

RAJ AUTOMOBILES

COLLEGE ROAD, OPP.POWER HOUSE,FAZILNAGAR, KUSHINAGAR, 274401, UP, INDIA

State Code: 9 Contact: 05564-267228, 9415910944 , ,

GSTIN No: 09AZXPS2639D1ZQ

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 21318-02-REST-1225-8
 Customer Name THE ORIENTAL INSURANCE CO LTD
 VIN MBLHAW14XSHA07209
 Insurance Company
 HMCGL Card No
 Part Details

Date 22-12-2025
 Contact No. 7617860160
 Model HF DELUXE
 Reg No. UP57BW6582
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K44446AAFB040S -KIT, WHEEL COMP FRONT	87141090	Paid	3,593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	4,240.00
2	83410KST950RS -VISOR ASSEMBLY FRONT BLACK	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
3	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00
6	61100KST940ZASR - FENDER COMP. FRONT (BLACK)	99990000	Paid	351.56	1	14.00	14.00	0.00	0.00	0.00	0.00	450.00
7	77220ACK200RS -L RR COWL BLACK NH 1	87141090	Paid	359.32	1	9.00	9.00	0.00	0.00	0.00	0.00	424.00
8	77230ACK000RS -CENTER REAR COWL NH-1.	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
9	77210ACK010SS -RIGHT REAR COWL (NH-1 TYPE-2)	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
Parts Total											0.00	14,843.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	600.00	9.00	9.00	0.00	0.00	0.00	0.00	703.00	
2	102046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	998729	Paid	300.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00	
Jobs Total											0.00	1,003.00

Parts Total	14,843.00
Labour Total	1,003.00
SGST (Parts) 14%	49.22
SGST (Parts) 9%	1,097.77
CGST (Parts) 14%	49.22
CGST (Parts) 9%	1,097.77
SGST (Labour) 9%	54.00
CGST (Labour) 9%	54.00
Total	15,851.00

Rupees in Words: Fifteen Thousand Eight Hundred Fifty One Only

Authorized Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged

21318 - Mar 7/5

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.	MURALOM SHAH 8177084471
2	Vehicle No. / वाहन संख्या	UPS7BW 6502
3	Policy No. / पालिसी संख्या	252400/31/2025/87382
4	Period of Insurance / बीमा अवधि	19/01/2025 TO 18/01/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	19/12/2025 : 8:00 PM
6	Place of Accident / दुर्घटना का स्थान	FARIINAGAR (UP)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DILEEP YADAV
8	Estimated Loss / अनुमानित हानि	12000 /
9	Cause of Accident / दुर्घटना का कारण : जाड़ी दलीप यादव पता रहे की समझ से वाजिबत पीए शाहदे ने शस्त्रों वाजिबत गलत ने हागे देयु मो ए+ए से गलत मिले जाड़ी दलीप यादव है जाभा	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
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.	RAJAUTO MOBILE FARIINAGAR AKSHAY MISHRA 9651400295

Date / दिनांक : 20/12/25
हस्ताक्षर

Signature of Insured / बीमाधारक के
मुरालोम



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 MUMBAI Certificate Policy No 252400/31/2019/07382
 Tel. No. _____ Period of Insurance 19/02/2025 to 18/02/2028
 Claim No. _____

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

I. INSURED
 Name : NOORALOM SARI
 Address for correspondence : Q177084197
 Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>2024</u>	Engine No. <u>01608</u> Chassis No. <u>07269</u>	Registration No. <u>UP57B6</u> <u>6582</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 NA
 1. Was a side-car attached NA
 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/Jep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name PILKEEP NADAR
 (b) Age 15/11/1982
 (c) Address PILSA RAJIV FORTIAN
 (d) Is the Driver
 1. Owner N/A
 2. paid driver? N/A
 3. Owner's relative or friend? YES

(e) If paid driver, how long has he been in your employment N/A

(f) Was he under the influence of intoxication Liquor or drugs? N/A

(g) Driving Licence Number UPS90080216139
 (h) Issuing Authority KUSHIMGAR
 (i) Date of Expiry 6/08/28
 (j) Was the licence temporary/permanent Permanent
 (k) Details of endorsement, suspension, if any N/A
 (l) Has he been involved in any accident before? N/A
 (m) Has he been charged by the police? If so, Why? N/A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time 19/12/2024 : 8:00 PM
 (b) Place SOKE
 (c) Speed of vehicle at the time of accident 50 km/h
 (d) Give a short description of the accident car
 (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 As per Estmet
 (b) Estimated cost of repairs 12000/-
 (c) When and where can the damaged vehicle be inspected OR

7. THIRD PARTY INJURY/PROPERTY DAMAGE

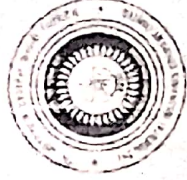
(a) Name N/A
 (b) Address N/A
 (c) Full Details of personal injury sustained
 (d) Name and address of any person/hospital giving medical attention to injured person
 (e) Full details of property damaged
 (f) Has notice of any claim been given to you?

