD01S -LIGHT ASSY HEAD | 85122010 | Paid | 2,669.49 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,150.00 |
| 2 | 6414AAACLD00S -SCREEN WIND SUB ASSY | 87141090 | Paid | 335.59 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 396.00 |
| 3 | 61400ACLD00TS -COVER LEFT FRONT COWL BLACK NH1 | 87141090 | Paid | 261.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 308.00 |
| 4 | 77250ACLD00TS -L SIDE COWL BLACK NH1 | 87141090 | Paid | 500.00 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 590.00 |
| 5 | 53100AANB00S -PIPE STRG HANDLE | 87141090 | Paid | 319.49 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 377.00 |
| 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 | 88120AAN410S -MIRROR ASSEMBLY LEFT BACK | 70091090 | Paid | 127.12 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 150.00 |
| 8 | 61000ACLD00TS -FRONT FENDER (BLACK NH-1) | 87141090 | Paid | 839.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 991.00 |
| Parts Total | | | | | | | | | | | 0.00 | 6,046.00 |

| S No | Job Code | SAC No | Billing Type | Rate | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount | |
|------------|-----------------------------------------|--------|--------------|--------|--------|--------|---------|--------|------------|----------|------------|--------|
| 1 | 102032 - ACCIDENTAL LABOUR-GLAMOUR XTEC | 998729 | Paid | 400.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 472.00 | |
| Jobs Total | | | | | | | | | | | 0.00 | 472.00 |

| | |
|------------------|-----------------|
| Parts Total | 6,046.00 |
| Labour Total | 472.00 |
| SGST (Parts) 9% | 461.14 |
| CGST (Parts) 9% | 461.14 |
| SGST (Labour) 9% | 36.00 |
| CGST (Labour) 9% | 36.00 |
| Total | 6,518.00 |

Rupees in Words: Six Thousand Five Hundred Eighteen 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. | CHANDAN MADDESHIYA 9919676736 |
| 2 | Vehicle No. / वाहन संख्या | UP52 BP 3776 |
| 3 | Policy No. / पालिसी संख्या | MS/2025/700/0/46575/402099 |
| 4 | Period of Insurance / बीमा अवधि | 07/02/2025 TO 08/02/2025 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 18/12/2025 04:00 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | रामब्रह्म |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | CHANDAN MADDESHIYA UP52 20160001437 9919676736 |
| 8 | Estimated Loss / अनुमानित हानि | 65181/- |
| 09. | Cause of Accident / दुर्घटना का कारण : | मैं अपनी गाड़ी अपनी किसी नीची कार्य करने के लिए घर से उतार फुट या रहे थे तभी रामब्रह्म चौराहे पर अचानक सामने वाहन आ जाने से गाड़ी डिस्बैलेस होके बायें साइड खिसक गई 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 / फ़ोन नं. | ADITYA MOTARS LAURI BAZAR 8948355612 |

Date / दिनांक : 22/12/2025
हस्ताक्षर

Abhishek Singh

Chandan
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/2025/7001/0/46575/9020

Tel. No. _____

Period of Insurance 08/02/2025 - 07/02/2026

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 : CHANDAN MADDESHIYA
 (b) Address for correspondence : VILL - NAGRAH NAGRAH, GAUR BAZAR.
 (c) Telephone : _____

2. THE INSURED VEHICLE

| | | |
|---------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| Make & Year <u>GLAMOUR RTEC 2022</u> | Engine No. <u>02022</u> Chassis No. <u>00056</u> | Registration No. <u>LIP52BP 3776</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 : CHANDAN K.U. MADDHESHTYA
- (b) Age : 29 / male
- (c) Address : NAGRAULI, GAURTI BAZAR
- (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 : UP52 20160001437
- (h) Issuing Authority : Deoria, UP
- (i) Date of Expiry : 26/01/2036
- (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 : 18/12/2025 04:00PM
- (b) Place : Ramlakshan, Deoria.
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : _____
- (e) If any third party was responsible for this accident give the name and address : अलाउल्लाह साहिब से वाइक आ.पार्सेल

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Head light, Screen Wind, front fender etc.
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : 6518

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? : _____
- (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 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 22/12/2025

