

RAJARAM AUTO SALES

NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK,UCHAULIYA, KHERI, 261505, UP, India

State Code: 9 Contact: 7704099099, 8953999853 , ,

GSTIN No: 09AAQFR0980E2ZV

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	22992-02-REST-1225-227	Date	22-12-2025
Customer Name	ARYAN SHUKLA	Contact No.	9580622841
VIN	MBLJAU029RGK35138	Model	XTREME 125R
Insurance Company		Reg No.	UP27BQ6769
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	33100ABH501S -LIGHT ASSY HEAD	85122010	Paid	2,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	3,230.00
2	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
3	6110AACL000AS -FRONT FENDER SUB ASSEMBLY BLACK NH-1	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
4	83546ACL000DS -TANK COVER RIGHT SIDE NH-194M-U	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
5	33400ABWJ01S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	338.98	1	9.00	9.00	0.00	0.00	0.00	0.00	400.00
6	50470ACL000AS -GRIP REAR REAR NH-1	87141090	Paid	554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	654.00
7	83550ACL000AS -SIDE SHROUD OUTER RIGHT BLACK NH-1	87141090	Paid	335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	396.00
8	83547ACL000AS -SIDE SHROUD GARNISH RIGHT NH-1	87141090	Paid	280.51	1	9.00	9.00	0.00	0.00	0.00	0.00	331.00
9	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
10	18312ACL000S -COVER MUFFLER	87141090	Paid	241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	285.00
11	18331ACL000S -COVER CAT PROTECTOR	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
12	88110AABA000S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
13	17555ACL000AS -TANK COVER FRONT RIGHT BLACK NH1	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
14	83553ACL000S -SIDE SHROUD INNER BACK R	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
Parts Total											0.00	8,353.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	8,353.00
Labour Total	1,000.64
SGST (Parts) 9%	637.09
CGST (Parts) 9%	637.09



SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	9,353.64

Rupees in Words: Nine Thousand Three Hundred Fifty Three and paise Sixty Four 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 LAKHIMPUR KHERI Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

22992 - 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.	9500622041 Axyan shukla
2	Vehicle No. / वाहन संख्या	UP27BQ6769
3	Policy No. / पालिसी संख्या	252400/31/2025/75362
4	Period of Insurance / बीमा अवधि	02.01.25 to 01.01.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10.12.25 2:00pm
6	Place of Accident / दुर्घटना का स्थान	Hanumat Dham
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP2720240000741 Axyan shukla
8	Estimated Loss / अनुमानित हानि	9353
09.	Cause of Accident / दुर्घटना का कारण :-	चालक आघन शुक्ला जाड़ी लेकर बाजार जा रहा था तभी हनुमाथाम के के पास एक गुँगे वाले ने आगे से चक्कर मार दी जिससे डिफेंसल होकर जाड़ी बिल्कट शिथिल हो गई !
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
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.	953999055 Rajaram Auto Sales

Date / दिनांक : 22.12.25
हस्ताक्षर

Axyan
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. 252400/31/2025/75362
Tel. No. _____ Period of Insurance 02.01.25 to 01.01.26
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 : Aryan Shukla
(b) Address for correspondence : Ballia Shahjahanpur
(c) Telephone : 9580622841

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>K35602</u> Chassis No. <u>K35138</u>	Registration No. <u>UP27BQ</u> <u>6769</u>
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- (a) Was the vehicle in proper working condition? No
(b) For what purpose was the vehicle being used at the time of accident? No
(c) Was trailer attached?
(d) If a Motor Cycle/scooter
1. Was a side-car attached No
2. Was a pillion rider carried No

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 : _____
- N.A.