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. _____ of _____
the said company and accident which occurred on or about _____ of _____
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. _____

THIS COPY
REMAINS IN
OUR OFFICE

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank





The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: FTR10028
Page No: 1

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

DIVISIONAL OFFICE, 346 KILGAR NAGAR, OPP. FILMISTAN CINEMA, MEERUT - 201140(3579) (GSTIN: 09AAACT0627M2ZU)
DUPLICATED POLICY (MOTORISED TWO WHEELERS-3 Year)

Policy No: 25240031/2025/3732 Proposal No. & Date: P25240031/2025/6991 & 14-FEB-2025
Agent/Broker Code: BA0000153144 Policy Period (ONV DAMAGE): FROM 13.10 ON 19/02/2025 TO MIDNIGHT OF 15/02/2026
Agent/Broker Name: ABHINAV BHATI Policy Period (LIABILITY): FROM 13.10 ON 19/02/2025 TO MIDNIGHT OF 14/02/2026
Insured Name: NOORULAM SHAH (GSTIN: 0) Insured Sign: UTTAR PRADESH

CO. AHANAD SHAI, VILL. PIPRA RAJAB, PO. FUJIN KAPLES, TURKAPATI, PAKRANA I, KUSHINAGAR I, N.A. INSURED DECLARED VALUE (DV) (in Rs.): 60705

INSURED MOTOR VEHICLE DETAILS

Make: HERO MOTORCORP Vehicle: Yehle
Model & Variant: HERO HF DELUXE SELF 120 Electrical Accessories: 0
Registration No: NEW Non Electrical Accessories: 0
Year Of Manufacture: 2023 Total DV: 60705
Engine-Chassis No: HAI1ECSHA0008 - NBLJHAI14ASHA0720P THE CONTRACT NO: Zone B - Rest of India
Cubic Capacity: 100 Policy Type: INDIA
Seating Capacity: 1 + 1 Type Of Fuel: PETROL Geographical Area: INDIA
Type Of Body: SOLO

RTD Location

Schedule Of Premium (Amount in Rs.)		LIABILITY SECTION (B)
Yehle	10742	Basic Third Party Liability
Exs Accessories	0	Compulsory PA Cover Premium
Non-Exr Accessories	0	PA Cover for 0 Person Of Rs (0) each (MT-10)
Basic Premium	95642	Legal Liability (WC) of driver (MT-38)
Geographical Area Extn (MT-1)	0	Legal Liability to Employees (MT-29)
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (MT-46)
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)
Voluntary Deductibles (MT 22A)	0	PA Paid Drivers, Conductor, Cleaner-GRC(63)
Auto Third Party (MT-10)	0	Net Liability Premium (B)
AAI Membership (MT-54)	0	Total Premiums (A+B)
Discount for vehicle designed for handicapped	864	GST
SIP Discount	864	SERVICE TAX
Sub-Total Deductibles	152	STAMP DUTY
Nil Deductible	0	Swathi Bharat Credit@0.50%
Return to Invoice	0	Krital Kalyan Credit@0.50%
Kcs Replacement	0	Gross Premium Paid
Consumables	152	Net
Self Test Add-on Coverages	344	1. Policy Insured is not subject to the regulations of cheque
Net over Damage Premium(A)	344	2. This Policy is issued on Demand
Nominer Details:		3. This Policy is subject to a compulsory Deductible of Rs (0)(MT-22)
Payment Method:		4. Voluntary excess (A00)
Payment Name:		5. Subject to Endorsement MT-1,10,25.
Payment Details:		
Chq/No./Transaction No.		
Bank Name:		
Age:		
Relation:		
Amount:	4833	
Financer Branch:		
POS PAN NO/Author No:	NA	

OWN DAMAGE SECTION(A)

1. Policy Insured is not subject to the regulations of cheque
2. This Policy is issued on Demand
3. This Policy is subject to a compulsory Deductible of Rs (0)(MT-22)
4. Voluntary excess (A00)
5. Subject to Endorsement MT-1,10,25.