Signature of the insured Chandan

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 *Cheendran*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

| | | | |
|-----------------------------|-------------------------------------------------------------------|-------------------------|---------------------|
| Registration No | : UP52BP3776 | Registration Date | : 15-Feb-2022 |
| Description of Vehicle | : M-CYCLE/SCOOTER | Purpose For Printing RC | : NEW |
| Dealer's Name & Address | : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . . | Son/wife/daughter of | : LT LALBACHAN |
| Owner Name | : CHANDAN MADDESHIYA | | |
| Full Address: (Permanent) | : VILL NAGRAULI, GAURI BAZAR, , DEORIA, UTTAR PRADESH-274202 | | |
| Full Address: (Temporary) | : VILL NAGRAULI, GAURI BAZAR, , DEORIA-UTTAR PRADESH-274202 | | |
| Fitness UpTo | : 14-Feb-2037 | Tax UpTo | : One Time |
| 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 | Rear HSRP No | : AA2050085906 |
| Front HSRP No | : AA2050916653 | Month/Year of Manuf. | : 11/2021 |
| Type of Body | : SOLO WITH PILLION | Chassis No | : MBLJAW218M9L00056 |
| No of Cylinders | : 1 | Fuel | : PETROL |
| Engine No | : JA07AFM9K02022 | Cubic Capacity | : 124.70 |
| Horse Power(BHP) | : 10.72 | Wheel base | : 1273 |
| Maker's Classification | : GLAMOUR XTEC-DRUM-SE | Standing Cap | : 0 |
| | LF-CAST | Unladen Wt (kgs) | : 122 |
| Seating Cap(in all) | : 2 | Laden/GV Wt (kgs) | : 252 |
| Sleeper Cap | : 0 | AC Fitted | : NO |
| Colour | : BLACK | | |
| Other Criteria | : | | |
| 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, Deoria, Uttar Pradesh-274001 w.e.f. 13-Feb-2022.

| | | | |
|------------------------------------------------|----------------|------------------------|---------------------------|
| Purchase dt | : 08-Feb-2022 | Sale Amt | : 81320/- |
| OTT Date | : 08-Feb-2022 | Amount/Rcpt No | : 8132 / UP52D22020001876 |
| TaxUpTo | : One Time | Vehicle is Govt./ Pvt. | : PRIVATE |
| Tax Exempted or Not | : NOT EXEMPTED | Date of Approval | : 22-Feb-2022 |
| Other State/Transfer/Conversion Details | | | |
| Previous Owner | : | Previous RegNo | : |
| Old State | : | Entry Date | : |
| Transfer Date | : | Conversion Date | : |

This certificate is valid from 15-Feb-2022 to 14-Feb-2037

Date : 10-Mar-2022 11:55:04

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 10-Mar-2022

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/402099

Motorsathi Care Private Limited

B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Contact us at:
Phone: +91 79410 50643

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 | |
|-----------------------------------------------------------|-------------------|----------------------------------|-----------------------------------------|---------------------|-----------------------------|-------------|
| CHANDAN MADDESHIYA | 1996-07-06 | 9919676736 | LT LALBACHAN | Hero Motocorp | GLAMOUR | |
| Sub Model | Vehicle Regn. No. | Engine No. | Chassis No. | Year of Mfg | Cubic Capacity | Vehicle Typ |
| BS6 DRUM SELF | UP52BP3776 | JA07AFM9K02022 | MBLJAW218M9L00056 | 2022-02-15 | 125 | TW |
| Asset Declared Value (ADV) | Side Car ADV | Non-Electrical Accessories ADV | Electrical Accessories ADV | CNG/LPG/Bi-Fuel ADV | Total ADV | |
| 49000.00 | NA | 0.00 | 0.00 | 0.00 | 49000.00 | |
| Place of Regn. | Body Type | HP/Lease/Hire-Purchase Agreement | Branch Office of HP/Lease/Hire-Purchase | Seating Capacity | Offered Payment (incl. GST) | |
| | Solo | HERO FINCORP LTD. | | 2 | 1694.00 | |
| Address | | | City / District | Pin Code | State | |
| VILL NAGRAULI, GAURI BAZAR, Deoria, Uttar Pradesh, 274202 | | | | 274202 | Uttar Pradesh | |
| Nominee Name | Nominee Gender | Nominee Age | Nominee Relation | Package Start Date | Package End Date | |
| NEELAM MADDESHIYA | Female | 24 Years | WIFE | 2025-02-08 16:33 | Midnight of 2026-02-07 | |

Section A, VRC: 331.43 TCR: 404.74 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 736.17
 Section B, EC: 0.00 EC Service: 0.00 FCPD: 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: 570.19 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 102.64 Total with GST(D): 672.83

Total(Section A+B+C+D) Offered Price After Discount: 1694
Package Period Covered 2025-02-08 To 2026-02-07 2026-02-08 To 2027-02-07 2027-02-08 To 2028-02-07 2028-02-08 To 2029-02-07 2029-02-08 To 2030-02-07

| ADV | MS Services Period Covered (NODL) |
|-------|-----------------------------------|
| 49000 | 1 Year |
| NIL | NIL |
| NIL | NIL |
| NIL | NIL |
| NIL | NIL |

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-02-07 (DETAILS ARE A PROVIDED BY THE CUSTOMER)

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 the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Not 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

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 w 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.: 794105064 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 Aligarh.