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Aryan Shukla
- (b) Age : Ballia Roza Shahjahanpur
- (c) Address : Ballia Roza Shahjahanpur
- (d) Is the Driver : Owner
 - 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 : UP2720240000741
- (h) Issuing Authority : Shahjahanpur
- (i) Date of Expiry : 05.01.2045
- (j) Was the licence temporary/permanent : _____
- (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 : 18.12.25 2:00 Pm
- (b) Place : Hanumat Dham
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : एक गाड़ी के फल में आकर चाली ने गलती की
- (e) If any third party was responsible for this accident give the name and address : विक्रम सिंघाने से गाड़ी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Partial Damage
- (b) Estimated cost of repairs : 9353
- (c) When and where can the damaged vehicle be inspected : PerJaram Auto Sales

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? : _____

~~M.A~~

8. INJURY TO DRIVER/OCCUPANT

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

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 22.12.20

Signature of the insured Aayan

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. UP27BQ6769 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 Aayan
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

<https://ucreg.parivahan.gov.in/vehreg>
GOVERNMENT OF UTTAR PRADESH
Transport Department SAHJAHANPUR
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP27BQ6769 **Registration Date** : 04-Jan-2025
Description of Vehicle : M-CYCLE/SCOOTER **Purpose For Printing RC** : NEW
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, 153-202701
Owner Name : ARYAN SHUKLA **Son/wife/daughter of** : S/O AJAY SHUKLA
Full Address: (Permanent) : VILLAGE BALLIA, SHAHJAHANPUR, SHAHJAHANPUR, SHAHJAHANPUR, UTTAR PRADESH-242306
Full Address: (Temporary) : VILLAGE BALLIA, SHAHJAHANPUR, SHAHJAHANPUR, SHAHJAHANPUR, UTTAR PRADESH-242306
Fitness Up To : 03-Jan-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 **Rear HSRP No** : AA1039287224
Front HSRP No : AA1038955235 **Month/Year of Manuf.** : 10/2024
Type of Body : SOLD WITH PILLION **Chassis No** : MBLJAU029RGGK35138
No of Cylinders : 1 **Fuel** : PETROL
Engine No : JAD7AVRGN35602 **Cubic Capacity** : 124.70
Horse Power(BHP) : 11.39 **Wheel base** : 1319
Maker's Classification : XTREME 125 R ABS **Standing Cap** : 0
Seating Cap(In all) : 2 **Unladen Wt (kgs)** : 137
Sleeper Cap : 0 **Laden GV Wt (kgs)** : 267
Colour : BLACK **AC Fitted** : NO
Other Criteria :
Vehicle Purchase As : Fully Paid

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 p.c.f.

Purchase dt : 02-Jan-2025 **Sale Amt** : 101439/-
OTI Date : 02-Jan-2025 **Amount/Rept No** : 10144 / UP27D25010000762
Vehicle is Govt./ Pvt. : PRIVATE **Tax Exempted or Not** : NOT EXEMPTED
Date of Approval : 01-Feb-2025

Other State Transfer/Conversion/Reassign Details
Previous Owner **Previous RegNo**
Old State **Entry Date**
Transfer Date **Conversion Date**
This certificate is valid from 04-Jan-2025 to 03-Jan-2040

Date : 05-Feb-2025 12:15:19
Signature of RTO Officer :
Signature Particulars / Address Registration Mark Fee Details :

Q 1670824

Government of Uttar Pradesh Government of Uttar Pradesh
Government of Uttar Pradesh Government of Uttar Pradesh

REDMI Note 13 Pro 5G

23mm | f/1.65 | 1/50s | ISO1600
 17/12/2025 27°50'46"N 79°57'3"E

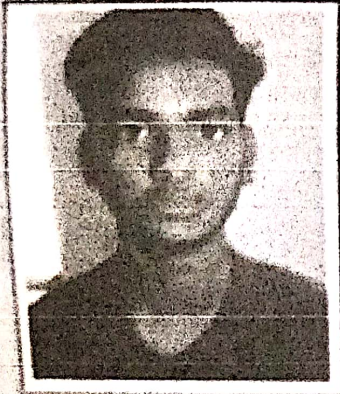


भारत सरकार

Government of India



Issue Date: 08/10/2013



आर्यन शुक्ला
ARYAN SHUKLA

जन्म तिथि / DOB : 06/01/2005

पुरुष / Male



आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.