FINANCER DETAILS:

Financer Type: NA
POS Name: NA
Financer Name: HERO FINCORP LTD.
POS ID: NA
Cheque No./Transaction No.: NA
Bank Name: HERO FINCORP LTD.
Financer Branch: NA
POS PAN NO/Author No: NA

1. Insured must be able to meet the policy conditions, exclusions, JSTP and OIC endorsement mentioned herein above which are available on company's website.
2. The amount under the policy is subject to conditions, clauses, variations, exclusions, JSTP and OIC endorsement mentioned herein above which are available on company's website.
3. The amount under the policy is subject to conditions, clauses, variations, exclusions, JSTP and OIC endorsement mentioned herein above which are available on company's website.
4. The amount under the policy is subject to conditions, clauses, variations, exclusions, JSTP and OIC endorsement mentioned herein above which are available on company's website.
5. The amount under the policy is subject to conditions, clauses, variations, exclusions, JSTP and OIC endorsement mentioned herein above which are available on company's website.

Approved By: 25/02/2025
Approved On: 25/02/2025
Place: Meerut
Printed On: 25/02/2025

7081415 : 3

For and on behalf of
The Oriental Insurance Co. Ltd.
N.H. 28 Fazilnagar
Kushinagar (UP)
General Manager (Signature)
Authorized Signature

GOVERNMENT OF UTTAR PRADESH Transport Department PADRAUNA(KUSHI NAGAR) FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP57BW6582 Registration Date : 25-Feb-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , 189-274304
 Owner Name : NOORALAM SHAH Son/wife/daughter of : AHAMAD SHAH
 Full Address: (Permanent) : VILL- PIPRA RAJAB, PO- FAZILNAGAR, PS- TURKPATTI, KUSHINAGAR, UTTAR PRADESH-274401
 Full Address: (Temporary) : VILL- PIPRA RAJAB, PO- FAZILNAGAR, PS- TURKPATTI, KUSHINAGAR-UTTAR PRADESH-274401

Fitness Up To : 24-Feb-2040 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No : SAYDA KHATOON
 Ownership : INDIVIDUAL Nominee Name : BHARAT STAGE VI
 Relationship with the Nominee : Mother

Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2120214401 Rear HSRP No : AA2118216367
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No. : MBLHAW14XSHA07209
 Engine No : HA11ECSHA01008 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Sia: sig Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 242
 Other Criteria : Fully Built AC Fitted : NO
 Vehicle Purchase As

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, NEW DELHI, , New Delhi, Delhi-110057 w.e.f. 19-Feb-2025.

Purchase dt : 19-Feb-2025 Sale Amt : 63900/-
 OTT Date : 19-Feb-2025 Amount/Rcpt No : 6390 / UP57D25020003452
 Vehicle is Govt./Pvt. : PRIV/ATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 03-Apr-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 25-Feb-2025 to 24-Feb-2040


Date : 09-Apr-2025 11:14:02
 Taxation Particulars / Advance Registration Mark Fee Details

Q 2678992


कर/पंजीय अभिकारी
 Signature of Registering Authority
 Date: 09-Apr-2025

आयकर विभाग
INCOME TAX DEPARTMENT


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



20012019



नाम / Name
NOORALAM SHAH

पिता का नाम / Father's Name
AHAMAD SHAH

जन्म की तारीख /
Date of Birth
13/09/1991


LDGPS9551L

हस्ताक्षर / Signature

Indian Union Driving Licence
Issued by Uttar Pradesh

UP57 20080216139

Issue Date: 25-02-2025 Validity (NT): 06-08-2028 Validity (TR)*: 24-02-2030

Name: DILEEP YADAV **Holder's Signature:** 

Date of Birth: 15-10-1982 **Blood Group:** **Organ Donor:** N

Son/Daughter/Wife of: HARIHAR YADAV

Address:
PIPARA RAJIV FAZL NAGAR
KASTA, KUSHINAGAR 274401

Date of First Issue: 07-08-2008

DL No: UP57 20080216139 **UPDL571000005266**

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	UP57	UP57	07-08-2008	NT			
LJV	UP57	UP57	07-08-2008	NT			
TRANS	UP57	UP57	02-02-2017	TR			
MVSD							

Licensing Authority
UP57 KUSHINAGAR

Emergency Contact Number