Received with thanks Rs 1693.99 ON 2025-02-03 from Mr./Ms. CHANDAN MADDESHIYA against the ARN No. INCP00402099
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please return overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India


आधार
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O: लालबचन मद्देशिया, नगरोली,
देवरिया,
उत्तर प्रदेश - 274202

Address:
S/O: Lalbachan Maddeshiya,
Nagrauli, Deoria,
Uttar Pradesh - 274202

9711 6847 5151

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

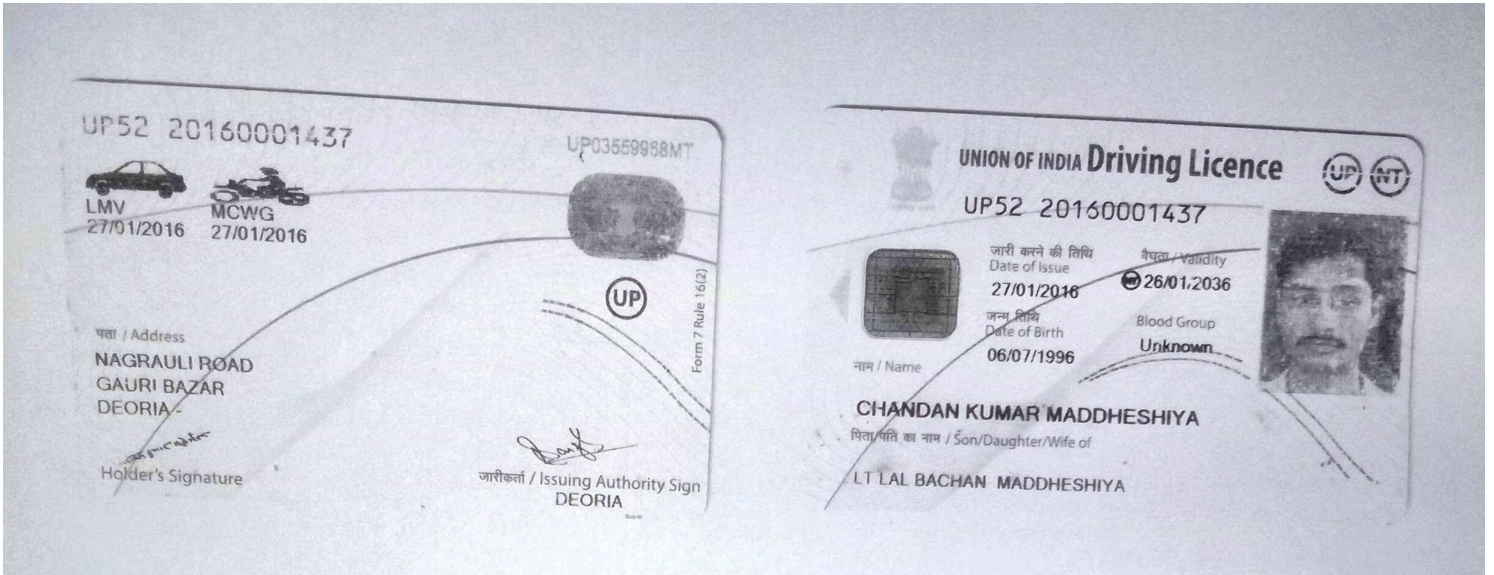

भारत सरकार
Government of India


चन्दन मद्देशिया
Chandan Maddeshiya
जन्म तिथि/ DOB: 06/07/1996
पुरुष / MALE



9711 6847 5151

मेरा आधार, मेरी पहचान



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

CHANDAN KUMAR MADDHESHIYA

LAL BACHAN MADDHESHIYA

06/07/1995

Permanent Account Number

CEBPM5349B

*Chandan Kumar
Maddheshiya*

Signature



20072013