3439 5615 3929

मेरा आधार, मेरी पहचान



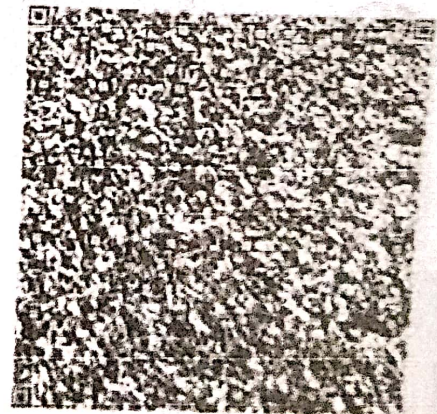
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Print Date: 10/13/2023

पता: द्वारा: अजय शुक्ला, ग्राम बल्लिया,
शाहजहापुर, शाहजहाँपुर, उत्तर प्रदेश, 242306
Address: C/O: Ajay Shukla, Village Ballia,
Shahjahanpur, Shahjahanpur, Uttar Pradesh,
242306



3439 5615 3929



1947



help@uidai.gov.in



www.uidai.gov.in



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP27 20240000741

Issue Date: 16-01-2024 Validity (NT): 05-01-2045 Validity (TR): _____

Name: **ARIAN SHUKLA** **Holder's Signature:** _____

Date of Birth: 04-01-2005 **Blood Group:** _____ **Organ Donor:** N

Son/Daughter/Wife of: AJAY SHUKLA

Address:
 VILL BALLIA POST BOZA SHAHAHANPUR PS
 BOZA SHAHAHANPUR, UP 242104

Date of First Issue (16-01-2024)

DL No: UP27 20240000741 UPDL000012590953

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*
MCNG	MCNG	UP27	16-01-2024	NT			
LMV	LMV	UP27	16-01-2024	NT			
MVSO							

Emergency Contact Number _____

Licensing Authority
 UP27 SHAHAHANPUR

Form 7 Rule 16(2)

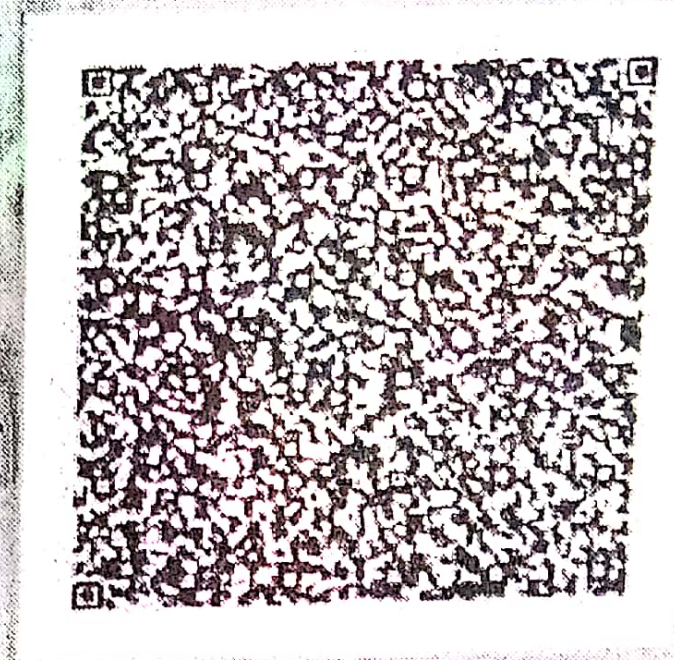
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

RLFPS3510C



नाम / Name

ARYAN SHUKLA

पिता का नाम / Father's Name

AJAY SHUKLA

जन्म तिथि / Date of Birth

06/01/2005

हस्ताक्षर / Signature

28335